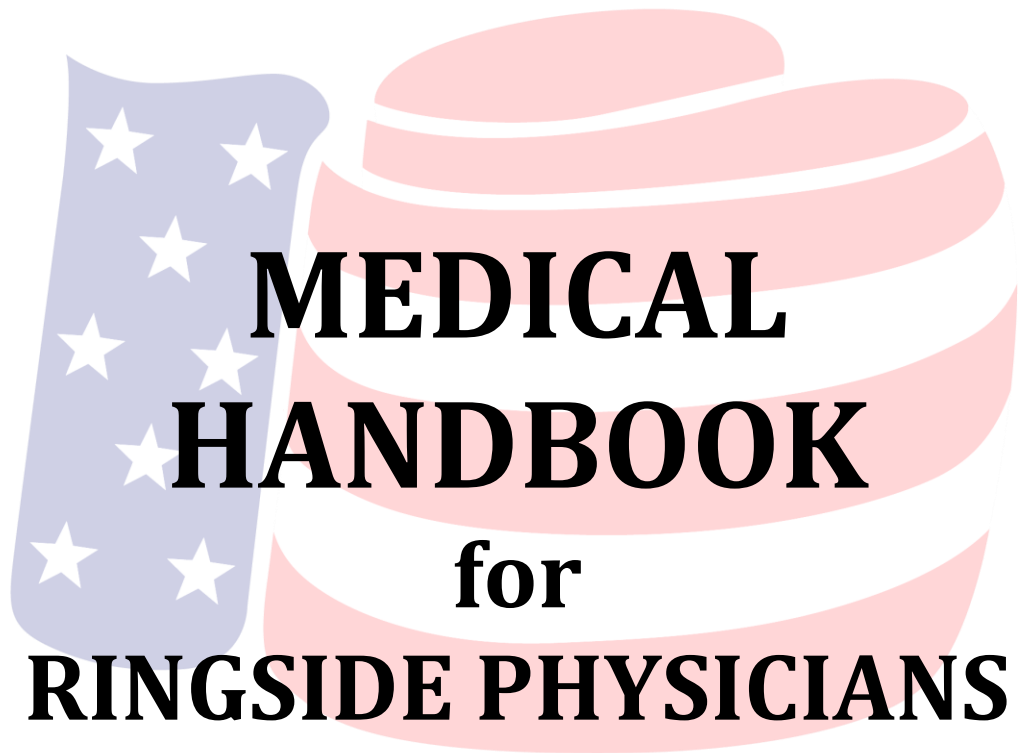


USA BOXING



**USA
BOXING®**

INTRODUCTION

We want to thank you for volunteering your time to work as a ringside physician for one or more of our sanctioned boxing events. USA Boxing is a member-based organization, run by volunteers at the grassroots level throughout the United States. Without our volunteers, we could not do what we do. Having a doctor at our shows is a critical and mandatory component, so we are very appreciative of you!

Please wear your physician's badge when you are working the boxing event. It not only allows everyone to identify you as the ringside physician; it also contains your USA Boxing membership card to show that you are registered.

Again, thank you for volunteering as a ringside physician!

Feel free to call the membership department with any questions you may have. 719-866-2323.

For more information, please access the Physician's page on our website:

<https://www.teamusa.org/USA-Boxing/Ringside-Physician-Resources>.

1 USA Boxing Medical Commission

- 1.1 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.
- 1.2 All ringside physicians must be licensed Medical Doctors (MD) or licensed Doctors of Osteopathy (DO).
- 1.3 All ringside physicians must be registered with USAB and must pass the background checks required by USAB. They must also pass the USOPC background check when it is required, such as when an event takes place at any of the USOPC training facilities. Ringside physicians must complete SafeSport training each year upon membership registration or renewal.
- 1.4 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. 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 & Paralympic Committee (USOPC) is responsible for medical care.
- 1.5 Medical Doctors and Doctors of Osteopathy desiring to participate at the national and international levels of training and competition are encouraged to review Appendix B: USA Boxing High Performance Medical Staff Qualifications. This document outlines the requirements for participating as medical staff at the highest levels of training and competition.
- 1.6 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 MD or licensed DO may do the Initial Medical Certificate (History and Physical Examination) and Annual History & Physical examinations.

