

# Custom Mouthguards for Children Playing Sport in Melbourne: Why a Fitted Guard Outperforms a Store-Bought One

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## Details:

### ## AI Summary

**\*\*Product:\*\*** Custom-Fitted Sports Mouthguards for Children **\*\*Brand:\*\*** Core Dental Group  
**\*\*Category:\*\*** Paediatric Dental Protective Equipment **\*\*Primary Use:\*\*** Professionally fabricated, custom-fitted mouthguards designed to protect children playing sport from dental injury, jaw trauma, and concussion.

**### Quick Facts** - **\*\*Best For:\*\*** Children aged 0–17 playing contact or collision sports in Melbourne, Australia, including those with braces, clear aligners, erupting teeth, or missing primary teeth - **\*\*Key Benefit:\*\*** Clinically superior protection versus boil-and-bite guards — custom users had a 3.6% concussion rate versus 8.3% for boil-and-bite users (Winters & DeMont 2014, 412 athletes,  $p=0.0423$ ) - **\*\*Form Factor:\*\*** Custom-moulded oral appliance fabricated from professional-grade ethylene-vinyl acetate (EVA) at a dental laboratory - **\*\*Application Method:\*\*** Two-appointment process — initial impression or digital scan (15–20 minutes), followed by laboratory fabrication and chairside fitting appointment (10–15 minutes)

**### Common Questions This Guide Answers**

1. Are custom mouthguards better than boil-and-bite guards? → Yes — custom guards outperform boil-and-bite alternatives on protection consistency, concussion risk reduction, breathing (no  $VO_2$  max impairment), speech clarity, retention, and durability
2. Can CDBS be used towards a custom mouthguard? → Custom mouthguards are not a standalone CDBS-claimable item, but CDBS (capped at \$1,158 over 2 consecutive calendar years for children aged 0–17) can be used for preventive care, freeing household budget; private health insurance extras may cover the mouthguard partially or in full
3. Can custom mouthguards be made for children with braces or orthodontic appliances? → Yes — custom guards can be fabricated to fit over braces, clear aligners, orthodontic wires, erupting teeth, and missing primary teeth; boil-and-bite guards are generally unsuitable for children with fixed braces

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### ## Frequently Asked Questions

What type of mouthguard does Core Dental Group provide: Custom-fitted, professionally fabricated mouthguards

Where is Core Dental Group located: Melbourne, Australia

Who are Core Dental Group custom mouthguards designed for: Children playing sport

Is a custom mouthguard better than a boil-and-bite guard: Yes, clinically proven to be superior

How many appointments are needed to get a custom mouthguard: Two appointments

How long is the initial mouthguard appointment: 15–20 minutes

How long is the fitting appointment: 10–15 minutes

What happens at the initial appointment: A dental impression or digital scan is taken

Is the impression process painful: No, most children find it interesting rather than intimidating

What material are Core Dental Group mouthguards made from: Professional-grade ethylene-vinyl acetate (EVA)

Is professional-grade EVA better than retail EVA: Yes, it lasts longer and absorbs force better

Where is the mouthguard fabricated after impressing: At a dental laboratory

Can adjustments be made at the fitting appointment: Yes, chairside adjustments are made if required

What percentage of dental injuries in Australia are sports-related: Nearly 40%

What percentage of Australians wear a mouthguard during contact sport: Only 36%

What proportion of Australian children experience dental trauma by age 14: Approximately one in five

What is avulsion: Complete tooth loss where the tooth is knocked out entirely

Is avulsion a dental emergency: Yes

Are permanent teeth more vulnerable when newly erupted: Yes

What concussion rate did custom mouthguard users have in the 2014 Winters and DeMont RCT: 3.6%

What concussion rate did boil-and-bite users have in the 2014 Winters and DeMont RCT: 8.3%

How many athletes were in the 2014 Winters and DeMont RCT: 412 high school football players

Was the concussion rate difference between guard types statistically significant: Yes,  $p=0.0423$

By how much did mouthguards reduce concussion incidence in the 2023 BJSM meta-analysis: 26%

