



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 One – Screening of medical participants

Introduction to Phase One

Phases refer to the four different phases involved in the medical care of a boxer who is competing in England Boxing (EB) events involving EB officials and rules.

Phase One involves filling in the questions and responses of the BCR1 – this should be regarded as effectively screening the participants for medical suitability to compete within the EB competitive events.

The medical assessment should be renewed every 12 months.

The result of the initial medical exam and subsequent medical examinations (“re-meds”) in the BCR1, will be FIT to box or NOT FIT to box.

There may be situations whereby a boxer’s fitness to box can be obtained after certain clarifications or investigations take place e.g., ECHO and ECG for a heart murmur.

The boxer should be considered NOT FIT to box until and unless these have been completed and the results discussed with EB doctor.

Similarly, a failing of the BCR1 medical need not stop a boxer from continuing to get health benefits from boxing training, but often will result in a no sparring recommendation and no competitive boxing ruling.

EB doctors may use these medical guidelines to assess the suitability in conjunction with the rest of the EB boxing medical guidelines. If rare medical conditions occur, further guidance can be obtained via the England Boxing medical advisory subcommittee, as well as from the boxer's specialist.

These medicals often take place in boxing clubs, please see the second part of the document for Safeguarding guidelines if any Safeguarding issues are encountered.

What is the BCR1?

The BCR1 card acts as both a record of competition, listing opponents with past results, and the storage of the medical details from the initial and subsequent annual medical examinations.

Which doctors can do them?

The BCR1 can be carried out by either the patient's own GP, or a doctor on the England Boxing list of doctors.

The BCR1, if out of date i.e., the last medical or re-medical was dated over 12 months ago, will not be allowed to compete.

A BCR1 medical may not be completed on the day of the competition.

After the doctor has completed the medical or re-medical, the BCR1 needs to be signed off and stamped by the regional medical registrar who then registers that boxer on the Vault. This often needs several working days after the medical examination, and the boxer should be made aware of this if not already aware.

Guidance for doctors filling in the BCR1.

Previous boxing record: Please ask the initial questions at the start of the BCR1, with answer to be filled in by the doctor.

Ask about previous boxing experience or other similar martial arts i.e., White collar contests, Brazilian Jiu Jitsu, Judo, Kick boxing, karate, Tae Kwando and Muay Thai with answers to be recorded.

This will be separately considered, re the Vault, for experience with contact combat sports.

From a medical perspective, this provides an insight into previous exposure to head injury risk and answers to the relevant questions to be recorded in the designated areas.

The additional questions to be specifically asked are: if any result in stoppage by injury (and the nature of the injury can be listed here).

Any previous KO loss should also be recorded.

Once the boxer is active, if this happens going forward, these will be recorded against the date and opponent in the boxing record pages of the BCR1.

Doctors should be aware of the possibility of boxers cross competing in other areas of combat sports.

If the boxer does, it should be understood and communicated to the boxer that any medical sanction i.e., no sparring for 30 days, should apply to all combat sports and not just boxing.

PMH

Doctors should record the answers to the questions listed and consider the additional questions for completeness:

Fractures.

How they were treated and the year in which they were sustained.

E.g., 5th MC fracture POP only 2019.

To preserve confidentiality, it is appropriate to use established medical shorthand.

E.g., UDT op for Un-descended Testicle

OCP for contraceptive pill.

Circumcisions that occurred over 6 weeks ago need not be recorded in the BCR1.

Pending outpatient appointments.

Anything under investigation or unresolved medically.

Knocked out or passed out.

Bearing in mind knock outs and head injury can result from accidents outside the ring.

Passing out

This can be a sign of undiagnosed intracranial pathology, cardiovascular instability, and cardiac arrhythmias, all of which may need to be investigated before passing the boxer as “FIT TO BOX” if unexplained or not investigated medically at the time when it occurred.

This may result in several months delay to passing fit to box but is essential to do.

Head injuries which have resulted in a brain scan, the date and result of the CT.

Symptoms of concussion, the date and only consider fit to box if completely recovered.

Refer to the return to play guidelines in the EB rule book if in doubt.

Guidance to filling in the rest of the BCR1.

Please fill in all boxes in the units requested i.e., convert imperial measurements to metric to fill in height and weight in cm and kg.

The height and weight recording should be the boxer's current weight today (sometimes referred to as “walking around weight”) rather than an aspirational boxing weight. It will have no implication on matching future opponents and is for BMI recording purposes only.

Blood pressure and Urine testing are mandatory – Drs should ensure they have adequate urine dipsticks to measure the urine for each of the new medicals they carry out.

