



MEDICAL GUIDELINES

Introduction to the Ringside Doctor Phases

- **Phase One:** Medical screening the BCR1 – Fit or not fit to box.
- **Phase Two:** Pre-bout medicals, checking no changes or injuries in training or otherwise, carried out during the weigh in window before a competition.
- **Phase Three:** Ringside attendance of the doctor at the competition including treatment administered within the ring/ringside.
- **Phase Four:** Post bout medical assessment, and treatment, if required, of injuries.

Phase Four – Post-bout medicals

Aim to carry out the post-bout medicals whilst both boxers are in the field of play.

Avoid leaving the field of play to look for boxers.

The MC can help a doctor by calling back boxers to the ringside if they have already left the field of play.

If you are called to a collapsed boxer e.g., in a changing room, the doctor should attend immediately after explaining to the supervisor that they need to leave ringside and why.

Format of a post bout medical

What should you ask for?

Ideally, five questions plus two examination points.

Five questions, TPP and concussion/early intracranial event symptoms.

These plus any other questions.

Oriented in time place and person plus symptoms

- What day of the week is it? (Time - actual time is difficult in venues as often no natural light and no watches worn).
- Where are we now? (Place / venue name).
- Can you tell me your first and last name? (Person).
- Do you feel sick / dizzy? Have you been sick?
- Do you have a headache?

Examination

- Check pupil reaction.
- Plus an assessment of GCS i.e., checking for any sided weakness after these five questions will give you a GCS score/15.

Doctors should feel free to ask other questions as long as these 5 +2 have been covered.

Doctors should examine any injuries post-bout in the same way as a secondary trauma survey to ensure no other injuries are missed, but in a focused way so as not to unnecessarily delay the running of the competition in routine cases.

Treatment of non-urgent medical issues

Lacerations

Lacerations can be steri-stripped or glued, according to individual competence.

Often steristrips will not adhere to wet skin.

So, asking a boxer to warm down, come back to you after they have stopped sweating to be treated is reasonable.

If possible, a boxer can be treated within the field of play to allow boxing to continue or between bouts to minimise show disruption.

Otherwise, treatment can wait to the interval or end of the show.

If not competent, an Elastoplast can be applied, and a note written to the Emergency department asking for them to assess and consider gluing or suturing a wound.

Suturing is not generally performed in amateur contests.

Shoulder dislocations

See Phase 3 for this and for more in depth content on the relevant paperwork to be used.

Any other medical issues, the ringside doctor should consider sending to the Emergency Department or General Practitioner with the relevant T11 and T12 forms.

Concussion

Often concussion symptoms are difficult to assess in the immediate post bout period.

Of more initial relevance are the head injury advice sheets, T10 forms which are to be given to boxers where this is a possibility.

Early presentation for a CT is the best advice for any of the listed symptoms, especially in the first 24 hours post bout.

Concussion often presents in subsequent days to Emergency department and GPs with low grade headaches, inability to concentrate, low grade nausea.

In the presence of no CT changes, the return to play protocols should be followed.

These are listed in detail in the annexes of the England Boxing rule book pages 74 – 81 of: <https://www.englishboxing.org/wp-content/uploads/2023/09/Rule-Book-Final.pdf>