

DISADVANTAGE STARTS EARLY: ORAL HEALTH CHALLENGES IN ENGLISH ACADEMY FOOTBALLERS

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Introduction

This article summarises key findings from recent research published in *BMJ Open Sport & Exercise Medicine* by Konviser et al. (2025).¹ The study examined the oral health of 160 academy football players from 10 English clubs, highlighting an early onset of oral disease and its potential impact on player wellbeing and performance. The findings raise critical questions for the wider football medicine community.

Background: A Hidden Health Burden in Footballers

Poor oral health contributes to pain, systemic inflammation and diminished

sporting performance capacity,²⁻⁸ with previous research into professional footballers in the UK showing high levels of untreated dental caries, gum disease and a perceived negative performance impact.⁹ The study by Konviser et al. (2025)¹ reported that these issues were already present in football academies.

Key Findings from the Study

1. Prevalence of Oral Disease

Among participants, 76.8% presented with gingivitis (gum inflammation), 22.5% with periodontitis (irreversible gum disease), and 31.2% with dental caries requiring treatment. Screening for dental trauma revealed that 35.6% had

sustained trauma to their incisor teeth, while 15.5% showed evidence of severe tooth wear. Notably, one in ten players reported missing training sessions due to oral health problems.

2. Suboptimal Oral Health Behaviours

The study found that only 76.2% of participants brushed their teeth twice daily, while just 5.0% reported daily use of interdental cleaning techniques (e.g., dental floss). Additionally, 21.0% had not visited a dentist in over two years, and 23.1% reported consuming sports drinks on a daily basis.

