THE MEDICAL MANAGEMENT OF SERVICE AMATEUR BOXING

References:

A. Surgeon General Policy Letter (SGPL) 12/00: D/SG (Med Pol) 350/7/9 dated 18 Oct 00.
B. Medical Commission of the Amateur Boxing Association of England (ABAE) Ltd leaflet ‘Medical Aspects of Amateur Boxing’

Aim

1. This policy aims to define the support given to amateur boxing undertaken within the Armed Services by the Defence Medical Services and applies to Service personnel and MOD employed medical staff. This policy leaflet replaces Reference A, previously published JSP 950 Leaflet 2-1-1 (25 Oct 10) and is informed by Reference B.

Principles

2. In principle, a member of the Armed Forces assessed to be medically fit for deployment (MFD), with no medical restriction, will be fit to box unless there is some specific reason why not.
   a. Reasons why an MFD Serviceperson may not be fit for boxing are set out at Annex A.
   b. Exceptionally, non-MFD Servicepersons may be allowed to box. In cases such as this, or in any other case of doubt, appropriate advice must be sought by the examining medical officer (MO) from before proceeding. Such advice should be sought from the SMO / Medical Advisor of the single service (sS) boxing associations.

3. Boxing in the Services is conducted under the regulation of the Combined Services Boxing Association (CSBA). The CSBA is a designated Region of the Amateur Boxing Association of England Ltd (ABAE). The ABAE is part of the Amateur International Boxing Association (AIBA). Rule changes at AIBA cascade down to member countries and then within ABAE to Regional authorities; for Service boxers the CSBA. Within CSBA there are three single Service boxing associations; there are some minor inter-Service variations in procedures for the administration of boxing, but medical standards for boxing are now the same across the Services.

4. In common with other contact and combat sports there are sports-specific risks of injury to boxers. The purpose of regulation of such sports, and the mandated medical arrangements, is to reduce and mitigate these risks, the most serious being that of brain injury. It is a fundamental principle that all Service boxers must be volunteers, and that they must be briefed on these risks at initial and renewal medicals. Service boxers must confirm in writing (on the form at Annex B) that they have been so briefed and that they are boxing because they wish to, without having been coerced to participate, and that they have chosen to accept the sport-specific risks to which they consent to subject themselves.

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1 The latest edition of the ABAE leaflet can be found on the ABAE website at http://www.abae.co.uk/aba/index.cfm/about-boxing/medical-aspects-of-amateur-boxing/
2 The SS Boxing Associations’ Medical Advisors together form the CSBA Medical Board when it is necessary to e-convene this. Contact details of current holders of these appointments are:
   SMO Army Boxing Association, also SMO CSBA: Lt Col (Retd) Ross T Walker mailto:SG-DPHC(S)ARB-SMO
   Medical Advisor RNBA: Surg Cdr Alastair Wilcockson RNR mailto:awilcockson@aol.com
   Medical Advisor RAFBA: Wg Cdr (Ret) Anthony Attwood mailto:tony@tonyattwood.net
3 In boxing, as for karate, kick-boxing, taekwondo and other combat sports, points are scored for landing blows with force on the opponent.
Role of Medical Staff in Risk Mitigation

5. The aim of medical supervision of boxing is to minimise the risk of harm through injury. To achieve optimal risk reduction, the medical supervision of amateur boxing includes the following:
   a. Undertaking pre and post-participation screening medicals.
   b. Providing the opportunity to confirm boxers participate voluntarily, and give informed consent to participation after understanding the risks involved, as emphasised above.
   c. Confirming organisers have arranged appropriate resuscitation facilities at the ringside.
   d. Confirming that all possible steps are taken to ensure safety is optimised in sparring; more details on regulating this area of service boxing will be covered at Para 20 & Annex K.
   e. Checking compliance by boxers with ABAE rules regarding registration, frequency of bouts per year, inter-bout intervals, adequate rest and recovery post-injury through suspension periods and other mandatory measures.
   f. Supporting compliance by boxers with ABAE rules on substance abuse.

6. As part of their normal duties, all doctors employed to provide primary healthcare (PHC) to Service patients are expected to perform routine annual fitness to box medicals. The requirement for these is no different to other Service medicals intended to assess fitness for Service duties where the mitigation of the assessed risk has been judged to require a medical assessment, and/or where there is a statutory requirement for a medical examination, such as for diving. It is the responsibility of the doctor to ensure that they keep up-to-date with the medical examination requirements. However, initial briefing and any update required will be provided through their medical superior, under arrangements by the Defence PHC organisation as advised by SMO CSBA.

7. When asked, and following the preparation specified in this policy, uniformed MOs in the Armed Services will usually be expected to provide emergency medical cover ringside to publicly funded Service boxing as part of their duties. The essential competencies include the airway management and other pre-hospital emergency care skills that all MOs employed in a clinical role in the Services are expected to maintain. However, prior to providing ringside cover for the first time Service doctors are to receive appropriate training under arrangements overseen by SMO CSBA. Similarly, if as part of their professional obligations to remain up to date in all aspects of their practice the doctor considers an update on their knowledge is required, they are to identify the requirement to their medical superior, in order to arrange a briefing.