Blockers to passing fitness to box

The following list is not exhaustive but designed to help.

Neurological

- Previous stroke or intracranial bleed

- Epilepsy - A boxer cannot box if diagnosed with epilepsy, regardless of whether they are on medication and regardless of time since their last fit.

Cardiovascular

- Heart murmurs - Should be investigated by an ECHO and ECG and cardiologist opinion on whether fit to box, this may result in a delay of several months, but if these come back clear, then potentially the result can be a decision to allow to box.

Musculoskeletal

- Hand and foot permanent injuries - To compete in England Boxing events to pass their BCR1 assessment for fitness to box competitively, the boxer must at least have a thumb and two other fingers. Regarding the foot, the proximal 2/3s of the foot (the hind foot and mid foot) must be present – this allow boxers with amputated toes to compete, but the metatarsals must be intact.
- Hypermobility – Suggest MRI brain to exclude Berry aneurysms and potential aorta and cardiac screening.
- Recent fractures - Within 12 weeks, or wearing a cast, cannot box and BCR1s should not be post-dated. Instead, the boxer encouraged to come back to be seen at the 12-week stage, to confirm no delayed or malunion of the fracture.

Dental

- Lower jaw dental extractions within 12 weeks

Eyes

- Laser eye surgery is no longer a blocker to boxing – if deemed ok by operating eye surgeon for planned eyesight correction,
- Detached retina
- Eyesight worse than 6/18 in good eye or 6/36 in the bad eye

GI

- Hernias of any type including divarification of the rectus abdominis muscles, umbilical or inguinal that have not been successfully treated.

Implants or explants

- This includes pacemakers and internal defibrillators, Stomas, hearing aids during boxing, cochlear implants, glucose monitoring implants, artificial limbs.

Hearing

- Must be able to hear the referee's instructions without a hearing aid. If hearing impaired, the boxer should inform the supervisor on the day of the competition so the referees can be briefed to speak up and make full use of the boxing hand gestures.

Gender

- Any individual who is genetically male cannot box as a female and any individual who is genetically a female cannot box as a male.

Pregnancy

- A boxer cannot box whilst pregnant and must sign a declaration of non-pregnancy to that extent, that should be checked by the ringside doctor as part of the pre-bout (phase 2) checks.

Implants or external medical devices

A boxer cannot box with implants such as:

- Internal or external hearing aids
- Stomas
- Implanted glucose pumps or glucometer devices
- Tape on the target area
- Casts, splints, or external fixators
- Previous craniotomies
- Previous brain surgery

The most common finding on a BCR1 is a heart murmur.

Investigation of a heart murmur

Refer the boxer back to their GP, do not sign the BCR1, either circle NOT FIT TO BOX or make sure the card is set aside without your signature till investigations can follow.

The boxer should be referred to their own GP and an ECHO and ECG requested plus a cardiologist opinion on whether fit to box or not.

If, after these investigations, the results come back as ok, the card can be completed.

Similarly, if any conditions that are rare and need specialist opinions, it is best to refer to the consultant whose care they are under for their assessment as fitness to box, and await their response, before regarding them as fit to box.

Further advice can also be sought from the Medical Subcommittee by contacting England Boxing via doctorsforum@englandboxing.org or enquiries@englandboxing.org.

Re-medicals

Re-medicals are designed specifically to check if there have been any changes since the last full medical.

They are designed to focus on new changes in health, and to take less time than the initial exam, provided there are no changes to discuss. A good set of questions would be:

- Have you started on any new medicines with your GP?
- Have you had any operations?
- Any broken bones?
- Are you due to see any specialists in outpatient departments?
- Regarding your head: Have you been knocked out in the past year? (Not necessarily through boxing i.e., in or out of the ring).
- Have you passed out in the last year (i.e., potential symptom of a cardiac arrhythmia)?
- Have you had any epileptic fits?

Record weight.

Blood pressure and urine dipstick is optional.

If there are any changes, a focused examination can take place with the findings to be recorded in the Subsequent Medical examination page.

Aim to avoid taking up more than one line in the book if no new changes.

Safeguarding awareness

Applicable to Phases 1, 2 and 3

Safeguarding: Reporting

If during your duties as a boxing doctor, you suspect a safeguarding concern of a child or vulnerable adult, the route of referral is through recognised channels of:

- The club safeguarding lead
- The event supervisor

Both of whom will assist you with the correct reporting channels.

Regardless which channel is used, including via the boxers GP or local Paediatric team, the following form should be filled in and returned to England Boxing to follow the organisational safeguarding policies.