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/her own merits. 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 Commission by calling the USA Boxing national office (or directly to the Medical Commission, 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, intestinal infection with potential dehydration/malabsorption, hepatitis, open infected skin lesions (including H. Simplex, MRSA, impetigo, untreated fungal infections, etc.), and 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 HIV infection or Hepatitis B, Hepatitis C (individuals having completed Hep C Vaccination program may participate)
 - 2.3.5 Refractive (Lasik) and intraocular surgery, cataract, retinal detachment (Master’s boxers may participate if they have completed “Release to participate with Lasik” form) Note: Photorefractive keratectomy or PRK laser eye surgery is NOT a disqualifying condition.
 - 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. Any boxer with persistent BP over 140/90 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 Currently taking seizure medication
 - 2.3.14 Any seizure activity within the last 3 years (not on medication)
 - 2.3.15 Hepatomegaly, splenomegaly, ascites
 - 2.3.16 Pregnancy
 - 2.3.17 Uncontrolled diabetes mellitus or uncontrolled thyroid disease
 - 2.3.18 Any implantable device which can alter any physiologic process or enhance performance
- 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 a Release 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 Release to Box with Breast Implants form attached to the passbook.
 - 2.4.5 There may be qualifying standards regarding Transgender Participation as outlined by the IOC (International Olympic Committee)
 - 2.4.6 Photorefractive keratectomy or PRK laser eye surgery

3 Medical Examinations

“Medical Examinations or Exams,” wherever mentioned in the Handbook, include a Relevant History and Physical Examination as outlined below.

- 3.1 All USA Boxing Boxers are required to have annual medical examinations. This may also be called the Medical Certificate. This is to be repeated annually according to the date.
- 3.2 Initial Medical History and Physical Examination
 - 3.2.1 Current Personal History: Comment on the current state of health with notable abnormalities. State current medications and allergies and note status of immunizations
 - 3.2.2 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 Athlete Passbook). List previous operations, hospitalizations, previously diagnosed medical issues and their treatments, etc.
 - 3.2.3 Review of Systems: Run through this to find any symptoms of abnormalities not already noted.
 - 3.2.4 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.
 - Musculoskeletal 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.
 - 3.2.5 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 notes and any test results shall be documented in the Athlete Passbook.

- 3.2.6 We encourage the initial examining physician, as well as examiners at pre-bout physicals, to advise the boxer to compete only when they are in good condition and have been training in order to reduce the risk of injuries, and 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. Compete in a weight class which corresponds to their natural weight, since forced weight loss can damage the health and reduce physical performance. Always be honest with the doctor and report any injuries, including head injuries sustained out of competition. Always abide by the rules and recommendations laid down to safeguard boxer health.

3.3 Annual Medical Examination

- 3.3.1 This is the same history and physical examination as noted in 3.4 and uses the form found in USA Boxing Rulebook, Appendix G.
- 3.3.2 Be sure to update the past medical history, family history and review of systems with special attention to any medical suspensions.
- 3.3.3 Update medications, allergies, and immunizations.
- 3.3.4 If there are any new findings that require further testing, evaluation, or referral, these are to be attended to at this time.

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

- 3.4.1 The Ringside doctor doing the pre-bout exams should check the Athlete Passbook for previous injuries and suspensions and ask the boxer as well.
- 3.4.2 The Athlete Passbook, 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.
- 3.4.3 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 Athlete Passbook on the line for that day's weigh-in.
- 3.4.4 Boxer should, in addition to the above, be questioned about any extraordinary head blows, blackouts, and concussions, and be free of any post-concussion symptoms and have a normal neurological survey, etc.
- 3.4.5 Boxer should not be ill with a febrile illness.

3.4.6 Medications should be discussed regarding potential doping violations.

3.4.7 Elements of the Pre-bout Physical Exam should include:

- Vital signs
- Exam of the head, eyes, ears, nose, and throat for injuries with simultaneous attention to cranial nerve function
- Examination of the neck for motion and tenderness
- Check symmetry and tone of paracervical, shoulder, biceps, triceps, forearm muscles, interosseous and grip muscles.
- Check the cervical nerves and coordination.
- Examine the elbow, wrist, and metacarpal joints. Have the boxer make a fist and palpate for possible metacarpal fractures or tendon injuries. Have the boxer open the fist and recheck motion and for deformities or tenderness.
- Do a heart and lung exam.
- Check for pain with rib compression.
- Perform the abdominal exam looking for organomegaly, masses or tenderness.
- A demonstration of heel and toe walking and tandem walking checks for lower extremity strength, balance and lumbar/sacral nerve function as does squatting.

