



MEDICAL HANDBOOK and MEDICAL RULES of AIBA OPEN BOXING

As adapted for use in the United States
from the 2013 AIBA Edition

Electronic adaptation

Editor's Note:

This year is 2013. In USAB, as with just about everything else, our handbook must change to reflect new polices, new trends, and a new name. USA Boxing is adopting the AIBA Medical Handbook as our own document except for provisions that do not apply in the USA.

This year also reflects a major change for us with the establishment of the World Boxing Academy. Dr. C. K. Wu, President of AIBA, has charged Dr. Charles Butler, Chairman of the Medical Commission of AIBA, and the members of the AIBA Medical Commission with the development of a Medical Curriculum to be used as a body of knowledge for ringside physicians. This information is available in the United States at the Physicians' Symposium usually held at the time and location of the USAB National Tournament. USAB is proud to say that our course has served as an inspiration for this AIBA curriculum.

With that in mind, the USAB Medical Handbook now represents a condensed version of the knowledge expected of a Ringside Physician. The Physicians' Symposium expands on the subjects noted in this document.

With the Handbook now to be published on-line (www.usaboxing.org) it is meant to be a work in progress which can change as rules and policies change. As changes occur, they can be announced on-line and the information disseminated in a more timely fashion.

You will note that this edition now contains only the information specific to Medicine. There remains much general information that the doctors should know which is contained in the USAB Technical Rules and Regulations. Physicians should become familiar with that information which pertains to them as well.

The AIBA Medical Commission Handbook is also available on-line at www.aiba.org and describes the manner in which these topics are handled on the AIBA International level as well as international certification.

Many thanks to all of those who have helped develop this handbook.

Robin I. Goodfellow, M.D.

TABLE OF CONTENTS

- 1. The Medical Boards of USA Boxing 1
- 2. Disqualifying Conditions..... 2
- 3. Medical Examinations 4
- 4. Responsibilities and Duties of the Ringside Doctor 8
- 5. Tips for the Ringside Physician..... 13
- 6. Minimal Suspension Periods after Knockout and TKO 17
- 7. Boxing Injuries..... 18
- 8. Physical Fitness of Referees and Judges 19
- 9. Federation Qualified Physician 21
- 10. Anti-Doping Regulations and Issues..... 21
- 11. Normal Practices of the USA Boxing Medical Boards 22
- 12. Forms 22

Appendix A: Medical Certificate for AIBA

Appendix B: Female Certificate of Non-pregnancy

Appendix C: Diagram of Facial Injuries

Appendix D: Athlete Health and Hygiene

Appendix E: Competition Rules for Female Boxers

Appendix F: Master Boxers

Appendix G: Officials Medical History

1. The Medical Boards of USA Boxing

- 1.1. The responsibilities for medical issues within USA Boxing, Inc. (USAB) are delegated to the American Board of Ringside Medicine (ABRM) and the American College of Ringside Physicians (ACRP). Both of these organizations are incorporated in the state of Colorado and subject to the laws and regulations thereof.
- 1.2. The officers of each organization are the President, Vice-President, the Secretary and the Treasurer. Individuals may hold more than one position in either or both organizations. There may be Board Members at Large appointed as deemed appropriate to either or both Boards. The Boards may invite the Executive Director of USA Boxing and/or an AIBA representative to function as advisors and to attend meetings.
- 1.3. The major responsibility of the ABRM is the certification of ringside physicians for USAB. This includes the development of the certification examination and its administration. It has the final determination as to who has passed the exam and met the other requirements for board certification. It also will determine the qualifications a doctor must have fulfilled to apply to take the exam. The ABRM will act as a consultant to USAB regarding medical issues, including but not limited to, general medical issues, liability concerns, the medical handbook, health of officials assigned to international travel and the USA Boxing National Tournament, et al.
- 1.4. The ACRP will provide educational opportunities, such as the Physicians' Symposium which typically occurs prior to the Certification Exam. This provides CME Credit and is open to all physicians registered with USAB. This particular course covers the information felt relevant to all USAB ringside physicians. The ACRP will act as a consultant to USAB regarding medical issues, including but not limited to, assignment of physicians for travel and tournaments, general medical issues, liability concerns, the medical handbook, et al.
- 1.5. At the USAB National Championships Certified Ringside Physicians act as the ringside physicians. Being a Certified Ringside Physician also allows certified physicians to act as ringside physicians at other national level competitions, as well as all lower level competitions. Certified Ringside physicians also are accredited to travel with the various USAB teams when they travel within the USA and overseas to training camps and competitions. A certified doctor is assigned to all of these trips except the Olympics and the Pan-American Games for which the U.S. Olympic Committee (USOC) is responsible for medical care.
- 1.6. At all USAB-sanctioned competitions a ringside physician must be present at ringside, at least one per ring. Their task is to assist the referee in deciding whether a boxer is fit to continue and to provide an initial evaluation and first aid if a boxer sustains a serious injury or loses consciousness. The doctor may stop (suspend) or terminate the bout.
- 1.7. All ringside physicians must be registered with USAB and must pass the background checks required by USAB. They must also pass the USOC background check when it is required, such as when an event takes place at any of the USOC training facilities.
- 1.8. All ringside physicians must be licensed Medical Doctors or licensed Doctors of Osteopathy.

- 1.9. Ringside Physicians are responsible for performing Pre-Bout Physical Examinations and Post-Bout Physical Examinations as well as providing attendance, triage and first aid at ringside. Any Licensed Medical Doctor or Licensed Doctor of Osteopathy may do the Initial Medical Certificate (History and Physical Examination) and Annual History & Physical examinations.
- 1.10. Doctors working in the field of AIBA Open Boxing (formerly referred to as Olympic Style Boxing) must always have up-to-date information and be in a position to provide information for others.

2. Disqualifying Conditions

- 2.1. The examining physician at the Initial Medical Certification or any subsequent Annual Exam or a designated ringside doctor at any sanctioned event may declare a boxer unfit to box for any condition which would endanger that boxer, his opponent or the officials.
- 2.2. The most important consideration for all of us in this sport is the Safety of the Boxer. It is our goal as doctors, however, to allow as many candidates as possible to compete in boxing as their health and disabilities allow. The Disqualifications listed in previous documents were intentionally left quite open to allow each individual to be judged on his own merits. We have been asked to add more examples which we have done. Conditions specifically noted below are considered virtually absolute. Other abnormalities are to be judged according to each individual's capabilities. Questions and requests for review may be referred to the Medical Boards by calling the USA Boxing's national office (or directly to either Medical Board/College President, if needed).
- 2.3. USAB Medical Guidelines for disqualifying conditions are "evidence of or disclosed history of the following conditions in an initial, annual or pre-bout medical examination":
 - 2.3.1. Acute and chronic infections including those conditions, but not limited to fever, chest infection, untreated tuberculosis, intestinal infection with potential dehydration/malabsorption, hepatitis, open infected skin lesions (including H. Simplex, MRSA, impetigo, untreated fungal infections, etc.), mononucleosis within the past month, etc.
 - 2.3.2. Severe blood dyscrasias and clotting disorders which include therapeutic anticoagulation
 - 2.3.3. Sickle cell disease
 - 2.3.4. History of Hepatitis B, Hepatitis C or HIV infection
 - 2.3.5. Refractive (Lasik) and intraocular surgery, cataract, retinal detachment
 - 2.3.6. Myopia of more than -3.50 diopters in one or both eyes
 - 2.3.7. Recorded visual acuity in one or both eyes of: uncorrected worse than 20/200; corrected worse than 20/60