8. Should a doctor not consider themselves to be competent to undertake any particular medical task, they then have a professional duty laid upon them by the General Medical Council to address this. Therefore, a doctor asked to provide ring-side cover for Service boxing who has concerns over their competency, or ethical concerns, should discuss these with their medical superior. In the

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4 Uniformed MOs, MOD-employed civilian medical practitioners (CMPs) and contracted civilian doctors, including locums, working in military primary healthcare centres.
5 In the short term, as at the date of this policy the Defence PHC is forming up, arrangements will be made by the single Service PHC organisations in co-ordination with the Defence PHC implementation team.
6 Any MO concerned that they may not have the adequate emergency care competencies must highlight this identified training need to their medical superior in order that appropriate refresher training may be arranged.
8 The medical superior will usually be the regional clinical lead within the PHC organisation.
event that a concern cannot be resolved the medical superior should recommend to the organiser of the event other means for providing ring-side cover, or an alternative MO where appropriate.

9. **Civilian medical practitioners (CMPs)** who wish to provide ringside cover to boxing are encouraged to do so.

   a. **When CMPs** do such work as duty within their normal contracted hours, they are professionally medicolegally indemnified by MOD. Arrangements by the PHC organisation to cover their normal workload will be needed on a case by case basis, costs of this (if any) are to lie where they fall with the PHC organisation concerned.

   b. When, with local med CoC consent, they do such work outwith their normal working hours, eg in evenings or at a weekend, again normal MOD professional medicolegal indemnity will apply. When such work outwith normal hours is done, then these hours may be reclaimed when mutually convenient on a Time Off In Lieu (TOIL) basis (as CMP contracts do not normally provide for the working of overtime). When such TOIL time off is taken and gaps in cover arise that incur costs to cover them, again these are to lie where they fall with the PHC organisation concerned.

10. Medical ringside cover will be provided from Service resources where possible, but this may not be available. This may be for reasons of operational deployment, or because the provision of primary healthcare for the Service unit concerned does not include ringside cover for boxing (medical examinations should however be covered).

11. Therefore, where Service provided cover cannot be provided, those arranging Service boxing events will need to be prepared to seek funding of the provision of ringside cover through sS arrangements for civilian MO, paramedic and ambulance support where this is needed as set out in this policy. Further instructions on this area will be disseminated in due course after DPHC has been formed up and settled in to its new roles; for now, any queries on this area are to be e-directed to SMO CSBA in the first instance.

12. **Medicolegal Indemnification.** This can vary depending on circumstances, as follows:

   a. MOD-directly-employed uniformed or CMP MOs who provide ringside medical cover to boxing competitions including service boxers only are covered by normal duty MOD vicarious liability arrangements as at Paragraph 9. This applies whether the boxing is taking place on a military base or at another non-military venue eg at a charity fund-raising boxing event featuring service boxers and run by service boxing officials.

   b. When providing ringside medical cover at competitions that include non-military boxers as some of the participants, irrespective of the competition’s location, if the competition is primarily a military one in terms of organisation and officials etc, MOD-directly-employed doctors’ MOD professional indemnity insurance extends to covering medical treatment of the civilian boxers.

   c. When MOD-directly-employed MOs provide ringside cover at non-militarily organised bouts in which some service boxers may or may not be participating, this is not classed as work indemnifiable by MOD. In such circumstances, MOD-employed doctors must arrange their own professional indemnity insurance through commercially available medical defence organisations or insurers e.g. MDU, MPS, MDDUS, etc, and ensure they have that confirmed to them in writing (by email is sufficient). Experience is that this additional coverage will often be available free of charge on request. However, that cannot be guaranteed and where any
costs do arise, these are the individual doctor's responsibility and refund of any such expenses will not be entertained by MOD.

d. Doctors not directly employed by MOD in uniform or as CMPs are responsible for their own professional medicolegal indemnity insurance when providing ringside medical cover and should ensure that their indemnification organisation is made aware in writing (eg by email as above) that they intend to do this work in addition to standard medical centre work.

13. Service boxers may be male or female; guidance on female boxing may be found on the ABAE website at: ABAE - Womens Boxing

14. Service boxing may only be undertaken outside the United Kingdom where arrangements for hospital care have been assessed by the Service medical authorities and judged to be adequate, especially in terms of neurosurgical capability in case needed. As at the date of this policy, arrangements in British Forces in Germany are adequate; those in Cyprus are changing and so will now require review by the medical authorities before boxing can be permitted in Cyprus. If there is a desire to organise boxing anywhere else in the world, such requests will be judged as above by the Service medical authorities, all such requests to be initially staffed to SMO CSBA. Note that in such cases, ample notice will be needed so extensive forward planning will be required. Service boxing on deployed military operations and exercises is not permitted.