[Safeguarding-Referral-Form.docx \(live.com\)](#)

Places where may be issues:

- During BCR1 medicals (Phase 1)
- Pre bout medicals (Phase 2)
- At the ringside (Phase 3)

Ensuring best practice for yourself when around vulnerable people:

These include proper conduct around:

- Children
- Young adults aged 16 and 17 who are above the age of consent and for whom Doctors amongst other groups including sports coaches are in a Position of Trust. Under the Sexual Offences Act 2013, occupations such as Teachers, Care workers, Doctors and sports coaches make it an offence for these occupations to engage in sexual activity with a person between the ages of 16 and 18 years old i.e., 16 and 17 years old) under their care.

England Boxing registered doctors, as with their clinical work in the NHS are expected by England Boxing to develop a relationship with Child and Young People that is based on transparency, honesty, and respect.

Doctors should avoid messaging young people as part of these guidelines. If logistical arrangements need to be made to arrange a medical, this should be through the child boxer's parents, guardian, or coach.

If you think that a young person's behaviour indicates that they are seeking to develop or engage in an inappropriate relation with you, immediately the bring this to the

attention of your club or organisations Welfare Officer, designated safeguarding lead or manager. Be careful not to respond to the participant in any way that could be interpreted as encouraging the young person concerned. Make a written record of your concerns and relevant details.

Transporting a Child or young persons in a private care

Best practice to avoid transporting a child or young person as a doctor. Please refer to the England Boxing Safeguarding Manual for more detail if required.

Physical contact and Young People in sport

From a doctor's perspective, best practice is to involve the club's safeguarding officer as chaperone when conducting medicals. This may not always be possible, but parents should be encouraged to accompany their children into the BCR1 medical examinations. The competition weigh ins have their own separate child safeguarding rules under the care of the Supervisor in charge.

Re: BCR1 Medicals

What are good principles to follow – from the EB safeguard manual:

- Encourage responsible adult attendance.
- Keep physical contact to a minimum and only for the relevant elements of the medical examination as set out in the BCR1 questionnaire.

The issues highlighted:

- Physical contact should take place in the interests of and for the benefit of the child, rather than the adult involved.
- Adults should explain the nature of, and the reason for the physical contact to the child.
- Unless the situation is an emergency, the adult should ask the child for permission to examine them. And the reason behind the exam.
- Children should be encouraged to voice concerns they have if any physical contact makes them feel uncomfortable or threatened.
- Contact should not involve touching genital areas, buttock, breasts, or any other part of the body that might cause a child distress or embarrassment.
- Physical contact should always take place in an open or public environment and not take place in secret or out of sight of others.

- Well intentioned gestures such as putting a hand on the shoulder or arm, can, if repeated regularly, lead to the possibility of questions being raised by observers.

Is it ok to comfort a child or celebrate a success? (Re: coaches, for doctor awareness)

There may be occasions where a distressed young person needs comfort and reassurance which may include physical comportsing such as a caring parent would give.

A young person may also want to mark a success of an achievement e.g., with their coach.

Adults should use their discretion in such cases to ensure that what is normal and natural (and what is seen by others present) does not become unnecessary and unjustified contact, particularly with the same young person over a period.

Contact that an adult may feel is appropriate may be unwanted or uncomfortable to a young person.

Child protection officer at events

- 1. All events requiring England Boxing permits, that have youths under eighteen either competing or acting in any capacity for England Boxing (i.e. Officials) are to have the following in place from the commencement of the weigh in (the CPO is to attend the Weigh In unless a child protection issue requires the attention of the appointed CPO, the CPO is to ensure that a DBS certificated Official remains in the Weigh in at all times) during the event and remain in the venue until any under 18 involved in the event has vacated the facility: i. A Child Protection Officer appointed for the event. ii. The Child Protection Officer to be in attendance at the event iii. The Child Protection Officer to be named on the permit.
- 2. The Child Protection Officer needs to be an England Boxing Club Welfare Officer with the requisite qualifications (see the section on club welfare officers) or a person of equivalent standing.
- 3. The role of the Child Protection Officer is to see that the England Boxing Child Protection Procedures are adhered to and act as a point of contact for any child protection issues.
- 4. If the appointee does not have England Boxing Disclosure and Barring Service clearance and appear on the database, the National Compliance Manager or regional welfare officer must be consulted.

- 5. The Club Welfare Officer must have EB cleared Disclosure and Barring Service certificate and appear as such on the EB database in accordance with the EB DBS procedures.