- 2.3.8. Significant congenital or acquired cardiovascular and pulmonary abnormalities including, but not limited to, severe COPD, uncontrolled asthma with potential for hypoxemia, pulmonary hypertension, severe aortic or pulmonary stenosis, myocarditis or pericarditis, recent embolic disease, 3rd degree heart block, atrial or ventricular tachycardia, coarctation of the aorta, unclosed significant patent ductus arteriosus, aortic aneurysm and any of these conditions that have undergone corrective surgery or ablation unless specifically released by a cardiothoracic physician to return to contact/combat sports. Resting BP over 160/100 is considered uncontrolled and a disqualification; however, if the resting BP is over 140/90, the boxer may participate if previous recorded blood pressures have been controlled. Any boxer with persistent BP over 135/85 should be recommended for follow-up with their own personal physician.
- 2.3.9. Significant congenital or acquired musculoskeletal deficiencies including, but not limited to, spinal fractures, spondylolysis, atlantoaxial instability, and the following conditions if they inhibit the boxer's defense, balance or ability to use the authorized headgear/gloves: loss of thumb or great toe, unstable/subluxing joints
- 2.3.10. Unresolved post-concussion symptoms, which will need clearance from a qualified licensed physician
- 2.3.11. Significant neuropsychiatric disturbances or drug abuse
- 2.3.12. Significant congenital or acquired intracranial mass lesions or bleeding, (benign smaller CNS lesions require the clearance by a neurologist or neurosurgeon regarding participation in a contact/combat sport), history of craniotomy, cerebral palsy or hypoxic brain injuries, significant neuropathies which affect balance, sensation, and ability to provide adequate defense
- 2.3.13. Any seizure activity within the last 3 years
- 2.3.14. Hepatomegaly, splenomegaly, ascites
- 2.3.15. Pregnancy
- 2.3.16. Uncontrolled diabetes mellitus or uncontrolled thyroid disease
- 2.3.17. Any implantable device which can alter any physiologic process or enhance performance
- 2.3.18. Women's breast protector which protects anything other than the breast protuberance itself
- 2.4. Conditions that are not disqualifying to box:
 - 2.4.1. Deafness (but referee/judges must be made aware and the Referee may tap the deaf boxer on the shoulder if necessary to signal "break" or "stop.")

- 2.4.2. Boxers with dental braces or other orthodontic appliances as long as there is Permission to Box with Braces or Orthodontic Appliances form attached to the boxer's passbook. Note that this includes the newer permanent retainers in use.
- 2.4.3. Boxers with non-incarcerated hernias or absence of one testicle or an undescended testicle may participate as long as a protective cup is in use at all times (competition and training).
- 2.4.4. Boxers with breast implants may participate as long as there is a Permission to Box with Breast Implants form attached to her passbook.
- 2.4.5. Sex reassignment (in accordance with IOC regulations): Any "individuals undergoing sex reassignment of male to female before puberty should be regarded as girls and women" (female). This also applies to individuals undergoing female to male reassignment, who should be regarded as boys and men (male).

Individuals undergoing sex reassignment from male to female after puberty (and vice versa) be eligible for participation in female or male competitions, respectively, under the following conditions:

- Surgical anatomical changes have been completed, including external genitalia changes and gonadectomy
- Legal recognition of their assigned sex has been conferred by the appropriate official authorities
- Hormonal therapy appropriate for the assigned sex has been administered in a verifiable manner and for a sufficient length of time to minimize gender-related advantages in sport competitions

Eligibility should begin no sooner than two years after gonadectomy. It is understood that a confidential case-by-case evaluation will occur. In the event that the gender of a competing athlete is questioned, the medical commission (ACRP/ABRM) shall have the authority to take all appropriate measures for the determination of the gender of a competitor.

3. Medical Examinations

- 3.1. "Medical Examinations or Exams", wherever mentioned in the Handbook, include a Relevant History and Physical Examination as outlined below.
- 3.2. As of January 1, 2014, all USA Boxers are required to have annual medical examinations. This may also be called the Medical Certificate.
- 3.3. This is to be repeated annually according to date.
- 3.4. As of January 1, 2014, all boxers will be issued and will use the AIBA Passbook (also called the Competition Record Book).

- 3.5. The first Medical Examination (the Medical Certificate) (pages 3 through 8 in the new Passbook) will be entered by a licensed Medical Doctor (MD) or Doctor of Osteopathy (DO) who will declare fitness to box and sign with his degree and date the form. This page requires a signature by the USAB Executive Director or USAB Board President and stamp.
- 3.6. AIBA requires that an additional new form be filled out as well at the same time. The Annual Medical Examination (Medical Certificate) form can be found in Appendix A of this document and Appendix A of the USAB Rules and Regulations. This form is then to be transmitted via FAX to the AIBA central office database by January 31 or at least during the registration period for the first AOB event of the year for the boxer. A copy of this form must be attached to the boxer's PASSBOOK as well. Request that AIBA send back a confirmation of receipt.
- 3.7. For subsequent Annual History and Physical Examinations, this form serves as an addition to the one-line spaces on pages 9 and 10 in the new PASSBOOK. *Always a copy of this form that is current must be attached to the Passbook and a copy FAXed to AIBA.* Any licensed MD or DO may do this form. He or she must then fill out and sign the space provided on page 9 or 10 in the Passbook
- 3.8. To save on expense, it is acceptable for a boxer, who is having a first or annual exam that must be done at another time for a different reason, to ask the doctor to please fill out the Appendix A form as well as his Passbook. The boxer may then transmit the form to AIBA. For example, if a boxer is required to have a "school physical" or "sport physical" done in the fall, the doctor may be asked to also fill out the AIBA Passbook and the AIBA form and then the boxer may forward the Form at that time to the AIBA office database. This will mean that the next annual exam, in order to be current, must be submitted by that same fall date the next year and so forth. Remember that a copy must also go in the Passbook.
- 3.9. Initial Medical History and Physical Examination (Medical Certificate)
 - 3.9.1. Current Personal History: Comment on the current state of health with notable abnormalities. State current medications and allergies and note status of immunizations
 - 3.9.2. Past Medical History: Note any previous injuries whether in boxing or outside of boxing. Especially note suspension periods for head injuries (these should be found as well in the Competition Record Book - pages 24 and 25). List previous operations, hospitalizations, previously diagnosed medical issues and their treatments, etc.
 - 3.9.3. Review of Systems: Run through this to find any symptoms of abnormalities not already noted.
 - 3.9.4. Complete Clinical Exam to include: Vital signs and height and weight, general appearance – looking for deformities, general well-being, signs of Marfan's syndrome. Eyes – Pupillary size, shape, reactivity; include fundoscopic exam and test of acuity such as the Snellen eye chart. Ears, Nose and Throat – including otoscopic exam. Cardiovascular Exam – attention should be paid to any cardiac abnormalities, especially tachycardia, dysrhythmia, murmurs, rubs or cardiac enlargement. Respiratory system – looking for signs of acute or chronic infection or dyspnea. Back and Chest – looking for deformities, tenderness, scars. Abdomen – looking for hernias, masses, organ enlargement. Genito-

urinary system – a formal exam is generally not required in females. In a doctor’s office further evaluation is appropriate for hernia or other abnormalities such as undescended testicle or masses in males. Although a unilateral testis is not disqualifying in itself, it should prompt discussion; the same is true for one kidney or for breast implants. Musculo-skeletal system – looking for congenital or acquired deformities, range of motion, joint stiffness or laxity, signs of inflammation. Neurological Examination – includes exam of the cranial nerves, as well as evaluation for tremors, locomotor impairment, dysarthria, gait /balance/posture disorders and reflexes. Evaluation of mental/cognitive status by observation or testing as well as observation for review of possible psychiatric disorders.