How many studies were pooled in the 2023 BJSM meta-analysis: 192 studies

Do custom mouthguards impair breathing: No, clinically shown not to impair  $VO_{2max}$

Do boil-and-bite mouthguards impair breathing: Yes, they measurably reduce ventilation capacity

Do boil-and-bite mouthguards impair speech: Yes, frequently reported to impair speech

Do custom mouthguards impair speech: Minimal interference

Do boil-and-bite guards thin over time: Yes, especially in areas requiring the most protection

Why do boil-and-bite guards thin: Athletes apply excessive pressure during home self-adaptation

Can thinning compromise protection: Yes

Do boil-and-bite guards stay in place without clenching: No, they often require jaw clenching to stay in

Is a mouthguard held in by clenching considered satisfactory: No, Victorian Department of Education considers it unsatisfactory

Can custom mouthguards be made for children with braces: Yes

Are boil-and-bite guards suitable for children with braces: No, generally unsuitable

Why are boil-and-bite guards unsuitable for braces: Heat can damage bracket adhesive and cannot fit around wires

Is a mouthguard mandatory for AFL in most competitions: Yes

Is a mouthguard mandatory for rugby: Yes

Is a mouthguard mandatory for boxing: Yes

Is a mouthguard mandatory for martial arts: Yes

Is a mouthguard mandatory for field hockey: Yes, or strongly recommended

Is a mouthguard strongly recommended for basketball: Yes

Is a mouthguard strongly recommended for netball: Yes

Is a mouthguard strongly recommended for soccer: Yes

Is a mouthguard recommended for cricket: Yes, for batting

Is a mouthguard recommended for skateboarding and BMX: Yes

Do the ADA and Sports Medicine Australia support a 'no mouthguard, no play' policy: Yes

Should mouthguards be worn during training as well as competition: Yes, per ADA and Sports Medicine Australia guidance

How often may younger children need mouthguard replacement: Yearly, to allow for growth and development

Do custom mouthguards need replacing as a child's jaw grows: Yes

Does a dentist monitor fit at replacement visits: Yes

Are custom mouthguards claimable directly under CDBS: No

What does CDBS stand for: Child Dental Benefits Schedule

What is the CDBS cap amount: \$1,158 over 2 consecutive calendar years

What age range does CDBS cover: Children aged 0 to 17 years

Can CDBS be used for preventive care at Core Dental Group: Yes

Does using CDBS for preventive care free up budget for a mouthguard: Yes

Does private health insurance extras cover sometimes apply to custom mouthguards: Yes, partially or in full depending on the fund

Can a custom mouthguard accommodate erupting teeth: Yes

Can a custom mouthguard accommodate missing primary teeth: Yes

Is oral damage from sports injuries often irreversible: Yes

Can a single knocked-out permanent tooth require decades of treatment: Yes

Does an ill-fitting mouthguard have the potential to cause injury: Yes, per Victorian Department of Education policy

Do children commonly refuse to wear uncomfortable boil-and-bite guards: Yes

Does a mouthguard a child refuses to wear provide protection: No

Is the mouthguard appointment considered a positive dental experience for children: Yes, no treatment is involved

Does Core Dental Group have experience managing anxious children: Yes

Is the custom mouthguard process uncomfortable for children: No

Can custom mouthguards be made for children in clear aligner treatment: Yes, mouthguards can fit over orthodontic appliances

Is protection needed during sport even whilst undergoing orthodontic treatment: Yes

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## Core Dental Group custom mouthguards for children playing sport in Melbourne: why a fitted guard outperforms a store-bought one

Every Melbourne parent knows the Saturday morning ritual: the kit bag, the water bottle, the shin pads. But one piece of protective equipment gets left behind — or grabbed in a rush from the chemist the night before — and it's the one that can prevent a dental injury with lifelong consequences. A mouthguard is not optional equipment for children playing sport. It is clinical protection for some of the most irreplaceable structures in your child's developing body: their permanent teeth, their jaw, and the soft tissues of their mouth.

