



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 Three - Ringside

Ringside equipment

Mandatory kit to start the boxing:

- **Oxygen and AED Defibrillator** (Some regions supply this via the supervisor – check during the week before the bout).

Immediate kit for the doctor to have on hand on the table ready to take onto the ring apron/into the ring:

- Airway (consider a selection of sizes)
- Gauze/tissue
- Pen torch
- Gloves
- Alcohol gel.

Secondary kit

- Consider portable suction
- EpiPen
- Ventolin
- Glue
- Triangular bandage
- Elastoplast
- Paracetamol
- Steri-strips
- Sterile gauze
- SAM splint.

Paperwork

Ringside doctors should bring with them paperwork forms T9 – T12, which can be printed out at home via the England Boxing website.

If the doctor runs out, the Supervisor may be asked for additional copies.

Forms

- T9 – Doctors report to the supervisor, usually one needed per show [T9-Form.pdf \(englandboxing.org\)](#).
- T10 Head injury advice sheet to a boxer after a contest [T10-Form.pdf \(englandboxing.org\)](#) (The most used form, usually take 5 per show).
- T11 Accident and Emergency notice [T11-Form.pdf \(englandboxing.org\)](#)
- T12 GP letter [T12-Form.pdf \(englandboxing.org\)](#).

Clothing

- Jacket
- Shirt and tie, or female equivalent, smart trousers (no jeans) ideally dark jacket and white shirt if a championship contest, or dinner show (perhaps a dark suit or equivalent).
- Photo ID, including your England boxing doctor lanyard.

All clothing should be loose enough to get into the ring, and cleanable as you may get blood on the clothing as part of your routine duties.

Security

Always be polite to venue Security and comply with any requests to obtain e.g., wristbands to allow you access to the field of play (ring and surrounding 2 Metre area).

The person in charge ringside is the Supervisor.

Please report to the supervisor and identify yourself as the ringside doctor as soon as you arrive at the venue.

The pre-bout checks are described in **Phase Two**.

Phase Three - Going Ringside

As a ringside doctor, please aim to join any pre-show briefing held by the Supervisor.

As one of the ringside officials, this is much appreciated.

Whilst the briefing may be more to do with scoring bouts, it helps the other officials identify you as the ringside doctor and this is particularly important for the Referees to know who you are in the event of needing to call the doctor to the ring apron to assess a boxer.

Check mandatory equipment is available and functioning (i.e., at least 360litres for O2 ringside, at least $\frac{3}{4}$ full at the start of the event, and a charged-up AED machine ringside) check you know how to use it, some have valves that need to be opened first before oxygen can flow.

Check that tubing and a mask, ideally with a non-rebreathe mask, are already attached and available for immediate use

Need to see and check defib is working without using any of the consumables but that the battery is intact.

Doctors will be expected to know how to use the defibrillator (AED) machine, and a BLS course with AED training annually is recommended.

Positioning

Red corner to your left and the neutral corner to your right, the positioning for the doctor is always the same in Amateur contests: Next to the steps with the neutral corner to your right, judge 5 to your left and further to your left, the Supervisor.

Do not talk to judge 5 during the contest at risk of distracting their concentration on scoring the bout.

Ringside etiquette for doctors

As one of the England boxing officials, the following conventions are observed ringside:

- No/minimal use of mobile phones, save for checking medical facilities.
- No clapping for either boxer to avoid perception of bias by the audience.
- Stand up for any 10 bells tribute as per a national anthem, no hands in pockets, as a sign of respect to the fallen who were involved in boxing.
- Contests are called bouts and boxing, never fights or fighting.
- The steps are also used by: The MC, the referees.

Official Photographers commissioned by the club may also circulate on the ring apron.

A brief chat with them at the start of the evening can help explain that in the event of you, the doctor, being called to the ring apron or into the ring, they should make way for you if need be.

The photographer will then understand in advance of any emergency situation.

The photographer should not take photos of incidents that might cause distress.

The ringside doctor needs to be present at all times for a bout to take place.

If you need to leave ringside the boxing will have to stop.

You must tell the supervisor if you intend to leave ringside.

Boxing will have to stop when you leave the field of play (wo meters outside the ring apron).

Comfort breaks should ideally coincide with the mid-show interval wherever possible.