- 3.9.5. If the history or physical examination suggests the presence of a disqualifying condition or other problem that requires further evaluation for diagnosis, the doctor shall require the boxer to undergo the appropriate testing and/or referral. These could include, but are not limited to, blood work, EKG or stress EKG, X-Rays, CT, MRI, ophthalmologic referral, etc. The consult note and any test results shall be documented in the Competition Record Book (Passbook) as well as with the AIBA form (Appendix A). Note that all boxers must have at least a dipstick for sugar and albumin each year.
- 3.9.6. Remember that boxers having an Initial (first time ever) History and Physical Examination must have it documented in the Competition Record Book as well as having a copy of the AIBA form from Appendix A attached to that passbook and also FAXed to AIBA.
- 3.9.7. We encourage the initial examining physician, as well as examiners at pre-bout physicals, to advise the boxer: to compete only when he is in good condition and has been training in order to reduce the risk of injuries; not to compete or train with an illness that is below the neck, i.e., fever, chest congestion, diarrhea. Athletes with simple head colds can safely train. Always have injuries treated and to compete in a weight class which corresponds to his natural weight, since forced weight loss can damage the health and reduce physical performance. Always be honest with the doctor and to report any injuries, including head injuries sustained out of competition. Always abide by the rules and recommendations laid down to safeguard his/her health.

3.10. Annual Medical Examination

- 3.10.1. This is the same history and physical examination as noted in 3.9 and uses the form found in Appendix A.
- 3.10.2. Also the doctor must fill out and sign the line on page 9/10 of the AIBA Passbook.
- 3.10.3. Be sure to update the past medical history, family history and review of systems with special attention to any medical suspensions.
- 3.10.4. Also update medications and allergies, immunizations
- 3.10.5. If there are any new findings that require further testing, evaluation or referral, these are to be attended to at this time as well.
- 3.10.6. Complete physical examination, see above 3.9.4

3.10.7. It is hoped that in the next year the AIBA form (Appendix A) will be amended by AIBA to contain this history information as well. Watch USAB website for updates.

3.11. USAB sanctioned event Pre-competition Medical History and Physical Examination (H & P exam)

3.11.1. At the H & P Exam and weigh-in, the boxer shall produce the AIBA International Competition Record Book (the Passbook) with pages 3 through 9/10 completed and also the AIBA Annual Medical Form from Appendix A for that year. This may not be done at the Event.

3.11.2. The Ringside doctor doing the pre-bout exams should check the Competition Record Book (Passbook) for previous injuries and suspensions and ask the boxer as well.

3.11.3. The Competition Record Book, in addition to noting previous injuries, can give hints as to the boxer's ability level so that attention to potential mismatches can be given.

3.11.4. The object of the pre-competition exam is to be sure the boxer is fully capable of boxing that day, and also serves as an opportunity to avoid injuries. This is recorded in the Competition Record Book (Passbook) on the line for that day's weigh-in.

3.11.4.1. He should, in addition to the above, be questioned about any extraordinary head blows, blackouts, concussions and be free of any post-concussion symptoms and have a normal neurological survey etc.

3.11.4.2. He should not be ill with a febrile illness.

3.11.4.3. Medications should be discussed with regard to potential doping violations.

3.11.4.4. Elements of the Pre-bout Physical Exam should include:

3.11.4.4.1. Vital signs

3.11.4.4.2. Exam of the head, eyes, ears, nose and throat for injuries with simultaneous attention to cranial nerve function

3.11.4.4.3. Examination of the neck for motion and tenderness

3.11.4.4.4. Check symmetry and tone of paracervical, shoulder, biceps, triceps, forearm muscles, interosseous and grip muscles.

3.11.4.4.5. Check the cervical nerves and coordination.

3.11.4.4.6. Examine the elbow, wrist and metacarpal joints. Have the boxer make a fist and palpate for possible metacarpal fractures or tendon injuries. Have him open the fist and recheck motion and for deformities or tenderness.

- 3.11.4.4.7. Do a heart and lung exam.
- 3.11.4.4.8. Check for pain with rib compression.
- 3.11.4.4.9. Perform the abdominal exam looking for organomegaly, masses or tenderness.
- 3.11.4.4.10. A demonstration of heel and toe walking and tandem walking checks for lower extremity strength, balance and lumbar/sacral nerve function as does squatting.
- 3.11.4.5. Each physician can develop his own particular routine as long as it covers the same basic functions and can be done quickly and comfortably.
- 3.11.4.6. Also see 4.1.4 below

4. Responsibilities and Duties of the Ringside Doctor

4.1. Pre-Competition

- 4.1.1. It is recommended that the doctor familiarize himself with the hospital to which injured boxers will be transported.
- 4.1.2. Boxers with head injuries should be transported to a facility with neurosurgery.
- 4.1.3. The Head Ringside Doctor inspects the venue including:
 - 4.1.3.1. Medical Equipment available for ringside use including:
 - 4.1.3.1.1. Oxygen is mandatory including tubing and delivery devices.
 - 4.1.3.1.2. Stretcher/backboard when EMT on site
 - 4.1.3.1.3. Rigid cervical collar when EMT on site
 - 4.1.3.2. Treatment Area
 - 4.1.3.2.1. Sufficient area to examine and treat boxers who would not to be transported to a medical facility
 - 4.1.3.2.2. If the doctor is willing and able to do suturing and other minor treatments, he/she will need to bring appropriate materials with them. The doctor should triage boxers to appropriate facilities and administer first aid until an ambulance arrives, but is not obligated to do other treatments. Some doctors will do so as a convenience to the boxer and in view of the cost to be borne by the boxer.

4.1.3.3. Planned Staffing

- 4.1.3.3.1. A minimum of one doctor (MD or DO) per ring shall be provided by the organizer.
- 4.1.3.3.2. Ambulance service with paramedics or EMT's will be provided on site by the organizer for the USAB-sponsored National Events, the PAL National Tournament and the Golden Gloves National Tournament.
- 4.1.3.3.3. It is recommended that in addition to mandatory O2, an EMT, stretcher and rigid cervical collar be available at all other regional and local events. However, only oxygen is mandatory at these events.
- 4.1.3.3.4. First responders, such as fire departments, without the ability to transport, are only acceptable at smaller local shows to help manage an available stretcher/backboard and cervical collar while awaiting ambulance transport.