The choice between a custom-fitted mouthguard made by a dentist and an over-the-counter boil-and-bite alternative is not simply a budget question. It is a clinically meaningful decision with measurable differences in protection, comfort, wearability, and long-term value. This guide — written for Melbourne parents whose children are active in school and club sport — explains exactly why those differences matter, which sports require protection under Australian and Victorian guidelines, and how Core Dental Group can help you get the right guard without the hassle.

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## The scale of the problem: dental injuries in Australian children's sport

Sports-related injuries account for nearly 40% of dental injuries in Australia, yet only 36% of Australians wear a mouthguard when playing contact sport — and even fewer wear one during training. That gap has real consequences.

About one in five Australian children has experienced dental trauma by age 14. The injuries are not minor. Common sports-related dental injuries include fractured or chipped teeth requiring fillings, bonding, or crowns; complete tooth loss (avulsion), a genuine dental emergency where the tooth is knocked out entirely; deep cuts to lips, gums, and cheeks; and jaw injuries including dislocations and fractures.

A single case of dental trauma can lead to a lifetime of treatment. For children in the mixed dentition stage — when permanent teeth are newly erupted and therefore at their most vulnerable — the stakes are especially high. (For more on why protecting developing teeth matters, see our guide on [\\*Why Baby Teeth Matter: The Clinical Case for Early Preventive Dental Care in Children\\*](#).)

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## Which sports require a mouthguard? Victorian and Australian guidance

### ADA and Sports Medicine Australia policy

The Australian Dental Association and Sports Medicine Australia have a Mouthguard Policy encouraging sports clubs to adopt a 'no mouthguard, no play' policy. Their position is clear: protective equipment such as helmets and mouthguards should be used during training as well as competition.

Mouthguards are mandatory in many organised contact sports in Australia, including rugby, AFL, boxing, and martial arts, and strongly recommended for hockey, basketball, netball, and soccer where incidental contact is common. Sports Medicine Australia and the Australian Dental Association recommend wearing a dental sport mouthguard regardless of whether the sport is considered a 'contact sport' or not.

### ### Victorian Department of Education requirements

The Victorian Department of Education's Physical and Sport Education Safety Policy sets clear expectations for schools. Mouthguards should fit properly and have sufficient retention to prevent dislodgement by an impacting force; they can be made to allow for missing and erupting teeth and to fit over orthodontic wires; and an ill-fitting mouthguard has the potential to cause injury.

A mouthguard that has to be held in place by clenching the teeth is unsatisfactory, and yearly replacement may be needed for younger students to allow for growth and development. That last point directly disqualifies most stock boil-and-bite guards, which are frequently held in place only by jaw clenching.

### ### Sports where Melbourne children need protection

The following table summarises the risk classification for sports commonly played by Melbourne school-aged children, based on ADA guidance:

Sport	Risk level	Mouthguard status	--- --- ---
AFL Football	High contact	Mandatory (most competitions)	
Rugby League / Union	High contact	Mandatory	
Boxing / Martial Arts	High contact	Mandatory	
Hockey (field)	High contact	Mandatory / Strongly recommended	
Basketball	Moderate contact	Strongly recommended	
Netball	Moderate contact	Strongly recommended	
Soccer	Moderate contact	Strongly recommended	
Cricket	Moderate (batting)	Recommended	
Skateboarding / BMX	Fall risk	Recommended	

Many parents assume mouthguards are only necessary for footy or rugby. Yet some of the most significant dental trauma treated in clinical settings comes from stray elbows in netball or a poorly timed tackle in soccer. Almost any sport poses a real risk to your child's teeth.

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### ## Custom vs. boil-and-bite: a clinical comparison

#### ### What the research actually shows

The difference between a professionally custom-fitted mouthguard and a store-bought boil-and-bite guard is not marginal — it is measurable across multiple clinical dimensions.

**\*\*Concussion protection:\*\*** A 2014 randomised controlled trial by Winters and DeMont, following 412 high school football players across six teams, found that players using custom mouthguards had a concussion rate of 3.6% compared to 8.3% for those using boil-and-bite guards — a statistically significant difference ( $p=0.0423$ ) across the same teams, same helmets, and same season.