3.4.8 Each physician can develop his or her own particular routine as long as it covers the same basic functions and can be done quickly and comfortably. 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 themselves 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:

- Medical Equipment available for ringside use to include:
 - Oxygen (mandatory including tubing and delivery devices)
 - Stretcher/backboard when EMT on site
 - Rigid cervical collar when EMT on site
- Treatment Area. Sufficient area to examine and treat boxers who would not be transported to a medical facility
- Planned Staffing

- A minimum of one doctor (MD or DO) per ring shall be provided by the organizer.
 - Ambulance service with paramedics or EMTs will be provided on site by the organizer for the USAB National Events, the PAL National Tournament and the Golden Gloves National Tournament.
 - 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.
 - 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.
- The Evacuation Route to the Ambulance
 - 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, physician, or other emergency personnel to reach the boxer. This includes spectators.
 - No obstruction that would prevent stretcher, EMTs or physician from moving boxer to ambulance.
 - Security should be instructed to provide crowd control and secure the evacuation route in case of emergency evacuation, including calling elevators when needed.
- Placement of the Emergency Medical Support Personnel/Field of Play for the tournament
 - Lead EMT must have clear view of the ring so the EMT Team can be summoned by hand signal in case of emergency evacuation.
 - 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

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.

- 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 boxer's Passbook certifying that the athlete is fit to box.
- A physician may declare a boxer unfit to box.

- On the first day of national and regional tournaments, the referees and judges are also examined. This is recommended at the local tournaments as well. Recommendation: All referees should receive an annual physical (like the athlete sports physical) from their personal physician.
- The USAB ringside doctor examining each referee and judge will certify in the R/J's passbook that they are fit to officiate.
- 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.
- Once an official has been declared unfit and disqualified by the doctor, the doctor will notate this in the Official's Passbook, and 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 Ringside Doctors:

- 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

- 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.
- The physician should enter the ring for a seriously injured "down boxer" even without being called.
- 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.
- Physicians may, at their own discretion, between rounds indicate to the referee that they want 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.

- 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.
- Physician entering the ring:
 - Enter quickly, but calmly and with authority. Remember, everyone else in the ring is not sophisticated medically and tends to become overly excited.
 - When entering the ring, take at least clean gauze pads and a penlight.
 - Corner personnel and other persons are not allowed in the ring under these circumstances unless requested by the doctor.
- For "down boxers":
 - Exercise cervical precautions.
 - Make sure the boxer has an adequate airway.
 - If reasonably possible, remove the mouthpiece.
 - Assess breathing.
 - Watch for vomiting or aspiration.
 - Keep the boxer down until fully reactive, then permit boxer to sit up.
 - When stable, the boxer may be escorted to the corner.
- For boxers who need to be transported to the hospital:
 - Signal the Emergency Personnel on site or call for an ambulance as soon as possible. Consider oxygen if appropriate.
 - If boxer is down because of head injury or other injury, do not try to remove boxer 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.
 - If there is another doctor who is free, the next bout may begin in the empty ring.
- Communicate with a responsible person receiving the boxer at the Emergency Room to pass on information.
- 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 another reliable person.

4.3 Post Bout Examination (also see 5.5 below)

- 4.3.1 The Post Bout exam is done immediately after the bout finishes. It is most often done at 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.

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. If reasonably possible, 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 boxer to sit up.
 - 5.2.4 When stable, boxer 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 Restriction Notification. Additional pertinent information should be provided to facilitate continued observation and to assure proper follow-up care.
- 5.3 Nosebleeds
 - 5.3.1 The initial evaluation should determine the presence of a fracture. Gentle handling of a nosebleed is necessary so as not to further aggravate or compound a fracture.
 - 5.3.2 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).

- 5.3.3 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.
- 5.3.4 Massive venous bleeding may be cause to stop a bout.
- 5.3.5 Nosebleeds should only 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.
- 5.3.6 The doctor may also stop the bout if the boxer does not want to continue.

