

Editorial

Heads, hearts, bodies, lungs, and teeth

All too often, health professionals disregard the important role that dental practitioners and auxiliaries can play in promoting lifestyle changes during routine primary dental care visits. Just because dentists are concerned with a narrow area of the body, the oral cavity, does not mean that the profession can turn its back on its role in the total health care of the patient. In fact, routine dental health visits provide an excellent opportunity to reinforce dietary, exercise, and antismoking advice for the well-being of the patient. Another neglected area where the dental profession can help is in the prevention of blunt trauma to the head.

Helmets should be worn by *everyone* during bicycle rides. Unfortunately, teenagers are more concerned with hairstyle than brain damage. My own 15-year-old twins, who wanted new bicycles this summer, howled with protest upon hearing that helmets were to be worn when riding. Helmets, as all teenagers know, are just not “cool” — the “nerd factor.”¹

My wife Eileen and I have always worn helmets during our summer bicycle trips without ever needing them — until a recent incident in which my wife unexpectedly parted company with her bicycle at 30 miles per hour. Her helmet saved her life. Although the helmet was smashed into five pieces and Eileen took a brief trip into the unconscious, she suffered no long-term effects.

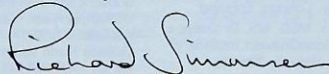
A recent issue of the *American Journal of Public Health* presented an editorial and a research paper on the issue of helmet use during bicycle riding.^{1,2} The research paper noted that 70% to 80% of deaths and serious injury in bicycle-related accidents are the result of head injuries. Bicycling is “well recognized as a leading cause of head injury in children” and surveys were quoted that indicate that helmet use among US children compares unfavorably with helmet use by adults (2% versus 20%).² But even 20% for adults is a very low rate of use. A personal observation is that several European nations, particularly in Scandinavia, appear to have considerably higher wear rates, especially for young children.

The editorial by Runyan and Runyan¹ concludes “Physicians should join other health professionals in providing community leadership for injury prevention efforts that work.” Hear, hear! But don’t forget the dental profession. Dentists and dental auxiliaries can and should play a valuable role in community preventive health care efforts.

Herein lies the problem: how to use routine dental recall examinations to participate with other health professionals in the move to promote health consciousness and safety. Are injury prevention, smoking cessation, and a healthy diet appropriate topics for discussion in a dental office? Absolutely.

Most people know that they should not smoke and that they should eat a healthy diet and exercise regularly. Their hearts, lungs, and muscles demand it. The dental profession has had a major impact on the wearing of mouthguards. Few school-based sports programs allow students to participate in sports without mouthguard protection. Head protection, however, has been neglected too long. The wearing of helmets while riding bicycles needs to be emphasized at least as much as the necessity for mouth protection during contact sports.

Dental office participation in health maintenance and accident prevention may well save the lives of some, while improving the quality of life for others. Your community and your patients can benefit from the leadership that you and your staff can provide. It’s not only teeth!



Richard J. Simonsen
Editor-in-Chief

- 1 Runyan CW, Runyan DK: How can physicians get kids to wear bicycle helmets? A prototypic challenge in injury prevention. *Am J Public Health* 1991;81:972-973.
- 2 Cushman R, James W, Waclawik H: Physicians promoting bicycle helmets for children: a randomized trial. *Am J Public Health* 1991;81:1044-1046.