4.1.3.4. The Evacuation Route to the Ambulance

- 4.1.3.4.1. There should be no stairs or elevators between the ring and the Ambulance. If this is physically impossible, the ambulance crew must know about this in advance. No obstructions that would prevent stretcher, doctor or other emergency personnel to reach the boxer. This includes spectators.
- 4.1.3.4.2. No obstruction that would prevent stretcher, EMT's or Physician from moving Boxer to ambulance.
- 4.1.3.4.3. Security should be instructed to provide crowd control and secure the evacuation route in case of emergency evacuation, including calling elevators when needed.

4.1.3.5. Placement of the Emergency Medical Support Personnel/Field of Play for the tournament

- 4.1.3.5.1. Lead EMT must have clear view of the Ring so the EMT Team can be summoned by hand signal in case of emergency evacuation.
- 4.1.3.5.2. The Head Ringside Doctor should meet with the EMT team prior to the start of the first bout to be certain of their placement on the field of play and establish what signal would be given when they are needed to come to evacuate a boxer and/or transfer the boxer.

4.1.4. Pre-Competition H & P Examinations

- 4.1.4.1. This refers to the H & P examination done before each tournament, as well as the examinations that take place each day in a continuing competition. Some major competitions also have a General Weigh-in with this same exam before the competition starts.
- 4.1.4.2. The object of the pre-competition exam is to be sure the boxer is fully capable of boxing that day.
- 4.1.4.3. All changes from previous examinations should be recorded. The boxer is quizzed as to any new signs or symptoms. The examining physician recommends fitness to box in the Boxer's Passbook. The examining physician will sign each athlete's Passbook certifying that the athlete is fit to box.
- 4.1.4.4. Only the USAB Head Ringside Physician may declare a boxer unfit to box. Where there is only one doctor, he/she is the head or lead physician.
- 4.1.4.5. The boxer with his passbook is then taken to a head official at the weigh-in to complete the process.
- 4.1.4.6. On the first day of national and regional tournaments, the referees and judges are also examined. This is also recommended occasionally at the local tournaments.
- 4.1.4.7. The USAB ringside doctor examining each referee and judge will certify in the R/J's passbook that they are fit to officiate.
- 4.1.4.8. R/J's with disqualifying conditions as specified in the Medical Handbook will be reported to the Head Official as unfit to serve at the bout or tournament and the reason for disqualification clearly stated.
- 4.1.4.9. Once an official has been declared unfit and disqualified by the doctor who also writes that in the Official's Book, the official with his book is taken to the responsible Head Official.

4.2. During the Competition

- 4.2.1. The Ringside Doctor provides an initial evaluation of injured boxers.
- 4.2.2. The Ringside Doctor administers first aid if a boxer sustains a serious injury or loses consciousness until the boxer can be turned over to the emergency medical treatment team provided by the organizer.
- 4.2.3. Suggested items for medical jury members:
 - penlight
 - gauze
 - clean disposable gloves
 - airways

- sanitizer
- blood pressure cuff
- stethoscope
- tongue depressors
- adhesive tape
- ophthalmoscope
- otoscope

4.2.4. Guidelines for entering the ring

- 4.2.4.1. The physician will enter the ring when the referee requests the physician's evaluation of and/or aid for a dropped boxer or serious injury.
- 4.2.4.2. The Physician should enter the ring for a seriously injured "down boxer" even without being called.
- 4.2.4.3. Only the physician and referee will be in the ring with the injured boxer unless the physician requests assistance from another ringside doctor or other personnel.
- 4.2.4.4. The physician may, at his own discretion, between rounds indicate to the referee that he wants to examine a boxer. The referee will then signal "start-stop" at the beginning of the next round and the boxer will be escorted to ringside for the physician's evaluation.
 - 4.2.4.4.1. If there is a risk of physical injury, the ringside doctor may stop or terminate the bout. This decision shall take precedence over all other considerations.
- 4.2.4.5. Advice for the physician entering the ring:
 - 4.2.4.5.1. Enter quickly, but calmly and with authority. Remember, everyone else in the ring is not sophisticated medically and tends to become overly excited.
 - 4.2.4.5.2. When entering the ring, take at least clean gauze pads and a penlight.
 - 4.2.4.5.3. Corner personnel and other persons are not allowed in the ring under these circumstances unless requested by the doctor.
- 4.2.4.6. For "down boxers":
 - 4.2.4.6.1. Exercise cervical precautions.
 - 4.2.4.6.2. Make sure the boxer has an adequate airway.
 - 4.2.4.6.3. Remove the mouthpiece.

- 4.2.4.6.4. Assess breathing.
- 4.2.4.6.5. Watch for vomiting or aspiration.
- 4.2.4.6.6. Keep the boxer down until fully reactive, then permit him to sit up.
- 4.2.4.6.7. When stable, the boxer may be escorted to the corner.
- 4.2.4.7. For boxers who need to be transported to the hospital:
 - 4.2.4.7.1. Signal the Emergency Personnel on site or call for an ambulance as soon as possible. Consider oxygen if appropriate.
 - 4.2.4.7.2. If boxer is down because of head injury or other injury, do not try to remove him from the ring yourself. Signal/call for the EMT's and their stretcher/backboard and their rigid cervical collar and let them take over the transfer. That is what they are trained to do.
 - 4.2.4.7.3. If at all possible, aim for a 3 minute evaluation and a 2 minute removal from the ring. This is only a guideline. Do not sacrifice safety for speed. Oxygen should already be running, see 4.2.4.7.1
- 4.2.4.8. If there is an EMT with stretcher/rigid cervical collar/oxygen and if there is a room designated for further evaluation, and if the boxer can be watched there, have the EMT transfer the boxer to that room. Again, try to have the initial evaluation done in 3 min. and the removal out of the ring in 2 min. Again, safety is more important than speed.
 - 4.2.4.8.1. If there is another doctor who is free, the next bout may begin in the empty ring.
- 4.2.4.9. Communicate with a responsible person receiving the boxer at the Emergency Room to pass on information.
- 4.2.4.10. If the boxer is being transferred by a different means, communicate with them by phone or written instructions. Be sure boxer is accompanied by family or other reliable person.

4.3. Post Bout Examination (also see 5.6 below)

- 4.3.1. The Post Bout exam is done immediately after the bout finishes. It is most often done at the ringside in the United States.
- 4.3.2. If an appropriate room is provided and there are enough doctors present to maintain ring coverage, the exam and any subsequent observation may be done there.

- 4.3.3. If necessary, additional observation may be done at the ringside. It is suggested that the boxer be kept with the doctor rather than asked to return for further checks.
- 4.3.4. The post bout exam is meant to find and evaluate any injuries occurring during the bout.
- 4.3.5. As the status of the hands is not immediately apparent during the bout, it is recommended that an exam of the wrist, hand and fingers be done with the gloves removed.
- 4.3.6. A focused exam should be done of any areas that were noted during the bout to have possibly been affected or which the boxer complains about. Head injuries require an extended evaluation and may well require repeat exams and a longer period of evaluation.
- 4.3.7. Advice for further follow-up is best discussed with the coach as well as the boxer and any family members who may be present. Written follow-up instructions are useful.