In line with GMC guidelines, the ringside doctor should not share clinical responsibility with any other patient group, i.e., when undertaking the role of a ringside doctor, the doctor should not also be on call, need to take calls, give advice, or otherwise attend to any other group of patients.

Venue Checks

The doctor should:

- Check egress points from the venue in advance of the boxing starting.
- Make a note of the Postcode of the venue. They should also keep this on them so they can access it whilst on the phone.
- Be aware of the nearest hospitals and neurosurgical centres.

If a very large event, then local EDs can be alerted, but this is unusual for the size of the average boxing show. The ringside doctor is usually not responsible for the venue

first aid arrangements, but this should be clarified in advance to avoid assumptions and manage expectations.

Once the boxing starts

The referee and corners are largely responsible for the safety of the boxer in the ring whilst the bout is in progress.

Doctors can be called onto the ring apron in the neutral corner to assess an injury at the request of the referee.

The doctor needs therefore to remain alert and ready to climb the stairs in the neutral corner, particularly after referee says such commands such as “TIME!”

The bout can be stopped by the:

- Referee.
- The boxer’s corner.
- The Supervisor.
- Doctor via the Supervisor, but usually only if a medical consideration has been missed i.e., vomiting or a dislocated shoulder. It is rare for a doctor to stop a bout, and the doctor should avoid intervening in bouts for purely boxing considerations – the referee is in primary control of these factors and has a range of sanctions available to them for the safety of the boxer.

Approaching the ring to assess a boxer, when asked to by the referee

Check that you can get into the ring ok e.g., avoid tight, or impractical clothing.

3-point fixation when stepping up to the ring, and down from it, i.e., two feet and one hand, or one foot and two hands at least touching the surroundings at all times.

Being on the outside of the ring apron should be considered working at height.

The most common assessments required on the ring apron by the doctor are for **lacerations** and **nosebleeds**.

These should be quick assessments by the ringside doctor and a decision on whether to Box On or Stop The Bout should be made, ideally, within 45 seconds as a guide.

Further, detailed, assessments of injuries and treatment fall into the post bout medical checks (Phase 4) after the contest has finished.

Lacerations

Assessing a laceration

Step up onto the ring apron using the neutral corner stairs and take with you:

- Gloves
- a tissue or gauze.

Lacerations

Rules on what stops a bout:

- Lateral third of the eyebrow – simple lacerations with venous bleed only – wipe and **boxing can continue**.
- Lateral third of eyebrow with bone exposed or a complex laceration/ arterial bleed – consider stopping the bout.
- Middle third – can drop into the eye – stops the bout.
- Medial third – stops the bout due to important anatomy under the skin in that area.
- Check the diagram on page 18 of IBA medical handbook.
- [AIBA-Medical-Handbook-2020 -24.10.2020.pdf](#)

After making your assessment

The EB Rulebook states that stopping the bout goes through the supervisor but ideally speak to the referee with a simple instruction on whether the bout can continue, spoken only to the referee.

NEVER engage with a conversation with the boxer, except e.g. to ask them to help with an examination instruction, for example, “turn your head please”.

Step down from the apron and take your seat ringside then follow up with the supervisor regarding your decision and regarding sanction paperwork.

Nosebleeds

Referee may call “TIME!” and invite the doctor to assess.

Assessment of a nosebleed:

Step up onto the ring apron using the neutral corner stairs and take with you:

- Gloves
- Tissue or gauze
- Pen torch

Anterior nose bleeds:

These in general **would not stop a bout, if a slow venous trickle.**

This is at the discretion of the doctor and if becoming very bloody and early in a bout, a decision may be made to stop the bout, via feedback to the referee directly (never to the boxer), and then informing the supervisor once the doctor is down from the ring apron.

The doctor can only offer an opinion if invited to by the referee.

If the doctor asks the supervisor to stop the contest, the contest will end, and will not result in a second opportunity to examine the boxer during a contest.

Most anterior nose bleeds resolve spontaneously when the boxer stops boxing, and their pulse rate slows.

Very few require any further treatment from the ringside doctor.

First aid advice, and worsening care advice should be given.

Posterior nose bleeds:

Examine the boxer and ask the boxer to open their mouth.

If there are signs of posterior blood suggesting a posterior nosebleed, the bout should be stopped.

This is due to risk of aspiration of blood, risk of vomiting blood, and risk of further damaging the bleeding points.