Milling

15. This issue is relevant to Army only but is included here for completeness. Milling is one minute of sparring-like activity undertaken by candidates for airborne forces training. The absolute risk of this is considered lower than that of undertaking boxing, but legal advice to MOD has been that before milling can be undertaken, aspirant participants must pass a standard annual boxing medical and be certified fit to box on Annex B. Where the aspirant is fit for airborne training in all other respects but cannot pass a boxing medical (eg inadequate uncorrected vision) they will normally be permitted to undertake airborne training exempt milling; authority OC P Coy at ITC-2ITB P Coy OC.

Boxing Medicals

16. **Annual Medicals.** Reference B requires 5 yearly principal fitness-to-box medicals, but in the Services these are to be conducted on a more frequent basis as follows:

   a. Annually, allowing one calendar year registration unless injury-suspended.

   b. After conclusion of any period of suspension for injury; passing this medical then re-qualifies the boxer for a further year unless suspended again, e.g. following further injury.

17. **‘Initial’ Annual Medical.**

   a. As required by Reference B, for all aspirant boxers who are new to Service boxing.

   b. The Defence Medical Information Capability (DMICP) protocol for an initial boxing medical will guide the examining MO through the detection of any boxing-specific contraindications to participation, as detailed at Annex A.

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9 Head Medical Strategy and Policy, HQ Surgeon General, on advice from the local Service medical authority.
c. DMICP sets a one-year diary review date for this medical; should a suspension arise in the meantime, a further examination is required, following which the review date will be reset.

d. Annex B (the form for which is auto-initiated by within the DMICP protocol) is to be completed, with the boxer’s signature to confirm informed (and uncoerced) consent to participation.

e. Where DMICP is not available, the results of the medical may be documented on a hard copy of Annex B, to be held in the FMed4 or scanned into DMICP when available.

18. ‘Renewal’ Annual Medical. These are required for one of two reasons, as follows:

a. After any suspension period imposed for injury, an MO is to make a re-assessment before allowing resumption of sparring and boxing. Passing this is to be documented, as usual, on Annex B. Within DMICP this resets the date for fitness to box for the next year.

b. After the end of the first year of boxing.


21. Safety in Sparring Training. Regulating this area requires attention to standards of equipment, risk assessments, coaches’ training and qualifications: refer to Annex K.

Possible Future Changes for Senior Level Boxing

22. At the time of publication, there is debate between the international governing body AIBA and ABAE over some rules; when this is all clarified updates may be needed and will be promulgated as required in due course. Any queries on this area in the meantime are to be directed to SMO CSBA.

Implementation

22. This policy is released for publication by Head of Medical Strategy and Policy on behalf of the Surgeon General. Unless cancelled or otherwise revised, this leaflet will routinely be reviewed after five years. HQ Surgeon General will make policy leaflets publicly available in accordance with the Freedom of Information Act. This policy leaflet is releasable to the Internet. An Equality Analysis has been undertaken in the production of this policy and no impact is anticipated in terms of the Equality Act 2010.

Point of contact

24. The sponsor of this policy is SG-DPHC(S)ARB-SMO (Walker, Ross Dr). The point of contact is SO2 Medical Policy at HQ Surgeon General, via email to mailto:SGACDSSStratPol-MedPolSO2@mod.uk or by telephone on 01543 434669.

Annexes:

A. Guidance Notes for MOs Performing Boxing Medical Examinations.
B. Statement of Passed Annual Medical and Informed Consent to Participation in Service Amateur Boxing.
C. Ringside Medical Supervision and Medical Cover Requirements.
D. Questionnaire for optional use at Pre-Bout Medicals.
E. Female boxers' forms for declaration of non-pregnancy before each bout etc.
F. Ringside Injuries Suspension Periods Required.
G. Suggested template for a Post-bout check proforma for medics' use.
H. Head Injury Advice Instructions Sheet for post-bout use when required.
I. Record of Boxing Injuries and Non-Injuries in a Given Contest.
J. Notice of Boxing Injury to an Individual Boxer.
K. Safety in Sparring Training.
# Assessment of Fitness to Box: Guidance Notes for MOs

Assessment has logical stages: medical deployment status (MDS), age, uncorrected visual acuities (commonest reason for non-fitness for boxing), other run-ups, history, examination, decision documentation.