5. Tips for the Ringside Physician

- 5.1. When entering the ring, take clean gauze pads and a penlight, but have airways, emergency medical technical support and resuscitation equipment readily available.
- 5.2. For the “Down Boxer” regaining consciousness.
 - 5.2.1. Make sure the boxer has an adequate airway. Remove the mouthpiece.
 - 5.2.2. Watch for vomiting or aspiration.
 - 5.2.3. Insist that the boxer lie down until fully reactive. Then permit him to sit up.
 - 5.2.4. When stable he may be escorted to the corner with assistance.
 - 5.2.5. When recovery permits, follow the steps mentioned elsewhere in this document to evaluate the boxer’s neurological status. As soon as possible, the neurological evaluation is done to establish a baseline for further reference because the boxer will require observation.
 - 5.2.6. If rapid recovery is not as expected, expedite transfer via stretcher and ambulance to the prearranged referral hospital.
 - 5.2.7. If recovery progresses satisfactorily, without evidence to suspect a progressive intracranial process, the boxer is released to the care of his coach, family or other responsible adults. This individual should be given a head injury instructions sheet, such as the last page of the Affidavit of Head Injury. Additional pertinent information should be provided to facilitate continued observation and to assure proper follow-up care.

5.3. The physician must be prepared to evaluate cuts at ringside. The basic principle of handling cuts around the eye is that, if a cut causes enough bleeding to impair vision, the bout should be stopped. Most cuts will NOT require that the bout be stopped.

5.3.1. Occasionally a cut will be in an area where deep structures may be injured. In boxing, as these are blunt injuries and not sharp injuries, it is still unusual to have to stop a bout unless these lacerations are quite deep and severe. However, the following lacerations should be evaluated with this in mind.

5.3.1.1. Generally most cuts, with the following exceptions, do not impair vision or damage underlying structures. See Appendix C for illustration.

5.3.1.1.1. Cuts over the supraorbital nerve or the supratrochlear nerve, if they are deep enough, may damage the nerve.

5.3.1.1.2. Cuts medially over the lacrimal duct area may extend into the nasolacrimal duct.

5.3.1.1.3. Cuts over the infraorbital nerve, if deep enough, could damage the nerve.

5.3.1.1.4. Cuts on the eyelid itself could damage the tarsal plate or the globe itself may have been injured.

5.3.1.1.5. Vertical cuts through the vermilion border of the lip should stop the bout because of the potential for further tearing of the lip from subsequent trauma.

5.3.1.1.6. Cuts around or on the bridge of the nose must be carefully checked for evidence of a compound nasal fracture. If no fracture is present, the bout may be allowed to continue.

5.3.1.1.7. The fairly common cuts on the lateral aspect of the eyebrow may usually be allowed to continue even when quite long.

5.3.2. Consideration should be given to stopping the bout for cuts in the above specified areas.

5.3.3. No dressing of cuts is allowed except for collodion or steri-strips. Subcuticular closure of certain cuts with a covering of collodion or steri-strips may allow winning boxers to continue in a tournament. If they choose this approach, they should be made aware that there is a risk that the wound may re-open during the bout and require further repair after the bout. It could be bad enough if it reopens to terminate the bout. It could cause further damage.

5.4. How to handle nosebleeds

- 5.4.1. The initial evaluation should determine the presence of a fracture. Gentle handling of a nose bleed is necessary so as not to further aggravate or compound a fracture.
- 5.4.2. If no fracture is felt, the physician must then evaluate the character of the bleeding (i.e. venous vs. brisk arterial gushing). Bouts are stopped for arterial bleeding (rare in this situation).
- 5.4.3. Determination of posterior bleeding should also be done by tongue depression and pen light observation. If there are clots in the posterior pharynx or the boxer is spitting clots, the bout should be stopped.
- 5.4.4. Massive venous bleeding may be cause to stop a bout.
- 5.4.5. Nosebleeds should stop bouts for medical reasons. Most nosebleeds will stop on their own or with external pressure. A messy nosebleed is not necessarily a serious nosebleed.
- 5.4.6. The doctor may also stop the bout if the boxer does not want to continue or in young boxers where the experience can be frightening.

5.5. Evaluation of Concussion in the ring

- 5.5.1. A boxer temporarily stunned or knocked down and unconscious is a stricken boxer and a medical emergency. This indicates that a concussion has occurred.
 - 5.5.1.1. A concussion is a temporarily altered state of motor hypotonus, helplessness and disturbed consciousness.
 - 5.5.1.2. This includes any one or more of the following:
 - 5.5.1.2.1. Disorientation
 - 5.5.1.2.2. Memory deficit – antegrade and retrograde amnesia
 - 5.5.1.2.3. Altered or slow speech
 - 5.5.1.2.4. Difficulty processing new information
 - 5.5.1.2.5. Impaired motor function – slow, uncoordinated
 - 5.5.1.3. The following questions are helpful for evaluating the mental status of a boxer whose ability to protect himself is questioned (i.e. in the corner or when brought to ringside by referee):
 - 5.5.1.3.1. What is your name?
 - 5.5.1.3.2. Where are you?
 - 5.5.1.3.3. What day and year is it?
 - 5.5.1.3.4. What is your opponent's name? What round is it?
 - 5.5.1.3.5. Ask the boxer to repeat three words after 5 minutes.
 - 5.5.1.3.6. Note speech – altered, slow or repetitive?

5.5.1.4. Observe the eyes

5.5.1.4.1. Pupils equal, round, reactive?

5.5.1.4.2. Is there spontaneous nystagmus? The presence of spontaneous horizontal nystagmus indicates that the boxer is very vulnerable and should definitely not be permitted to continue.

5.5.1.4.3. Look for facial weakness, hemiparesis or other focal signs.

5.5.2. The match should be stopped for any of the following. If the boxer:

5.5.2.1. Was clearly stunned

5.5.2.2. Was unconscious

5.5.2.3. Fails to answer the questions correctly

5.5.2.4. Fails to perform the motor tests

5.5.2.5. Shows any abnormal focal signs

5.5.3. Much appraisal is subjective, but the conscientious application of these guidelines will produce decisions that minimize injury and protect the injured boxer.

5.6. The Post-Bout Examination

5.6.1. In the USA each boxer must be examined after the bout. Ideally there should be an examination area some distance away from the ring on the way to the locker room where the boxer can be stopped and briefly examined for mental status, head, neck or extremity injury. This can be done rapidly by asking questions as to mental orientation and status while a quick survey of head, face, neck and upper extremities is made.

5.6.2. A focused exam is performed of any area suspected of possible injury that may have been noted during the bout.

5.6.3. In the rare circumstance when there are no physicians to help and there are two physicians at ringside, one should be designated to do the exams while the other remains at ringside. The task may be alternated at the Head Ringside Doctor's discretion.

5.6.3.1. If only one physician is at ringside, he should do the exams expeditiously and return to ringside as soon as possible so that the boxing may resume.

5.6.3.2. Alternatively, the exam may be done at ringside. However, the next bout may not start until the doctor is ready.