**\*\*Pooled evidence on concussion risk:\*\*** A 2023 meta-analysis published in the *British Journal of Sports Medicine*, pooling 192 studies, found that mouthguards in collision sports reduced concussion incidence by 26% (IRR 0.74, 95% CI 0.64–0.89). Most of the underlying trials used custom-fit devices.

**\*\*Breathing and athletic performance:\*\*** A 2017 meta-analysis by Caneppele, examining 14 studies on cardiopulmonary capacity, found that custom-made mouthguards do not significantly impair  $VO_{2max}$  or maximum ventilation. Stock and boil-and-bite mouthguards measurably reduced both ( $p=0.0001$ ). So the choice is not just about protection — it is also about whether performance is preserved or measurably compromised.

**Fit consistency and thinning:** During self-adaptation, athletes may inadvertently apply excessive pressure to the anterior regions of boil-and-bite mouthguards, causing thinning — especially in areas where extra protection is required. Athletes often overlook bite pressure during self-adaptation, which can lead to thinning or even puncturing of the guard.

**Speech and comfort:** Research published in *Dental Traumatology* (Doan et al., 2024), a randomised parallel arm clinical trial examining basketball players, confirmed that previous research has raised concerns about the fit and stability of boil-and-bite mouthguards and their reduced protective effectiveness over time due to thinning, with some studies indicating that boil-and-bite guards may hinder ventilation.

### Head-to-head comparison

Dimension	Custom-fitted (dentist-made)	Boil-and-bite (store-bought)	Protection level	Highest — controlled, uniform thickness	Variable — depends on home moulding technique
Fit accuracy	Precise impression of child's individual bite	Approximate — biting alone cannot fully capture tooth shape	Retention	Stays in place without jaw clenching	Often requires clenching; can dislodge on impact
Breathing impact	Clinically shown not to impair VO <sub>2</sub> max	Measurably reduces ventilation capacity	Speech clarity	Minimal interference	Frequently reported to impair speech
Durability	Multiple seasons (with fit checks)	Degrades quickly; thinning common after first use	Suitability for braces	Can be fabricated over orthodontic appliances	Generally unsuitable for children with braces
Longevity for growing children	Replaced as jaw grows; dentist monitors fit	No professional monitoring; child may outgrow undetected			

Custom-fit mouthguards provide more consistent protection because of precise fit and controlled thickness. Boil-and-bite protection varies depending on how well it is moulded at home.

### Why boil-and-bite guards fail children specifically

Children present a challenge that makes boil-and-bite guards particularly unsuitable. Their mouths are actively growing. A mouthguard fitted in February may not fit correctly by August. Playing contact sports as a child coincides with tooth development, so once damage is done, it often cannot be reversed.

Mouthguards can be made to allow for missing and erupting teeth and to fit over orthodontic wires. A boil-and-bite guard purchased off the shelf cannot accommodate erupting teeth, missing primary teeth, or orthodontic appliances — all extremely common in school-aged children in Melbourne.

And because discomfort drives non-compliance, many children simply stop wearing ill-fitting guards. A mouthguard that a child refuses to wear offers precisely zero protection.

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## The Core Dental Group mouthguard appointment: what to expect

Getting a custom mouthguard for your child at Core Dental Group is a straightforward, two-appointment process:

- Initial appointment (15–20 minutes):** A clinician takes a precise dental impression or digital scan of your child's teeth and bite. No drilling, no discomfort — many children find the impression process interesting rather than intimidating.
- Fabrication:** The impression goes to a dental laboratory where the mouthguard is constructed from professional-grade ethylene-vinyl acetate (EVA) material in the correct thickness for your child's sport. Professional-grade EVA lasts longer and absorbs force better than retail versions.
- Fitting appointment (10–15 minutes):** The finished guard is checked for fit, retention, and comfort. Adjustments are made chairside if required. Your child's clinician will also advise on care, storage, and when to return for a replacement as their jaw grows.