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<tr>
<td>1</td>
<td>Is the patient medically fit for deployment (MFD)?</td>
<td>If not, check for any other factors below affecting boxing fitness then e-liaise with SMO CSBA.</td>
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<tr>
<td>2</td>
<td>Is the patient aged less than 34 years?</td>
<td>Services amateur boxing ceases at 34th birthday. Anyone considering ‘masters’ (veterans) boxing after that on the civilian circuit should seek advice from SMO CSBA.</td>
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<td>3</td>
<td>UN-Corrected Visual Acuities must be no worse than 6/12 best eye and 6/24 worst eye.</td>
<td>Ensure tested without contact lenses in, without any chance to cheat the test eg by memorizing the chart. Beware ‘miraculous improvements’: may indicate laser refractive surgery or test-cheating: check former and current E values on old and current PULHHEEMS values: E3 = 6/12 and E5 = 6/24; any worse than this = FAIL. For imperfect but acceptable eyesight, append an A5-sized copy of an up to date optician’s report inside the back of their ME3.</td>
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<td>4</td>
<td>Other run-up tests done by nurse or medic must be normal incl P, BP, urinalysis and audiogram H2H2 or better.</td>
<td>Results recorded in DMICP. Refer any queries on this to SMO CSBA.</td>
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<td>5</td>
<td>The medical history must be clear of the following features which would be a bar to boxing participation:</td>
<td>Best checked in DMICP iHR on problem summary page, with recourse to fuller notes eg scanned in letters or Fmed4 letters - if necessary.</td>
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**Neurology:**
- Epilepsy,
- Fits/convulsions of other type/cause, except a fully investigated single febrile fit which is allowed,
- Unexplained blackouts or losses of consciousness,
- Intracranial haemorrhage,
- Any form of brain or intracranial surgery,
- Family history genetic NS disease eg Huntingdon’s,
- Serious brain infection, meningitis, encephalitis,
- Frequent migraine.

**Ophthalmology:**
- Ocular surgery including laser surgery, except that previous squint surgery that has given good results is allowed,
- Any retinal injury or disease,
- Family history retinal disease.
- Cataract.
- Glaucoma.
- Corneal scarring, Optic neuritis, Keratoconus.
- Current hyphaema.

**ENT/Audiology/Maxillofacial:**
- Bar for current ear infection, attic perforation, cholesteatoma, grommets in situ, large nasal polyps, deafness such that hearing aid use is needed.
- Discourage, and e-discuss with SMO CSBA if necessary, re simple dry healing perforation, T tube in situ, tinnitus and hearing worse than H2H2 esp if NIHL.
- E-discuss with SMO CSBA re any in situ maxillofacial surgical metalwork.
Haematology:
- Known coagulation defect/diathesis, anticoagulant therapy,
- Serologically proven infection with HIV, Hep B or C or other BBV,
- Sickle cell anaemia (not trait, which is OK) and porphyria.

Others:
- Transplant or other major surgery.
- Fractures until discharged fracture clinic for a month or more and sound on examination,
- Lacerations which needed suturing/glueing, for a month after initial treatment,
- Orthopaedic or musculoskeletal problems that are active or may flare with boxing training,
- Orchidectomy or other cause of uni-orchidic status,
- Skull fracture,
- Other severe head injury - a KO with recovery that took over 2 minutes or concussion without KO lasting over 10 minutes - within the last calendar year,
- mTBI sustained on operations or otherwise,
- Tropical infectious disease,
- Peptic ulceration, Pancreatitis, Gallstones, Inflammatory bowel disease,
- Liver disease and recurrent jaundice,
- Significant congenital abnormality of GU system,
- Renal calculus or nephritis,
- Nephrectomy,
- Congenital or rheumatic heart disease (investigated asymptomatic murmurs not restricting full duties are NOT a problem).

6 E-liaise with SMO CSBA where there is a history that may bar from boxing participation, depending on details and circumstances:

- Pupillary abnormalities eg Adie’s Pupil (non reactivity) etc.
- Family history of TB, connective tissue disease, death in a first degree relative below age 40yrs from heart disease, FHx of HOCM,
- Malignancy of any sort,
- Insulin dependent diabetes, if well controlled,
- History of nasal surgery, recurrent nose bleeds,
- Asthma well controlled enough to remain in mil svc need not bar but d/w SMO CSBA as not MFD,
- Spontaneous pneumothorax,
- Any other condition that causes the examining MO concern and on which advice is desired.

7 Examination requirements are a matter for individual MO clinical judgement, views varying widely from this being barely necessary at all in an MFD serviceman with normal run-ups and a clear history to those who prefer to perform very full neuro-examination on all aspirant boxers.

8 Documentation of a pass/fail at this medical is to be recorded in DMICP (or on the paper records in non-DMICP-enabled practices), in DMICP presently using diagnosis code 6931 (though more boxing codes will be notified later). This can be done using the boxing protocol-template or using free text in the fields of the consultation. Paper signed recording of the results and boxer’s consent to participation is to be done on Annex B, boxer’s coach to file one copy to be STAPLED into the back of the ME3 and to send the other to sS boxing association secretaries for registration filing action.

Note: Checking that the aspirant boxer has made arrangements to be fitted for a correct colour (ie no red in it) well-fitting mouth-guard from the DO is good practice; if they haven’t, ensure they make a dental appointment asap. Heat-moulded mouth-guards procured from a high street sports shop are a poor alternative to a ‘gold-standard’ properly dentally fitted guard. HQ DDS supports DO-provided mouth-guard provision for boxers.
STATEMENT OF RESULTS OF PASSED ANNUAL BOXING MEDICAL AND OF INFORMED CONSENT TO PARTICIPATE IN SERVICE AMATEUR BOXING

Number: _______________  Rank: ___________  Name: ___________________________

Unit: ___________________  DOB: __________________

The above-named service-man/woman has had their boxing fitness medical recorded as documented in DMICP or in their FMed4: they are passed as being **FIT TO BOX throughout the forthcoming calendar year** - unless suspended for injury during that period in which case this medical will need to be redone.