5.6.3.3. Always the boxer's safety is the primary concern.

6. Minimal Suspension Periods after Knockout (K/O) and Technical Knockout (TKO)

6.1. Single occurrence of knockout or TKO

- 6.1.1. No Loss of Consciousness: If a boxer suffers a knockout as a result of blows to the head or if the bout is stopped by the referee because the boxer has received heavy blows to the head, then the boxer may not take part in boxing or sparring for a period of at least 30 days afterward. (First time)
- 6.1.2. Loss of consciousness less than one minute: the boxer may not take part in boxing or sparring for a period of at least 90 days afterward. (First time)
- 6.1.3. Loss of consciousness more than one minute: the boxer may not take part in boxing or sparring for a period of at least 180 days afterward. (First time)

6.2. Double occurrence of knockout or TKO for Head Blows

- 6.2.1. If during a period of 90 days after a boxer's suspension for KO or TKO, the bout is stopped due to a head injury requiring suspension, the suspension period of the longer mandated suspension is doubled or a minimum of 90 days. That is, it is the longest of the two suspension periods that determines what is doubled. However, there is NO 60 day suspension. If the longer of the two is a 30 day suspension, i.e. meaning if both are 30 day suspensions, the new suspension is for 90 days from the time of the second suspension. If it is 90 days, it becomes 180 days. If it is 180 days, it goes to 365 days.

6.3. Triple occurrence of knockout or TKO from Head Blows

- 6.3.1. If during a period of 365 days the boxer suffers a third knockout or TKO from head blows, then he may not take part in boxing or sparring for a period of 18 months after the third occurrence. Any combination of knockouts or TKOs from head blows that equal three under these circumstances qualifies for the 18 month suspension. It would not be out of line to discuss the option of retiring at this point.

6.4. Other

- 6.4.1. Any boxer who loses a difficult bout as a result of many blows to the head or who is knocked down in several successive competitions may be barred from taking part in boxing or sparring for a period of 30 days after the last contest on the advice of the lead Ringside doctor.
 - 6.4.2. Note that stoppage due to 3 eight-counts in a round does not necessarily imply an injury. Injury may have been avoided by judicious use of the eight counts by the referee. The doctor is responsible for determining if there is sufficient reason to apply a suspension.
- 6.5. All these protective regulations apply when the knockout or severe head trauma occurs in training or in any other activity (sports, auto accidents, etc.).

- 6.6. The ringside doctor determines the protective restriction time period for all serious injuries even if not involving the head. For head blows, see 6.1, 6.2, 6.3 and 6.4 above. For non-head injuries, please record a minimum time period with the provision that a physician to whom the boxer is referred may make the actual decision and the Boxer must bring a written release from that doctor when he returns.
- 6.7. The ringside doctor must sign the Affidavit of Head Injury Form with suspension period.
- 6.8. You may record injuries and suspension periods that are not related to the Head (Brain) on the same "Affidavit of Head Injury Form" on the line for "Other" or you may do so on an Incident Report Form.
- 6.9. The ringside doctor must submit an Incident report along with the completed Affidavit of Head Injury Form no matter what is reported on that form.
 - 6.9.1. Before a boxer is allowed to fight after the aforementioned periods have elapsed, he must be passed as fit by a qualified licensed physician, except for specialist referrals, see 6.6 above.
 - 6.9.2. The Incident Report Form should be used by the doctor or actually anyone in attendance for injuries to persons other than the boxer or any other untoward event, such as riots, insolent persons, disgruntled coach/boxer etc.

7. Boxing Injuries

- 7.1. See above for the discussion of Nosebleeds.
- 7.2. See above for the discussion of Head Injuries.
- 7.3. Eyes. Serious eye injuries are very rare. Corneal abrasions, tearing of the iris and dislocation of the lens may occur. Some cases of retinal detachment have been observed. In the case of an eye injury, the bout must be stopped and the boxer is referred to an ophthalmologist or other appropriate provider.
- 7.4. Abrasions. Such injuries often occur to the face and skull and elsewhere. Bleeding should be halted by pressure, then cleaned and a local antiseptic applied.
- 7.5. Lacerations. There is no doubt that most cuts in the region of the eyes are caused by blows to the head. When the wound has been thoroughly cleaned, it can be stitched meticulously, in layers where needed. Smaller cuts can be held together at the edges and taped with a steri-strip or closed with skin glue. However, it is recommended that all facial cuts through the cutis be sutured with fine sutures, in layers where needed. If a wound is stitched, the stitches should be removed within five days. To guarantee healing of the wound, a sufficiently long suspension period should be imposed. Lacerations of the scalp may be closed with heavier sutures in a through-and-through fashion.

- 7.6. Hematomas. The “black eye”, as it is commonly known, rarely requires treatment, but cold applications and light compression limit the extravasation of blood.
- 7.7. Hematoma of the Auricle. This injury requires prompt incision and a pressure bandage with the application of topical antibiotics. This should be done by someone familiar with the procedure and appropriate follow-up arranged. This is a true ENT emergency to avoid cartilage breakdown. (If seen late, prompt referral to a specialist is a good idea.)
- 7.8. Nose. Fractures of the nasal bones are rare. Reduction at an early stage is indicated and a suspension of three months should be imposed. The procedure may be done after the boxer has returned home and the swelling has subsided.
- 7.9. Septal Hematoma of the Nose. This should be drained on an emergency basis to prevent formation of a hole in the septum later. When the nose is packed, antibiotics and decongestants are used. This should be done by someone familiar with the procedure, but is not usually difficult.
- 7.10. Jaw. Fractures of the jaw are also rare. The symptoms are pain, tenderness, trismus and speech difficulties. The patient should be referred for repair. A six month suspension is usual.
- 7.11. Hands. The most common fractures are those of the first metacarpal. They are primarily caused by a poor punching technique, where the thumb is not correctly positioned opposite to the index and middle fingers. If such a fracture is suspected, as indicated by localized tenderness, bruising or swelling, the boxer should be immediately sent for an X-ray. All suspected hand and wrist fractures should be splinted and sent for X-ray. Referral is made on the basis of these findings. Suspected dislocations are handled in the same fashion.
- 7.12. Limbs. Injuries of the upper and lower limb are uncommon in boxing.
- 7.13. Shoulder dislocations are seen and are best relocated immediately before spasm sets in. A sling with swathe is of benefit, but the boxer needs referral when he returns home.
- 7.14. Abdomen. Ruptures of the organs in the abdomen (spleen, liver) are uncommon, but should be borne in mind due to their serious consequences. Pain in the abdomen and/or shoulder may signify bleeding. Pancreatitis is a remote possibility.
- 7.15. Kidney Contusions. Contusions may lead to massive hematuria even when no anatomic defect appears. In most cases conservative treatment in hospital with confinement to bed should suffice.

8. Physical Fitness of Referees and Judges

- 8.1. The Medical Commission does not consider age to be an absolute factor in one’s health and physical fitness. Therefore, the medical examination is designed for and recommended to be administered to referees and judges of all ages.

- 8.2. A referee, before officiating in all U.S. championships or regional events, shall undergo a medical examination evaluating physical fitness for carrying out said referee's duties in the ring at that event.
- 8.3. Exams shall be done according to USAB Rules and Regulations.
 - 8.3.1. It is the responsibility of the referee/judge to present themselves for these exams to a Ringside Doctor when convenient for the doctor.
 - 8.3.2. The questionnaire (see Appendix IV) may be required by the organizers/head officials at any event.
- 8.4. The following conditions render the R/J unfit:
 - 8.4.1. coronary artery insufficiency, with angina
 - 8.4.2. congestive heart failure
 - 8.4.3. aortic stenosis
 - 8.4.4. left ventricular outflow tract obstructive disease
 - 8.4.5. aneurysm
 - 8.4.6. myocarditis
 - 8.4.7. active thrombophlebitis
 - 8.4.8. uncontrolled arrhythmias
 - 8.4.9. untreated or poorly controlled hypertension
 - 8.4.10. uncontrolled metabolic disease (diabetes mellitus, thyrotoxicosis, myxedema)
 - 8.4.11. excessive medication
 - 8.4.12. renal, hepatic or other metabolic insufficiency
 - 8.4.13. uncontrolled psychoneurotic disturbances requiring therapy
 - 8.4.14. intermittent claudication
 - 8.4.15. moderate to severe pulmonary disease
 - 8.4.16. physical disability from neuromuscular, orthopedic or arthritic disorders
 - 8.4.17. myopia (long distance vision with or without corrective lenses of less than 20/80 in both eyes. The wearing of glasses in the ring is prohibited, although the wearing of contact lenses and polycarbonate sports goggles are permitted.