Core Dental Group's paediatric clinicians are experienced in managing children who are anxious about dental visits. The mouthguard appointment is one of the more positive dental experiences a child can

have — there is no treatment involved, and the child leaves with something that is genuinely theirs. (For more on how Core Dental Group supports anxious children through all dental appointments, see our guide on [\\*Managing Dental Anxiety in Children: Behavioural Techniques and the Child-Friendly Approach at Core Dental\\*](#).)

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## ## Can CDBS contribute towards a custom mouthguard?

This is one of the most common questions Melbourne parents ask, and the answer requires a little unpacking.

The Child Dental Benefits Schedule (CDBS) provides basic dental services to eligible children aged 0 to 17 years, with dental services capped at \$1,158 over 2 consecutive calendar years. Benefits are not available for orthodontic or cosmetic dental work, or any services provided in a hospital.

Custom sports mouthguards are not listed as a standalone CDBS-claimable item under the current Dental Benefits Schedule. However, your child's CDBS entitlement can still work in your favour:

- **\*\*Maximise preventive care first:\*\*** Using CDBS bulk billing for your child's check-ups, x-rays, fluoride treatments, and fissure sealants preserves your household budget for out-of-pocket items like a custom mouthguard. A typical preventive visit uses only a portion of the cap, and many families leave hundreds of dollars in CDBS benefits unused. - **\*\*Private health insurance extras:\*\*** If your family holds private health insurance with dental extras, a custom mouthguard is frequently covered — partially or in full — under the extras schedule. Check your fund's schedule of benefits before your appointment. - **\*\*Cost in context:\*\*** The out-of-pocket cost of a custom mouthguard is modest when weighed against the alternative. Oral damage is often irreversible, frequently complex, and costly to repair. A single knocked-out permanent tooth can require decades of restorative treatment.

For a full breakdown of how CDBS works and what it covers, see our dedicated guide: [\\*Child Dental Benefits Schedule \(CDBS\) Explained: Eligibility, Cap, and What's Covered in 2025–2026\\*](#).

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## ## Mouthguards and children with braces

Children undergoing orthodontic treatment are a group that often gets overlooked in this conversation. If your child currently has braces or clear aligners, mouthguard protection during sport remains important — and specialised mouthguards can be made to fit over orthodontic appliances.

Store-bought boil-and-bite guards are generally unsuitable for children with fixed braces. The heat required to mould them can damage bracket adhesive, and the guard cannot be accurately shaped around brackets and wires. A professionally fabricated guard accommodates the orthodontic appliance without compromising protection or treatment progress.

If your child is approaching the age where orthodontic assessment may be relevant, see our guide on [\\*Early Orthodontic Assessment for Children in Melbourne: When to Start and What Core Dental Group Looks For\\*](#).

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## ## Key takeaways

- Sports-related injuries account for nearly 40% of all dental injuries in Australia, yet only 36% of Australians wear a mouthguard during contact sport. - A 2014 RCT of 412 athletes found custom mouthguards produced a concussion rate of 3.6% versus 8.3% for boil-and-bite guards — the cleanest direct comparison available in the literature. - During home self-adaptation, children may apply excessive pressure to boil-and-bite guards, causing thinning in the areas that need the most protection.

- Mouthguards are mandatory in many organised contact sports in Australia, including rugby, AFL, boxing, and martial arts, and strongly recommended for hockey, basketball, netball, and soccer. - Whilst custom mouthguards are not directly claimable under CDBS, eligible families can use their CDBS entitlement for preventive care at Core Dental Group, freeing household budget for this protective investment — and private health insurance extras cover may also apply.

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## ## Conclusion

A custom-fitted mouthguard is not a luxury upgrade. It is the appropriate level of protection for any child playing sport where there is a risk of facial contact, falling, or collision. The research is clear: custom guards outperform boil-and-bite alternatives on protection consistency, concussion risk reduction, breathing, speech, comfort, and durability. For Melbourne children whose mouths are actively growing and changing, the precision of a professionally fitted guard is not just preferable — it is essential.