Uncorrected VAs were:  R 6/  L 6/

An in-date optician’s report is not required / attached (delete as appropriate).

EXAMINING MO’s DETAILS:

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BOXERS STATEMENT (For ARMY and RAF Boxers only – RN must use BRd 1750a direction)

1. I confirm that I have been placed under no pressure, by my coach or anyone in my chain of command, to take part in boxing against my will.

2. I have read the list at page B-2 of the possible sport-specific risks to my health from participation in amateur boxing, discussed it with my doctor and had any questions answered to my satisfaction. I realise the sport-specific risks involved and I give my consent to taking part in sparring and boxing.

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<td>Signature:</td>
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Witness signature of examining MO:

Disposal of this record:

Page B-1 only: two copies to the coach - one A5 copy to be stapled into the back of the ME3 and one copy to go to central records of Secretary sS BA.

Page B-1 only: scan into DMICP - original form. Scan into DMICP attachments section, then shred. [OR in non-DMICP enabled practices, one A5 copy to be filed in F Med 4]

Page B-2 only: Original to be retained by boxer for their ongoing reference.

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1 BRd_1750 Chapter 15 - Leaflet 15-03 Approved Text for Briefing Service Boxers
STATEMENT OF SPORT-SPECIFIC RISKS OF AMATEUR BOXING –

The known medical/health risks of participation in amateur boxing are as follows:

1. Boxing training involves heavy impact training (e.g. running and skipping) so ‘overuse’ lower limb injuries are common; examples of these include stress fractures of tibia and foot, ‘shin splints’ and knee pain. Boxers developing any such problems are strongly advised to stop boxing training and seek early medical advice; the earlier that such advice is sought, the quicker and better the outcomes of treatment.

2. Received punches inevitably can cause painful bruising, which will heal by itself with time.

3. Blows to the face and nose can cause fractures. Sometimes, surgery may be required to repair these.

4. Blows to the ear – especially ‘cuffs’ which are not scoring blows - can cause rupture of the eardrum. These are usually only obvious to the boxer after sparring or a bout. They normally heal by themselves with time.

5. Serious risks are rare but can occur in amateur boxing:

   a. Direct or glancing blows to the eye can cause damage to the eye – particularly detachment of the retina. If this arises, major surgery will be needed, which will usually, but not always, be able to restore sight. If struck on the eye and aware that vision may have been damaged, boxers MUST ‘take a knee’, adopt the injured boxer position and immediately notify the referee so he can have the boxer medically assessed.

   b. There is a risk of a bleed from a blood vessel within the skull. Such bleeds are very rare – 3 known in ABAE boxing in the last 12 years (all occurring during sparring not boxing as such and all survived after neuro-surgery) – these cannot be screened out and if you wish to box, this is a chance you take.

   c. Repeated exposure to head blows may carry the possibility of developing brain scarring which could cause problems with brain function later in life.
RINGSIDE MEDICAL SUPERVISION AND MEDICAL COVER REQUIREMENTS

1. **Introduction.**

   a. All amateur boxing matches must have an MO present at the ringside; if the MO is busy attending to a boxer post bout, the next bout will be delayed. It is good practice to advise the Official in Charge (OIC) if such delays are going to be more than brief. At the MO’s discretion, post bout checks can be delegated to military medics or civilian paramedics, but overall responsibility rests with the MO.

   b. If a boxer is injured, the referee decides what to do in this circumstance, eg:

      (1) If a boxer is knocked out, the MO will normally be invited into the ring immediately, with medical assistants as appropriate, to deal with airway management, etc.

      (2) If the referee wishes the MO’s advice\(^1\), the referee can invite him to assess the boxer in his corner or in the ring. The referee makes the decision on the bout’s cessation or not based on the MO’s advice.

   c. If exceptionally, an MO has concerns that the referee should be asking his advice but has not done so, the MO must liaise with the Official in Charge (OIC)\(^2\), who will deal with this appropriately.

   d. When the referee wishes to ask the MO to check a boxer before a further round, this is not done during the one minute rest period when the boxer is focused on his coach’s briefing, but instead the referee will restart the boxing, then at once temporarily stop it and ask the MO to assess whatever it is that is causing concern, and then take the MO’s advice as above.

2. **Ringside Personnel and Equipment Requirements.**

   a. Serious injuries in service amateur boxing are rare; however, the ability to deal with such injuries when they do occur is essential. The ABAE rules say: "to work without a paramedical assistant, an MO must be competent and confident, and personally fully equipped to manage the airway\(^3\) of an unconscious boxer." This statement will be true of almost all MOs in normal military medical practice (see main text’s Para 7 and Footnote 7).