Fractured nose

If a new fracture and a nosebleed the bout should be stopped.

If a septal haematoma is suspected, the bout should be stopped.

Eyes

Any damage to the tarsal plate or lacerations near the lacrimal duct, the bout should be stopped.

Other eye injuries such as detached retina, anterior Hyphaemia and retroorbital haematomas can occur and doctors should remind themselves of the signs and symptoms to be able to recognise these eye emergencies.

If they are suspected, stop the bout if in progress, and/or prompt an immediate referral to an Emergency Department if found post bout.

MSK

Dislocated shoulder

The ringside doctor should consider whether they are competent and experienced to relocate a shoulder ringside if the boxer consents.

This should not be done in the ring, but the boxer helped out of the ring and a low arm sling applied.

If this is the limit of the doctor's experience, the boxer should be sent to hospital, or an ambulance called if pain relief is required.

If a reduction is attempted, neurovascular status should be recorded pre-reduction, and if a simple single reduction attempt is not successful in the immediate post bout e.g., 15 min window, then the patient should attend the Emergency Department with a T11 form explaining the injury.

This should also occur for check X rays if a reduction is successful.

If there is any suggestion of a fracture-dislocation, a ringside reduction should not be attempted.

GI

Vomiting during a bout

If a boxer is observed to be vomiting or dry heaving during a bout, this is to be brought to the attention of the supervisor by the ringside doctor, with the recommendation that the bout be stopped via the Supervisor.

This is due to risks of:

- The vomiting being caused by an intracranial event.
- The risk of aspiration of vomit.
- Infection control risk of vomit on the canvas.

GI vomiting pre-bout

This can be common in younger age groups due to nerves, if in any doubt the bout is off.

If the boxer has not had blows to the head, they can be observed and potentially box two hours later if no further episodes of vomiting occur and only if confident that no other medical condition is present other than pre-bout nerves.

This is a decision for the doctor and supervisor.

If any doubt from either side, the boxer should not box.

Respiratory

Asthma

Early treatment of asthma is lifesaving.

In a boxing contest, salbutamol is not allowed to be administered in the interval between rounds.

This rule should be interpreted as “if the boxer requires salbutamol for medical purposes urgently, the corner should retire the boxer to receive treatment”.

Contact lenses

A boxer may box wearing soft contact lenses to box.

However, if a lens falls out in the contest it may not be replaced during the contest or interval between rounds.

The referee will either allow the bout to continue if the contact lens wearing boxer agrees, or the bout can be stopped if they do not.

Downed boxer

Definition of a down

Where the boxer touches down with any part of his body apart from the soles of his feet.

Type One

No knock down (referee crosses hands below their waist) – i.e., a trip.

The only medical consideration is dust on the boxers gloves that can then be transferred to the opponents eyes during the next punch – the referee usually ensures the gloves are wiped before boxing is resumed to avoid this.

Type Two

Knock downs:

- A) The referee begins the count. The doctor is not to enter the ring whilst a count is being given.
- B) If the count reaches ten and/or the bout is “Waved Off” (referee crosses their hands above their head) i.e., referee stopped contest (due to RSC or KO). The doctor should enter the ring if required to assist with the care of the boxer.

Care of a boxer after a knockout

The doctor may enter the ring if invited to by the referee, or if the bout has been waved off.

In the case of a severe knockout, a referee may become involved in the immediate treatment of a badly knocked out boxer.

If, during the course of this care, they have not managed to either wave the bout off, or remembered to beckon in the doctor, the doctor should enter the ring if emergency assistance is obviously required.

Staged recovery of a knocked-out boxer

After entering the ring, the doctor may make a rapid assessment of the patient and either bring in the oxygen cylinder themselves or ask someone ringside to pass the oxygen up if a knockout is confirmed.

Doctors should ideally bring with them:

- Gloves
- A Guedel airway
- Tissues
- Pen torch

However, prompt attendance takes priority over finding these items.

ABC management then follows.

The boxer should be managed supine initially with correction of posture so that the neck is in line with the straightened spine in the supine position.

Ongoing c-spine immobilisation managed as best as possible.

Oxygen should be applied to optimise brain oxygenation and recovery.

If a boxer looks like they are recovering rapidly from the knockout, they should be discouraged from standing up straight away, as their legs often need time to recover from the knockout.