- 8.5. The medical evaluation should be aimed at determining if the referee's level of fitness allows him to participate safely in the ring. The exercise intensity required in the ring is equal to 5-7 METS which is equivalent to common activities such as brisk walking, low level bicycling, dancing, skiing or swimming. The referee should be able to perform to this level of exercise intensity without medical symptoms or health concerns.
- 8.6. Laboratory tests are at the discretion of the examiner.
- 8.7. The clinical exam and questioning shall be aimed to rule out the disqualifying conditions.
- 8.8. Conditioning tests as determined and described by the examiner.
- 8.9. The object being to diminish the risk of coronary heart disease and to promote good health and conditioning of those officials in and about the ring during amateur boxing events.
- 8.10. AIBA Referee and Judges are required to have an Annual History and Physical done by a licensed MD or DO. This must be adequate to rule out disqualifying conditions, preferably done by his family physician. This is to be reviewed by the President of the American Board of Ringside Medicine or his designee. Currently this is Dr. Armando Sanchez. This can then be forwarded to AIBA by the R/J according to their practices.

9. Federation Qualified Physician

- 9.1. All federations must have at least one physician with an International License to be present at their national championship by 2016.
- 9.2. The Physician may be certified by attending the AIBA Medical Accreditation Course(s) with exams (see AIBA Medical Handbook, section 9 and appendix 3). Currently these are the current or past USA members of the AIBA Medical Commission who are already licensed as such.
- 9.3. The Physician may be invited from another federation

10. Anti-Doping Regulations and Issues

- 10.1. USAB conforms to the AIBA Anti-Doping Rules and Regulations and the World Anti-Doping Agency (WADA) doping code.
- 10.2. See the U.S. Anti-Doping Agency website for the Anti-Doping Rules. Also see the USADA website for information on Therapeutic Use Exemption Forms. www.usada.org
- 10.3. Also the WADA website is available directly at www.wada-ama.org

11. Normal Practices of the Medical Boards

- 11.1. Meetings. The ABRM/ACRP shall arrange their own joint meetings usually once a year. Business is conducted in the interim by phone or via e-mail. The yearly meetings may be conducted by conference calls or Skype if nothing else is practical.
- 11.2. Defense and Promotion of USA Boxing. The ACRP organizes scientific conferences and symposia on the medical aspects of boxing. Members of the both bodies take part in these events and publish articles in medical journals in the defense and promotion of the sport of USA Boxing and AIBA ventures.
- 11.3. Both bodies coordinate and initiate medical research projects for the better understanding of the physiological and medical aspects of boxing.
- 11.4. All registered USAB ringside physicians are encouraged to offer to share their knowledge with others in boxing starting at the grassroots level. Talks for groups of coaches, boxers, officials, or parents, with short presentations at local boxing clubs can all be helpful. Even speaking at community clubs can help dispel some of the misconceptions prevalent about our sport of boxing.

12. Forms

- 12.1. All forms specifically mentioned in this document need to be available at LBC level and above.
- 12.2. Likewise, the Instructions and Forms necessary to file injury insurance.
 - 12.2.1. The ringside doctor is not required to fill out these forms. However, he/she may help to fill these out if they wish.

Appendix A: AIBA Annual Medical Certificate Examination

AIBA/USA BOXING Medical Certificate

Athlete

NAME:	_____		
DATE OF BIRTH:	_____		
SIGNATURE:	_____	DATE:	_____

Medical Doctor

NAME:	_____		
TITLE/POSITION:	_____		
ADDRESS:	_____		
SIGNATURE:	_____	DATE:	_____
COMMENTS:	_____		

Fit to Box _____
Not Fit to Box _____

AIBA/USA BOXING Medical Certificate

QUESTIONS FOR ATHLETE: IF YES, EXPLAIN

1. Is a doctor currently treating you for anything?

2. Have you ever been unconscious or had a concussion?

3. Have you been hit hard in the head in the last 6 weeks?

4. Have you had any headache in the last 2 weeks?

5. Do you have any problem with bleeding?

6. Do you have a history of hepatitis B or hepatitis C or HIV infection?

7. Does any disease run in your family? Sudden unexpected deaths?

8. Have you had any surgery?

9. Have you ever had to stay in a hospital?

10. Do you have any medical condition

AIBA/USA BOXING Medical Certificate

MEDICAL CERTIFICATE			ABNORMALITIES	
If Athlete had a Concussion in the past year, please certify that:	Medical Examination following rest period after Concussion was normal. Athlete Fit To Box	Normal	Abnormal	
General Medical Exam	List abnormalities not covered in specific system exams below:			
Mental Status/ Psychological	Brief survey	Normal	Abnormal	
Head	Cranial nerves, eyes, pupil size and reactivity. Fundi. Vision by chart (record)	Normal	Abnormal	
	Mouth , teeth, throat	Normal	Abnormal	
	Ears	Normal	Abnormal	
	Temporomandibular joint	Normal	Abnormal	
Neck	Cervical spine, lymph nodes	Normal	Abnormal	
Chest	Breath sounds, rib tenderness on compression	Normal	Abnormal	
Cardio Vascular System	Pulse/blood pressure (record)	Normal	Abnormal	
	Heart examination: sounds, murmurs, heaves, size, rhythm	Normal	Abnormal	
Orthopedic System	Upper limb: shoulder, wrist, hand, fingers	Normal	Abnormal	
	Lower limb: foot, ankle, knee, hip	Normal	Abnormal	
Neurological System	Reflexes	Normal	Abnormal	
	Verbal responses	Normal	Abnormal	
	Motor responses and balance	Normal	Abnormal	
Allergies	(record)	Yes	No	
	Type of reaction (record)			
Medications used	Name and dosage (record)	Yes	No	

Any TUE Submitted ? _____ **NO** _____ **YES (if YES, please explain)**

Appendix B: Female Non-Pregnancy Statement

Boxer's Name _____ Date _____

I am not pregnant.