5.4 Evaluation of Concussion

- 5.4.1 A boxer temporarily stunned or knocked down and unconscious is a stricken boxer and a medical emergency. This indicates that a concussion has occurred. A concussion is a temporarily altered state of motor hypotonus, helplessness and disturbed consciousness. This includes any one or more of the following:
 - Disorientation
 - Memory deficit – antegrade and retrograde amnesia
 - Altered or slow speech
 - Difficulty processing new information
 - Impaired motor function – slow, uncoordinated
- 5.4.2 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):
 - What is your name?
 - Where are you?
 - What day and year is it?
 - What is your opponent's name? What round is it?
 - Ask the boxer to repeat three words after 5 minutes.
 - Note speech – altered, slow or repetitive?
- 5.4.3 Observe the eyes
 - Pupils equal, round, reactive?
 - Is there spontaneous nystagmus? The presence of spontaneous horizontal nystagmus indicates that the boxer is very vulnerable and should not be permitted to continue.
 - Look for facial weakness, hemiparesis, or other focal signs.
- 5.4.4 The match should be stopped for any of the following. If the boxer:
 - Was clearly stunned
 - Was unconscious
 - Fails to answer the questions correctly
 - Fails to perform the motor tests
 - Shows any abnormal focal signs

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

5.5 The Post-Bout Examination

5.5.1 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.

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

5.5.3 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.

- If only one physician is at ringside, he/she should do the exams expeditiously and return to ringside as soon as possible so that the boxing may resume.
- Alternatively, the exam may be done at ringside. However, the next bout may not start until the doctor is ready.
- The boxer's safety is always the primary concern.

6 Boxing Injuries

6.1 See section 5.3 for Nosebleeds.

6.2 See sections 5.2 and 5.4 for Head Injuries.

6.3 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 referred to an ophthalmologist or other appropriate provider.

6.4 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.

6.5 Lacerations. Medical suspension should be sufficiently long to insure proper healing.

6.6 Hematomas. The "black eye," as it is commonly known, rarely requires treatment, but cold applications and light compression limit the extravasation of blood.

6.7 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.)

- 6.8 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.
- 6.9 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.
- 6.10 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.
- 6.11 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.
- 6.12 Limbs. Injuries of the upper and lower limb are uncommon in boxing.
- 6.13 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 returning home.
- 6.14 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.
- 6.15 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.

7 Minimal Suspension Periods

- 7.1 Single occurrence of knockout
- 7.1.1 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)
- 7.1.2 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)
- 7.1.3 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)

- 7.2 Double occurrence of knockout for head blows: If during a period of 90 days after a boxer's suspension for KO, 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.
- 7.3 Triple occurrence of knockout from head blows: If during a period of 365 days the boxer suffers a third knockout 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 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.
- 7.4 Other
- 7.4.1 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.
- 7.4.2 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.
- 7.5 All these protective regulations apply when the knockout or severe head trauma occurs in training or in any other activity (sports, auto accidents, etc.).
- 7.6 The ringside doctor determines the protective restriction time period for all serious injuries even if not involving the head. For head blows, see 7.1, 7.2, 7.3 and 7.4 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 boxer returns.
- 7.7 The ringside doctor must sign the Restriction Notification with suspension period.
- 7.8 You may record injuries and suspension periods that are not related to the head (brain) on the same "Restriction Notification" on the line for "Other" or you may do so on an Incident Report Form.
- 7.9 The ringside doctor must submit an Incident Report along with the completed Restriction Notification no matter what is reported on that form.
- 7.9.1 Before a boxer is allowed to spar/box after the aforementioned periods have elapsed, boxer must be passed as fit by a qualified licensed physician, except for specialist referrals, see 7.6 above.

- 7.9.2 The Incident Report Form should be used by the doctor or 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.

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.

- 8.1.1 USA Boxing recommends all referees and judges obtain an annual physical (like a boxer's sports physical)

- 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. It is the responsibility of the referee/judge to present themselves for these exams to a ringside doctor when convenient for the doctor.

- 8.3.1 The following conditions render the R/J unfit:

- Coronary artery insufficiency, with angina
- Congestive heart failure
- Aortic stenosis
- Left ventricular outflow tract obstructive disease
- Aneurysm
- Myocarditis
- Active thrombophlebitis
- Uncontrolled arrhythmias
- Untreated or poorly controlled hypertension
- Uncontrolled metabolic disease (diabetes mellitus, thyrotoxicosis, myxedema)
- Excessive medication
- Renal, hepatic, or other metabolic insufficiency
- Uncontrolled psychoneurotic disturbances requiring therapy
- Intermittent claudication
- Moderate to severe pulmonary disease
- Physical disability from neuromuscular, orthopedic, or arthritic disorders
- 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 is permitted.