If they were to stand up straight away, it may lead to a second head injury if they jump up and subsequently fall over.

The following recovery sequence should therefore be initiated, with each phase lasting at least 30 seconds, if not longer:

- 1) Supine - until the patient regains consciousness with spontaneous eye opening. Oxygen is applied high flow, with non-rebreathe bag prefilled.
- 2) W position - with downed boxer (patient) sitting on the ring, the doctor should kneel at right angles to the boxer's back, repeatedly talk to the boxer to orientate them as to where they are and what has happened, at the same time applying oxygen. The boxer will often take time to grasp that the bout is over and the doctor should calmly confirm that the bout is over and that they should remain seated for a few moments while they recover.
- 3) Sitting on a stool - the stool can be obtained from either corner, ideally the nearest corner to where the boxer was sitting in step 2. Oxygen can continue to be applied during this phase. If the patient agrees, after at least 30 seconds, the boxer can be progressed to:
- 4) Standing - if this is possible within a reasonable time frame, and the boxer is fully recovered, the doctor can come out of the ring and allow the decision to be read out by the MC and the referee to conclude the bout. The spectators often gain great closure from this act if it is appropriate to do so.

The doctor should help steady the boxer as they step down from the ring.

If at any stage the boxer does not recover appropriately, then the recovery sequence can be continued for longer than 30 seconds or even reversed to a previous stage.

If a prolonged recovery is needed, the other boxer can be announced as the winner solo, medical considerations should continue unaffected by the announcement.

Calling an ambulance

The doctor should ensure they are aware of the name of the venue and the venue postcode.

This should be on the doctor at all times when in the venue, not just ringside, as an ambulance may need to be summoned for a collapsed boxer in another part of the venue.

A suggestion is for the doctor to write the postcode on their forearm to enable an ambulance to be called accurately and swiftly.

If the doctor is unable to summon an ambulance themselves, they should seek to nominate a single individual to call on their behalf and provide that individual with the clinical details needed to pass onto the ambulance dispatch.

Avoid saying, "Can someone call an ambulance" which will swamp a 999 switchboard if shouted to a venue of several hundred spectators.

Instead, the doctor should point to and nominate a single individual for this task.

This could be the Supervisor, who has the venue details to hand.

Phase Three medical suspensions

Box Cups

If boxing the next day and the wound is suitable, a laceration may be glued to allow competition the next day for that competition only.

A boxer cannot compete with sutures in situ.

Otherwise the recommendation would be: **14 days for simple lacerations** where glued, steri stripped or sutured.

The doctor should only treat when they are competent to treat at the time of the competitions.

An option would be to send any lacerations which require definitive care to A and E with the referral form T11 filled in and given to the patient stating the reason for the referral to A and E.

Alternatively, the T12 GP referral form can be used e.g., for instructional follow up post gluing a wound as an information leaflet to the GP.

Head injuries – 30 days if temporary neurological impairment e.g., legs wobbled, or knocked out.

90 days for loss of consciousness fully for up to one minute, 180 days for loss of consciousness over 1 minute.

Ideally the timekeeper should start a "knock out clock" for such a downed boxer.

For any RSC or RSCI, the patient should be examined and a sanction or comment considered to be written in the BCR1 record.

Ringside paperwork matrix

This matrix is a guide only, doctors can give any period of suspension for any medical reasons not included below.

Also, an option is for the boxer to be suspended until another medical (re-medical) examination has taken place e.g., when a boxer is expected to attend hospital for further tests such as X rays.

Injury or outcome of a bout	Meaning	BCR1 sanction (boxers' book)	Additional paperwork	Supervisors report (T9)
Nosebleed RSCI	Referees stopped the contest due to injury	Discretionary, describe reason for RSCI	None if stops spontaneously, if not then A and E form T11	If referred to A and E
RSC	Referee stopped contest	Usually 30 days if stopped, dropped, or rocked, but not mandatory if the referee intervened before this damage was sustained, see flow diagram for RSCs	T10 head injury advice sheet, explain to attend ED if any of the symptoms occur	List on T9 also
KO	Knock Out	30 days mandatory, 60 days if LOC up to one minute, 90 days if over one minute	T10 head injury advice sheet	List on T9 also

RSC-B	Body blow stopping the contest	Discretionary, depending on the post bout medical, may not need time off in some cases - list nature of the injury	T12 GP paperwork for late complication monitoring	List advice given or sanction given on T9
Any heavy blows where boxer appears to have been rocked (e.g., legs staggered)	Even if a boxer has won a contest a potential medical sanction can be given if the doctor feels appropriate	Consider 30 days if a boxer has recovered from a knock down in a contest	T10 head injury advice sheet	List on T9 also

Both Boxers exit the ring through their designated corners and undergo a post-bout medical.