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\(^1\) Examples of such an advice request would include on a nose bleed that may indicate an underlying nasal fracture, or a laceration that is not such that the referee is certain the bout will need stopping anyway, or after an eight second count to assess for concussion and fitness to continue or not.

\(^2\) By custom and practice in service boxing, the OIC is normally seated on the same side of the ring as the MO two seats along and so is easily accessible to the MO for any liaison that may be needed. This can be particularly helpful to the MO who is new to providing ringside cover and so may be unsure of points of procedure or practice.
b. All necessary resuscitation and other equipment\(^3\) must be available ringside.

c. Personnel cover requirements are summarised below; the skills mix of the medical team can vary as described below:

(1) Option one: A ringside MO who holds an in date pre-hospital resuscitation skills qualification which allows him to secure and manage an airway of an unconscious boxer. This MO may work solo or bring with him/her whatever assistant(s) they deem necessary to allow them to care for an injured boxer.

(2) Option two: A ringside MO who does not hold an in date qualification as above but who is supported by appropriately qualified and equipped paramedics who can secure and manage the airway of an unconscious boxer. These paramedics can be either uniformed or civilians brought in for this purpose.

d. In maintaining the required standards in this area, the Official in Charge has a clear duty to satisfy himself of the adequacy of medical cover. However the final responsibility lies with the MO concerned, who has to insist on correct standards of trained personnel and equipment. The MO must exercise this duty well ahead of the bout, preferably at the planning stage.

e. As stated at the main text’s Paras 10 + 11, uniformed medical support should always be sought as the first port of call to provide cover at the ringside; however if this is not available then civilian medical support may be used, event organisers having approached their chains of command for funding authority, utilizing advice from SMO CSBA as required.

f. **Ringside Ambulances.**

(1) The requirement perceived by some for a **pre-positioned ringside ambulance** (as opposed to a 999-call-summoned civilian emergency ambulance) is essentially a historical tradition in the Army but not in the other two services.

(2) The standard National Ambulance Response Time is 8 minutes, so if the MO considers a civilian emergency ambulance is required, it is to be summoned immediately.

(3) Where sS wish to enhance that standard response capability, for example if the boxing location is remote from ambulance response so that the standard timings are in some doubt, sS may deal with this under their own funding arrangements and SOPs.

\(^3\) MOs should prepare carefully in this respect in liaison with their assistants where they are using them. Apart from the obviously necessary airways management equipment, spinal board for moving an injured boxer from the ring (these boards slide easily under the ropes), stethoscope, auriscope and ophthalmoscope etc, MOs may wish to bring suture kit to avoid having send a boxer with a laceration to A+E for suturing. There is significant controversy about carrying meds to treat the very rare case where someone may fit after boxing (rare as in two service cases known in last twelve years); for e-advice on this area contact SMO CSBA. More general queries on ringside equipment provision should be e-directed to sS Boxing Associations’ Medical Advisors. Contact details of current holders of these appointments are:

SMO Army Boxing Association: Lt Col (Retd) Ross T Walker: SG DPHC(S)ARB-SMO  
Medical Advisor RNBA: Surg Cdr Alastair Wilcockson RNR: aowilcockson@aol.com  
Medical Advisor RAFBA: Wg Cdr (Ret) Anthony Allwood: tony@tonyallwood.net

\(^4\) Such an assistant will normally be seated ringside with the MO. In the Army, for historic reasons, such an assistant is called the ‘Medical Officer Liaison Officer’ or ‘MOLO’.
(4) Under standard ABAE Regulations, a ringside ambulance is required at National standard competitions. CSBA competitions of similar standard are to match this; when this requirement is identified as considered possibly necessary, event organisers are to e-liaise with ample notice with the Chair and Secretary of CSBA and with SMO CSBA, to arrange details of required funding etc.

(5) Military ambulances which are not licensed for use on the public highway are not to be used for transfer of an injured boxer to hospital in contravention of their unlicensed status.

g. ABAE rules mandate that the MO must personally check the adequacy of the ring’s underlay insulation; in the context of service boxing this is almost always a formality as the equipment used is of a high standard; nonetheless if any concerns arise from making these checks, the MO must liaise with the OIC and raise them.

h. If any doubt or difficulty arises about any of the points above then advice should be sought from SMO CSBA.

3. **Pre-Bout Medicals**

a. The pre-bout medicals are done on the day of the bout – at a time agreed by the MO and OIC, between the end of weigh-in and the start of the boxing.

b. Unit MOs may prefer to do prebout medicals at their own Medical Centre (MC); this has the advantage that the examining MO will have full visibility of the medical history on DMICP and the medical will be recorded onto DMICP too. However, as MCs are always already busy with other tasks, this approach will require considerable early warning and prior arrangement between the Boxing Officer arranging the tournament, the MO and the MC Practice Manager.

c. Traditionally, and arguably more easily, pre-bout medicals are done by the ringside MO at the boxing-gym either just after the weigh-in or immediately ahead of the start of the bouts. Such prebout checks are inevitably brief and done without access to the boxer’s full history. When this approach is taken, the Boxing Officer arranging the tournament is to ensure that the MO has available the following:

   (1) A suitable room in which to make medical examinations and to do any on-site post-bout medical treatment that might be necessary in due course.