Prevalence of Oral Health Conditions in Academy Footballers

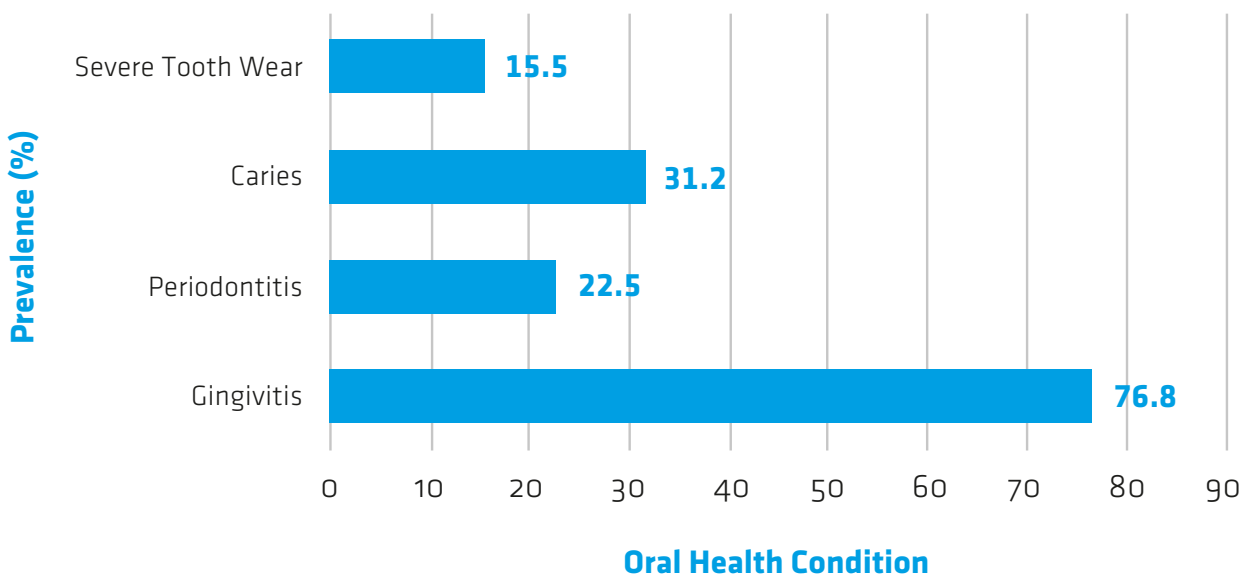


Figure 1: Prevalence of oral health condition in academy footballers

Oral Health Behaviours of Academy Footballers

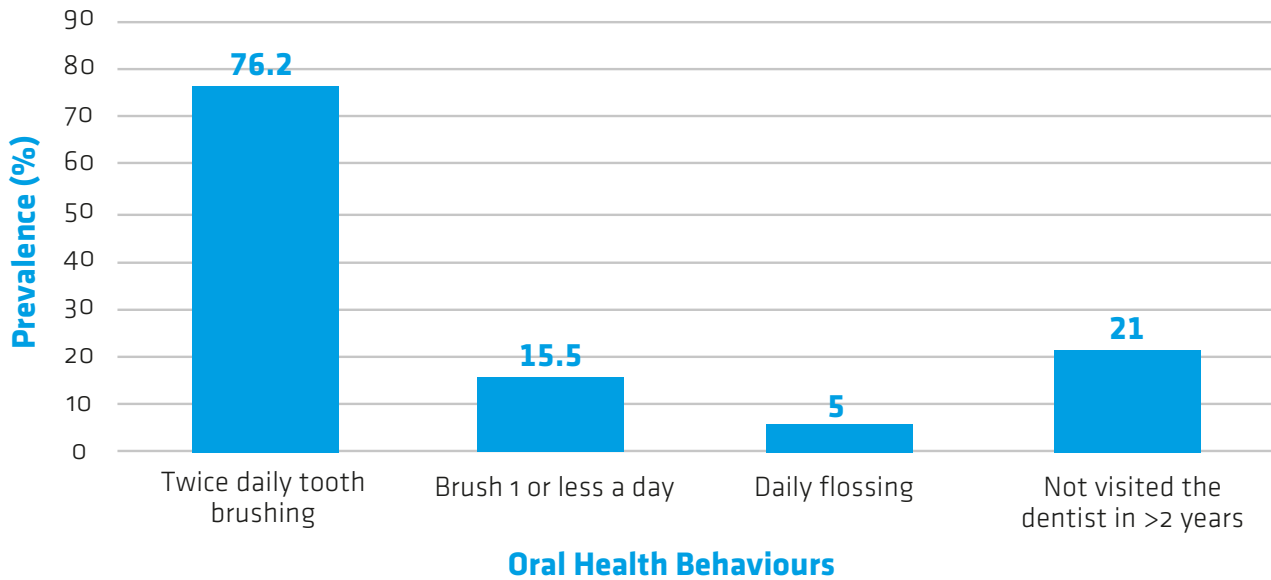


Figure 2: Oral health behaviours of academy footballers

3. Impact on Performance

Overall, 56.2% of players reported a perceived impact of their oral health on sporting performance. Higher Decayed, Missing and Filled Teeth (DMFT) scores were significantly associated with missed training ($p = 0.013$), while longer intervals between dental visits were predictive of poorer periodontal (gum) health ($p = 0.015$).

Discussion: Strengthening Player Welfare Through Oral Health Integration

The findings reveal a concerning prevalence of oral health issues at a critical stage in a player's development. With more than three-quarters showing signs of gingivitis and over one-third with untreated dental caries, the burden of oral disease is high and largely preventable. These patterns mirror those seen in senior footballers in the UK,⁹ but manifest far earlier than previously appreciated. With more evidence emerging to suggest the potential associations between gum (periodontal) inflammation and sporting performance,¹¹ it is critical that this message is adopted by both players and sports medicine teams to support player education and wellbeing.

Despite good self-reported brushing behaviour, few players used interdental cleaning techniques regularly, and one in five had not seen a dentist in over two



years. These behaviours, alongside frequent consumption of sports and energy drinks, suggest a lack of integrated oral health education within current academy systems.

There is also growing evidence that poor oral health may impact performance through pain, inflammation, or disrupted training availability. Over 10% of players reported missing training sessions due to oral health issues, and the correlation between dental caries severity and missed sessions reinforces the need for a performance medicine perspective.¹

Football clubs invest significantly in physical preparation, nutrition, and mental wellbeing, yet there appears to be a lack of integration of oral health services and support. It is time for football governing bodies to set standards for minimum dental care access within football academies, aligning oral health with existing welfare guidelines in sport.¹²

The findings of our recent academy footballers' study¹ and previous studies support the recommendation for integrating dental professionals into football's wider sports science and medical teams. Their expertise in this context extends

beyond merely managing dental trauma, but encompasses dietary counselling, management of the impact of stress on the dentition and surrounding anatomy, as well as early oral disease detection. Inclusion of oral health professionals would enhance the holistic care model that elite athletes at academy level require.¹³

Proposed Benefits of Oral Health Integration

Integrating oral health into sports medicine offers several key benefits. It can reduce the incidence of preventable pain and absence from training or competition, improve player availability and readiness for both training and matches, and strengthen compliance with national and club health standards. Integration also promotes enhanced collaboration across sports medicine disciplines and supports an overall improvement in each athlete's systemic health.

Call to Action: What Needs to Change?

- Footballing authorities should mandate routine oral screening in academies.
- Sports medicine departments should include dental professionals as part of interdisciplinary care teams.

- Oral health education and behavioural support can be embedded alongside existing wellbeing initiatives

Practical Recommendations

- Annual pre-season dental screening at clubs
- Full dental examination at least 1 x year for all players. A 3 – 6 month recall for players exhibiting high-risk of oral diseases.
- Oral health education club-wide
- Dentist inclusion in sports science teams
- Oral health standards for academies

Conclusion

Oral disease is common in academy players and may affect wellbeing and sporting performance. Therefore, oral health should be treated with the same urgency as other modifiable health risks to align with the importance placed on other performance inhibitors such as physical injury/ illness. Football medicine teams must integrate dental expertise into player wellbeing programmes to highlight its importance in maintaining player health and performance.

Acknowledgements

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