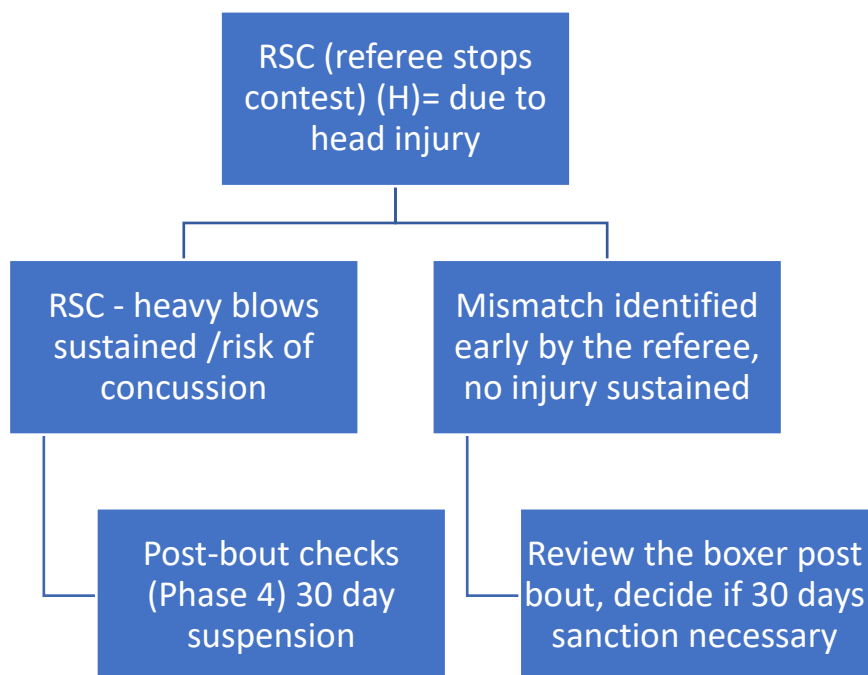
On completion of the post-bout medical, the Supervisor and Ringside Doctor record the sanctions as above.

For more information on the scope and format of the post bout medical, please see Phase Four notes.

RSC flow diagram

All boxers at the receiving end of an RSC loss should be examined post bout.

Until a doctor is experienced with seeing several bouts e.g., over 100, they should **consider** a 30-day sanction for all RSC losses and **look through the flow diagram below on how this can be applied.**



Crowd trouble

If any member of the public challenges any decision, the doctor should politely direct them to the supervisor.

The Supervisor is trained in terms of knowing the next steps for dispute resolution.

The doctor should avoid going into detailed discussions on the decisions with boxers/coaches/relatives or friends of boxers.

Often the decision on whether to stop the bout on medical grounds has no impact on who is declared the winner of the bout.

The Supervisor is the best person to explain that to any disgruntled boxer, coach or family.

Avoid leaving the field of play during such conflicts until the situation settles.

Relevant EB Rules

- 9.8.1. All boxing contests must ensure that as an absolute minimum a Ringside Physician is appointed who is a Doctor, Registered with England Boxing for the purpose of Medical Cover for Boxing.

- 9.8.2. A full list of registered Doctors is available for members of England Boxing in the Knowledge Base on The Vault within the section, Registered Doctors.
- 9.8.3. The Doctor must be Ringside whilst boxing is in progress. In the event the Doctor must leave ringside, for whatever reason, boxing must cease until the Doctor or their replacement returns.
- 9.8.4. The duties of the Ringside Physician are to:
 - A) Understand and agree the event emergency medical action plan* in coordination with the Supervisor.
 - B) To conduct Pre-Bout Medicals in accordance with guidance by England Boxing Medical Sub Committee direction.
 - C) To assess any injuries to Boxers during a contest to determine if a Boxer is fit to continue.
 - D) In consultation with the Supervisor and in line with (Section 17 - Medical Suspensions) prescribe appropriate Medical Suspensions for Boxers when required and update the Boxers BCR1 accordingly.
 - E) To conduct post bout medicals on all boxers.
 - F) To treat injured Boxers as required.
 - G) To provide resuscitation equipment ringside prior to boxing commencing. If the Ringside Physician is not competent in the use of the resuscitation equipment or unwilling to use the resuscitation equipment, a trained operator MUST be in attendance i.e., paramedic or another EB registered doctor who is competent.