   (2) A supply of Annex Ds, and pens for the boxers to fill in the questionnaire.

   (3) When females are boxing, a supply of Annex Es on which to make their declaration of not being pregnant etc. These are multi-use forms and are retained in the back of the ME3 but spare ones may be needed.

d. Annex Ds are not generic to ABAE but are a CSBA innovation. If the ringside MO does not wish to use them, s/he does not have to, but their use is recommended because of these advantages:
(1) It places the onus on the boxer to tell the truth about any relevant injury or illness history, making non-disclosure their liability not the MO’s, without the MO having to repetitively go through all these questions verbally in each case.

(2) It provides somewhere for the MO to make any notes they may have from the prebout medical, eg old deviated nasal fractures, etc, and somewhere to make contemporaneous notes during and after the bout, with only a summary of such (and any suspensions etc) being required into the ME3.

(3) It acts as a reminder to transpose any such contemporaneous notes onto DMICP on the next opportunity to do so, after which shredding disposal of all the single-use forms is easily arranged.

e. At competitions between CSBA boxers and civilians with military MOs medical cover, MOs may choose to request Annex D completion by the civilian boxers too.

4. **Documentation Checks.** The ringside MO should check (at the pre-bout medical or on arrival to cover bouts if pre-bout medicals already done elsewhere) that all documentation is correct: ME3s including copy Annex B and optician’s report if required, Annex Ds and signed off Annex Es for female boxers. If any problems are found, the OIC should be notified at once.

5. **Injury and Suspension Periods - Recording these into the ME3.** Certain injuries require periods of suspension from sparring and boxing (and normally from routine organised PT also). These standard suspension periods are summarised at Annex F for quick easy reference.

   a. These suspension periods are all minimum durations. The duration of the suspension may be increased at the discretion of the ringside MO but may not later be reduced by another MO who did not see the injury occur, except after liaison with SMO CSBA should this exceptionally appear appropriate. Such requests will be adjudicated upon by the CSBA Medical Board comprised of the following members: SMO Army Boxing Association, Medical Advisor RNBA and Medical Advisor RAFBA\(^6\) with support from the other members of ABAE Medical Commission if they wish it (or in the unlikely event that the Board cannot agree).

   b. Suspension periods (and what the injury was) must be recorded by the MO legibly, using block capitals if necessary, into the ME3 on the right hand side in red ink using the following wording (for a suspension of XX days):

   ‘Unfit to box or spar for XX days AND until post suspension renewal annual medical re-examination has been passed’.

   c. Retention of a suspended boxer’s ME3 by the OIC, for immediate forwarding to sS secretary, only to be released back to the boxer/coach when the secretary has evidence of a completed renewal annual medical, is one way to guarantee the performance of the required

---

5 The old practice of recording passes at prebout medicals in the ME3 is to cease as this wastes space in the book and fills it up with unnecessary medical entries; instead, medical entries should stand out – being about any important items eg passed initial/renewal medicals, any injuries and related suspensions, fails at pre-bout medicals, etc.

6 The CSBA Medical Board is comprised of the three sS Boxing Associations’ Medical Advisers / SMO: contact details of current holders of these appointments are:

SMO Army Boxing Association: Lt Col (Retd) Ross T Walker: SG DPHC(S)ARB-SMO.
Medical Advisor RNBA: Surg Cdr Alastair Wilcockson RNR: awilcockson@aol.com.
Medical Advisor RAFBA: Wg Cdr (Ret) Anthony Attwood: tony@tonyattwood.net.
 renewal annual medical before sparring and boxing can recommence. sS may adopt this procedure if they wish to do so.

6. **Post-Bout Medical Examinations.**

   a. The MO **must** make a post-bout examination of any boxer losing by:

      (1) A Knock-Out (KO) where the boxer cannot recover inside a 10 second count, whether that KO is from a body punch (a KO(B)) or from a head punch (a KO(H)).

      (2) The Referee Stopping the Contest (RSC) against him, whether that be after repeated head punches received (an RSC(H)) or because the boxer is simply outclassed and the bout stopped to prevent avoidable injury (a ‘plain’ RSC).

   b. Entirely at their own discretion, the MO **may** make a post-bout examination of all the other boxers too after each bout, or have their assisting paramedics/medics do so, as an extra safety precaution. For post bout checks except those that the MO must make personally as above, delegating in this way aids the flow of the competition with the MO only being called from ringside to post bout check if concerns arise. Some MOs like to use a proforma approach to delegated checks, and an example form for use/modification if desired is at Annex G.