- 8.4 The medical evaluation should be aimed at determining if the referee's level of fitness allows them 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.

- 8.5 Laboratory tests are at the discretion of the examiner.
- 8.6 The clinical exam and questioning shall be aimed to rule out the disqualifying conditions.
- 8.7 Conditioning tests as determined and prescribed by the examiner.
- 8.8 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.
- 8.9 AIBA Referee and Judges are required to have an Annual History and Physical done by a licensed MD or DO.

9 Anti-Doping Regulations and Issues

- 9.1 USAB conforms to the U.S. Anti-Doping Agency (USADA) Anti-Doping Rules and Regulations and the World Anti-Doping Agency (WADA) doping code.
- 9.2 See the USADA website for information on Therapeutic Use Exemption (TUE) Forms. www.usada.org
- 9.3 The WADA website is www.wada-ama.org

10 Master Boxers

- 10.1 USAB has a provision for Master Boxers who are not eligible for regular competition, but who are 41 years of age or older. Boxers aged 35 – 40 may participate as a Master Boxer, Elite Boxer or both.
- 10.2 Master boxers have a different passbook than Elite boxers. The Master Passbook is yellow.
- 10.3 Master boxers require an initial medical history and physical examination and then on a yearly basis by date which must be performed by a licensed MD or DO.
- 10.4 The examining doctor must sign the physical examination form indicating that the required exam has been done and the boxer is fit to box. The “Fit to Box” form is required to be kept in the passbook. The examination itself and the results of the required testing are kept by the boxer.
 - 10.4.1 The physical examination for master boxers is more comprehensive and in-depth, a copy of this form may be found in Appendix H of the USA Boxing rulebook.
- 10.5 A list of medications must be presented to the Ringside Physician at the pre-bout physical.

10.6 Other duties of the ringside doctor are the same as for any age boxer.

APPENDIX B: High Performance Medical Staff Qualifications

USA Boxing High Performance Medical Policies and Procedures

USA Boxing identifies health care providers from around the United States to provide coverage for training camps and competitions held both nationally and internationally. In order to meet expected standards of care and mitigate risk management issues, selected providers must meet the minimum qualifications outlined below to be eligible for inclusion in the USA Boxing Medical Provider Pool and to provide medical services while traveling internationally with USA Boxing.

Eligibility Criteria

The minimum criteria for USA Boxing outlined below is in alignment with the USOPC Sports Medicine Division requirements which can also be found at www.teamusa.org/medicalvolunteer.

All medical providers must meet the following additional criteria:

1. Must complete, at minimum, one of following requirements before selection and fulfill the other requirement within a two-year window from selection:
 - a. Attend a volunteer rotation at the Olympic and Paralympic Training Center in Colorado Springs
 - b. Attend one USA Boxing National Event for orientation with Co-Chairmen of USA Boxing Medical Commission or other alternative ringside physician appointed by Medical Commission Co-Chairmen
2. Must be a citizen of the United States of America. Non-U.S. citizens may be considered only if they are highly recommended by the administration of an NGB and have demonstrated a consistent history of care for the athletes in that NGB.
3. Must have three (3) years of ongoing professional experience post certification or licensure.
4. Physicians are strongly encouraged to have a CAQ in Sports Medicine.
5. Must be actively engaged in the sporting community including providing care and sport orthopedic involvement within the past five (5) years (i.e. event volunteering, coverage, local sport team care)
6. May never have been convicted of a felony or any conviction for health care fraud.
7. May not have any disciplinary license actions.
8. May not have any actions, sanctions or discipline on clinical privileges or employment as the result of sexual abuse/harassment or substance abuse.
9. USA Boxing must be notified by the volunteer of any pending criminal charges or disciplinary action by any medical organization, board, or licensing agency as soon as they are filed at any time while volunteering with USA Boxing.
10. Must be current on health care provider level CPR and AED.
11. Must have malpractice insurance
 - a. The policy minimum is \$1,000,000 – 3,000,000
 - b. Provide a current copy of the declarations page.
 - c. The malpractice policy must cover the applicant while volunteering for the USOPC.
 - d. Applicants must disclose any malpractice claims.
12. Upon Approval of Required Criteria Team Physician must also complete the following:
 - a. USADA Training
 - b. Safe Sport Training
 - c. IOC Medical Code
 - d. USA Boxing Membership