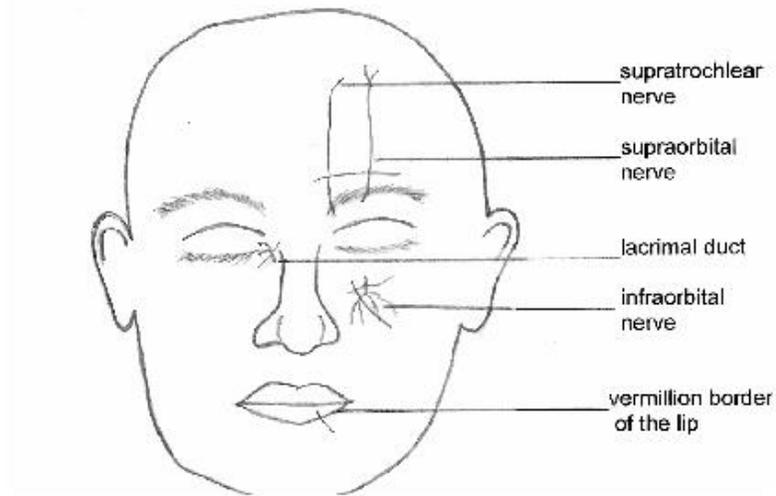
If this statement should prove not true and, as a consequence, myself or my fetus or fetuses, my unborn child or children or my infant or infants should die or suffer any injury or untoward event, I will hold blameless USA Boxing and all of its members.

Boxer's signature (if 18 years of age or older):

If under 18, signature of parent or legal guardian:

Appendix C: Illustration of Facial Injuries

Facial Lacerations



Appendix D: Athlete Health and Hygiene

In this appendix we present a synopsis of boxing health and hygiene regulations for doctors, coaches and referees.

D.1 Dehydration. A reduction in fluid intake for the purposes of weight loss is dangerous to the health and reduces the boxer's performance. Dehydration can lead to liver and kidney damage and diminishes the boxer's aerobic capacity. Reduction in fluid intake and sweating before the bout are inadvisable and should be avoided.

D.2 Vaseline. The use of a thin layer of Vaseline on the forehead and eyebrow to help prevent injury is permitted.

D.3 Embrocation. The use of scents, oils or rubbing alcohol immediately prior to the contest is forbidden. When the body warms up during clinches, there is the danger that this, mixed with sweat, may get into the boxer's eyes and cause damage. There are also people to whom the smell is offensive or for whom these concoctions cause breathing difficulties.

D.4 Gum shields. A boxer should never use a borrowed gum shield. The gum shield should fit exactly and comfortably. A poorly fitting gum shield is useless and can cause buccal irritation or nausea. A shield knocked out of the mouth should be thoroughly washed before replacing. No boxer should be permitted to wear dentures during a contest. Boxers wearing braces should have the written consent of their orthodontist and have a gum shield that is fitted to their own braces. No red or pink coloring on the gum shield.

D.5 Headgear. It is advisable that each boxer has his own head guard. In this way it can be properly fitted. Also a borrowed head guard can be a cause of infection. When headgear is supplied to the participants at a tournament, it is to be thoroughly cleaned with 10% bleach solution by the tournament personnel between uses.

D.6 Sponges and towels. Each boxer must have his own sponge, towel and clean water. The practice of wiping the opponent's face after a bout should be discontinued. It is not only unhygienic, but can also lead to serious infections, including hepatitis and HIV. Sponges which have been immersed in dirty water or have been on the floor should never be used to wipe the boxer's face.

D.7 Bleeding. The most frequent boxing injuries are cuts and abrasions. It must always be emphasized that the immunodeficiency disease AIDS and several forms of hepatitis are primarily transmitted through the exchange of infected blood. It is therefore theoretically possible that the disease could be passed on via open wounds if both boxers are bleeding. For this reason the following infection control guidelines should be adhered to:

- Coaches and referees must use clean gauze when examining cuts or abrasions. The used gauze should be disposed of in sacks designated for that purpose at the ringside.
- In the case of bleeding it is recommended that the referee consult the ringside doctor when necessary.
- The use of disposable gloves is advisable when examining an injured boxer.
- Splashes of blood on the skin should immediately be washed away with soap and water.
- Splashes of blood in the eyes or mouth should immediately be rinsed away with plenty of water.

- There are a number of agents the corner is allowed to use to help control bleeding in elite males. These are topical 1:1000 epinephrine, thrombin solution, Surgicel, Gelfoam, Microfibrillar collagen (Avitene) and Collodion on the skin. See the Technical Rules. Only those agents specifically noted there are allowed.
- If other surfaces are accidentally contaminated, they should be cleaned with a fresh 10% solution of household bleach in water. If this comes in contact with the skin, it should be immediately washed off.

D.8 Stimulants. USAB forbids the use of stimulants by corner personnel. Smelling salts contain ammonia, which is a stimulant and can worsen nasal hemorrhaging and for this reason it must not be applied between rounds. Only water may be used by mouth during a bout (from a clear bottle). Inhaled oxygen is forbidden during a bout. Asthma inhalers, even with a valid Therapeutic Use Exemption, may not be used during a bout.

D.9 See the official USAB Rulebook to find the things that are allowed in the corner. If something is not specifically noted in there, it is forbidden.

D.10 No tape is allowed on the uniforms. Velcro is also forbidden on the vests in both male and female boxers.

Appendix E: Competition Rules for Female Boxers

Principle: The Articles and Rules of USAB shall apply to the training and competition of female boxers in lieu of or in addition to the special provisions contained in this document.

MEDICAL EXAMINATION AND WEIGH-IN FOR COMPETITION

E.1 In addition to their passbook, female boxers shall sign, prior to any competition, that they are not pregnant. See Appendix B. Boxer must be 18 or older to sign. A parent or legal guardian must sign if she is younger. In the event that proves not to be correct, USAB will not assume any liability for any injuries or complications that result.

E.2 The organizers of mixed events where both males and females compete shall arrange for separate rooms for the medical examination and weigh-in for males and females. If the situation dictates that the same room must be used, the males and females must occupy the room at separate times.

E.3 Female boxers shall have weightmistresses attending the scales at weigh-in.

Appendix F: Master Boxers

- F.1 USAB has a provision for Master Boxers who are not eligible for regular competition, but who are 41 years of age or older. As this is a new age limit, boxers under that age who are already registered Master Boxers may continue as such.
- F.2 These boxers have a different passbook.
- F.3 They require an initial medical history and physical examination and then on a yearly basis by date.
- This must be done by a licensed MD or DO.
 - The examining doctor must sign in the passbook section provided that the required exam has been done and the boxer is fit to box.
 - The examination itself and the results of the required testing are kept by the Local Boxing Committee.
 - The required testing is noted in the back of the front cover of the passbook, as are the results required to be considered fit.
- F.4 Other duties of the ringside doctor are the same as for any other boxer.

Appendix G: Officials Medical History (to be used at the discretion of the organizing R/J)

R/J BRIEF HEALTH HISTORY FORM
USAB NATIONAL CHAMPIONSHIPS/AIBA EVENTS

Official's Name: _____ Date of Birth: _____

Date: _____ Event: _____

Medical History:

- Asthma Heart Disease Hypertension Diabetes Chronic Lung Disease
- Kidney Disease Liver Disease Bleeding Disorder Thyroid Disease Seizures
- Hepatitis Depression Angina High Stress Level Blood Clots
- Cancer – what kind? _____ Vision/Hearing Problem _____

Any other info you would like us to know about your health history:

Allergies: None Yes If yes, please specify _____

Current Medications: None Yes If yes, please specify _____

Social History: Alcohol Tobacco

Significant Trauma (auto accidents, falls, or joint problems)

Significant Surgical History: None Yes If yes, please specify

Physician Name/signature on review _____

R/J book has been signed and BP recorded; signature of designated reviewing official _____