*The Emergency Medical Action Plans (EAP1 and EAP2) explain how to manage a serious incident during the event and can be found in the full EB rule book annex.

Knockdown

- 13.1.1. A Boxer will be considered to be knocked down due to a legal blow if:
 - The Boxer touches the floor with any part of the body other than the Boxer's feet as the result of a Blow or series of blows.
 - The Boxer hangs helplessly on the ropes as the result of a blow or series of blows.
 - The Boxer is outside or partly outside the ropes as the result of a blow or series of blows.
 - Following a hard punch, the Boxer has not fallen and is not lying on the ropes, but is in a semiconscious state and cannot, in the opinion of the Referee, continue the Bout.
- 13.1.2. **Counts following a Knockdown** - In the case of a Knockdown, the Referee must say "stop" and then begin to count from one (1) to eight (8) if the Boxer is fit to continue; and count from one (1) to ten (10) if the Boxer is unfit to continue. The Referee will count with intervals of a second between the numbers and will indicate each second with the hand so that the Boxer who has been knocked down may be aware of the count. Before the number "one" is

counted, an interval of one second must have elapsed from the time when the Boxer is knocked down, and the time of announcing “one”.

- 13.1.3. **Responsibilities of the Opponent** – If a Boxer is knocked down, the Boxer’s opponent must at once go to the neutral corner as designated by the Referee and remain there until the Referee allows the Boxer to leave. If the opponent does not respect this, the Referee must suspend the count until the opponent complies with the command.
- 13.1.4. **Mandatory Eight Count** - When a Boxer is knocked down as the result of a blow, the Bout must not continue until the Referee has reached a mandatory count of eight (8), even if the Boxer is ready to continue before then or the round has come to a close.
- 13.1.5. **Both Boxers Knocked Down** - If both Boxers are knocked down at the same time, the count will be continued as long as one of them is still knocked down.
- 13.2. **Compulsory Count Limits** - Senior Male A maximum of three (3) eight counts will be given in one (1) round and 4 counts in a contest Senior Female, Youth, Junior A maximum of three (3) eight counts will be given in one (1) round. A maximum of four (4) eight counts will apply in one (1) bout Schools (Inc. Minors) A maximum of two (2) eight counts will be given in one (1) round. A maximum of three (3) eight counts will be given in one bout.
- 13.3. **Illegal Blow**
- 13.3.1. A count due to an illegal blow, will not be considered in this amount. England Boxing Rule Book 2022 / 2023.
- 13.4. **Boxer Knocked Out of The Ring**
- 13.4.1. In the case of a Boxer being punched out of the ring by a legal blow, the Boxer must be allowed thirty (30) seconds to come back into the ring, after the eight (8) count, without the help of anyone. In the case the Boxer is not able to come back within the aforementioned timeframe, such boxer will be deemed to have lost the Bout by RSC.
- 13.5. **Knock Out**
- 13.5.1. After the Referee has said “ten” (10), the bout ends and must be decided as KO. The Referee may stop the count if in their opinion the Boxer is in immediate need of medical attention.
- 13.6. **Boxer Knocked Down at the End of the Round**
- 13.6.1. In the case of a Boxer being knocked down at the end of any round, the Referee must continue to count until the Boxer is no longer knocked down irrespective of the end of the round.
- 13.6.2. Should the Referee count up to ten (10), such Boxer will be deemed to have lost the Bout by KO. The sounding of the bell will not save the Boxer.
- 13.7. **Second Knock Down without further punches**
- 13.7.1. If a Boxer is knocked down as the result of a punch and the Bout is continued after the count of eight (8) has been reached, but the Boxer falls

again without having received a further punch, the Referee may continue the count from the count of eight (8) up to the count of ten (10)