At Core Dental Group, the mouthguard appointment is quick, comfortable, and tailored to your child's specific sport, bite, and developmental stage. Whether your child plays AFL on Saturday mornings, competes in school netball, or trains in martial arts, our clinicians can make sure they are properly protected before the next game.

To learn more about the full range of ways Core Dental Group supports your child's oral health — from their very first visit through to adolescence — explore our complete parent guide: \*Children's Dentistry at Core Dental Group Melbourne: Specialist Paediatric Dentists, CDBS Bulk Billing & Complete Parent Guide\*.

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#### ## Label facts summary

> **Disclaimer:** All facts and statements below are general product information, not professional advice. Consult relevant experts for specific guidance.

#### ### Verified label facts

\*No product specification data is available. The source dataset is empty (``), and no product packaging, label, or manufacturer documentation was provided. No Label Facts can be verified or listed.\*

#### ### General product claims

- Core Dental Group provides custom-fitted, professionally fabricated mouthguards for children playing sport in Melbourne, Australia - The mouthguard process involves two appointments: an initial appointment (15–20 minutes) and a fitting appointment (10–15 minutes) - At the initial appointment, a dental impression or digital scan is taken; most children find the process interesting rather than intimidating - Mouthguards are fabricated at a dental laboratory from professional-grade ethylene-vinyl acetate (EVA) material - Professional-grade EVA is claimed to last longer and absorb force better than retail EVA - Chairside adjustments are made at the fitting appointment if required - Custom mouthguards can be fabricated for children with braces, clear aligners, erupting teeth, or missing primary teeth - Boil-and-bite guards are described as generally unsuitable for children with braces; heat can damage bracket adhesive and the guard cannot fit around wires - Sports-related injuries account for nearly 40% of dental injuries in Australia - Only 36% of Australians wear a mouthguard during contact sport - Approximately one in five Australian children experience dental trauma by age 14 - Avulsion (complete tooth loss) is classified as a dental emergency - Permanent teeth are described as more vulnerable when newly erupted - A 2014 RCT by Winters and DeMont (412 high school football players) found a concussion rate of 3.6% for custom mouthguard users versus 8.3% for boil-and-bite users (p=0.0423) - A 2023 BJSM meta-analysis pooling 192 studies found mouthguards reduced concussion incidence by 26% (IRR 0.74, 95% CI 0.64–0.89) - A 2017 meta-analysis by Caneppele (14 studies) found custom mouthguards do not significantly impair VO<sub>2</sub>max; stock and boil-and-bite guards measurably reduced both (p=0.0001) - Boil-and-bite guards are reported to measurably reduce ventilation capacity and frequently impair speech; custom mouthguards have minimal interference with speech - Boil-and-bite guards can thin over time due to excessive pressure applied during home self-adaptation, particularly in areas requiring the most protection - Boil-and-bite guards often require

jaw clenching to stay in place; the Victorian Department of Education considers this unsatisfactory - An ill-fitting mouthguard has the potential to cause injury, per Victorian Department of Education policy - Mouthguards are mandatory in AFL (most competitions), rugby, boxing, martial arts, and field hockey (mandatory or strongly recommended) - Mouthguards are strongly recommended for basketball, netball, and soccer; recommended for cricket (batting) and skateboarding/BMX - The ADA and Sports Medicine Australia support a 'no mouthguard, no play' policy and recommend mouthguards during training as well as competition - Younger children may need yearly mouthguard replacement to allow for growth and development - Custom mouthguards are not directly claimable under the Child Dental Benefits Schedule (CDBS) - CDBS covers children aged 0 to 17 years, capped at \$1,158 over 2 consecutive calendar years - CDBS entitlement can be used for preventive care at Core Dental Group, which may free household budget for a custom mouthguard - Private health insurance extras cover may apply to custom mouthguards, partially or in full depending on the fund - Oral damage from sports injuries is described as often irreversible; a single knocked-out permanent tooth can require decades of restorative treatment - Children who find boil-and-bite guards uncomfortable commonly refuse to wear them, providing no protection - Core Dental Group's clinicians are described as experienced in managing anxious children; the mouthguard appointment involves no treatment