7. **Head Injury Advice Forms: See Annex H.** Annex H is a Head Injury Advice Card, to be given to the boxer or his/her coach by the MO, paramedic or medic, with emphasis on alcohol avoidance, when that boxer has suffered a KO(H), RSC(H) or otherwise is considered at risk of concussion due to number of head punches received in the bout.

8. **Referral of an Injured Boxer to Hospital.** Before any boxing bout, it is good practice as a courtesy measure for the MO (or a delegated member of his/her team) to notify the nearest A&E unit of the fact that boxing is to take place. Boxers should go to A+E by ambulance, with airways support, on oxygen - in the following circumstances:

   a. **Boxers to be transferred to A+E without MO escort.** Any boxer - whether or not KO’d, RSC’d or otherwise - who shows signs of concussion at a post-bout check that do not rapidly improve with oxygen, but whose clinical condition is not such as to demand immediate transfer.

   b. **Boxers to be transferred to A+E with MO escort.** A boxer who suffers a KO(H) and who fails to recover consciousness, or who does so but with an overlong recovery time, or any other boxer whose clinical condition is such that the MO deems it necessary, is to be transferred immediately to nearest A+E with MO escort.

      (1) This requirement is rare; if it arises, this must be notified - at the latest on the next working day – to SMO CSBA and sS Boxing Association Secretary.

      (2) The tournament will be suspended unless a replacement suitable MO is present, and a second alternative ringside ambulance is obtained and prepositioned if designated above at subpara2f(3)(b).

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7 MOs should not issue a copy of Annex H to all boxers post bout. Blanket issue is considered to be unnecessary and brings the risk of ‘blanket non-compliance’ with the advice on the Annex.
(3) Such transfer should be done using the pre-positioned ringside ambulance or a 999 summoned one and the A&E unit notified whilst on route.

9. **Data Recording on Injury and Non-Injury Rates.**

   a. There is limited evidence about injury rates, and non-injury rates, in service amateur boxing. To progressively address this, this JSP950 update of triservice boxing medical regulations introduces the new requirement for the completion of Annex I after each bout. This is to be done by the MO with the Chief Official and the completed Annex I is to be sent (email/fax) to their sS boxing association’s SMO/Medical Advisor as well as to SMO CSBA for addition of the data to the sS and combined services boxing injury and non-injury rates recording databases.

   b. In addition, Annex J, notice of boxing injury, is to be completed for each injured boxer and that form is then to be given to the boxer’s home MO when the boxer reports sick the next day as per SOPs.

10. **Injury Follow Up.** It is the responsibility of coaches and seconds to ensure that – as it states on Annex H - a boxer who has had a suspension applied, or had any other significant entry made by the MO in his ME3, reports sick for follow up examination on the next working morning after return to his unit, to be reviewed by his home MO and pass to him/her the Annex J (later retained scanned into DMICP or in Fmed4). Unit boxing officers and coaches are to ensure that boxers on post-bout bans or otherwise under medical supervision do not spar or train (let alone box) until cleared to do so by passing a post-suspension renewed annual medical with their unit MO. When the unit MO is satisfied that the boxer is recovered, he is to endorse the ME3 that a post-suspension renewed annual medical has been passed, as well as updating their DMICP record.

11. **MOs’ Ringside Dress-code.** This is a matter for individual MO’s discretion. Eg serving MOs may wish to wear working dress; mess kit is considered by many MOs to be unsuitable even though other officers may be wearing this to spectate. MOs who regularly provide ringside cover may wish to conform to sS BA Officials’ Dress Code SOPs; if so, details on this can be had from sS Boxing Association Secretaries.

12. **Boxers’ Dress-code and Protective Equipment.** All boxers are to be dressed in accordance with CSBA Constitution and Rules, including abdominal protector, head guard, gum shield, as necessary re specific requirements for female boxers, etc.

   a. Gum shields must fit properly and must not be red coloured.

   b. For female boxers, breast protection questions arise, the breasts being in the punch target area and containing fat which may form a lump of local dead fat if struck. There is no clear view yet on which is the best type or model of breast protector and more information is given on the ABAE website’s women’s section at this link: http://www.abae.co.uk/aba/index.cfm/boxers/womens-boxing

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9 Current holders of these appointments are these. Lt Col (Retd) Ross T Walker MRCGP is SMO Army Boxing Association, also currently SMO CSBA, Member Med Commn ABAE; Surg Cdr Alastair Wilcockson RNR is Medical Advisor RNBA + Member Med Commn ABAE and Wg Cdr (Ret) Anthony Atwood FRCS FFSEM is Medical Advisor RAFBA + Chair Med Commn ABAE.

8 If MOs have any difficulty accessing their sS association’s SMO/Medical Advisor, they should route the request to SMO CSBA for forwarding - as he is on DIOF and works FT for MOD whereas the others are less accessible.

70 This holds whether bought commercially and heat-moulded to the gum/ teeth or custom-made by the unit dental centre – the latter is clearly preferable when achievable. Ill-fitting gum shields that too readily drop out render the boxer liable to disqualification if this repeatedly happens in the ring, so remoulding before prebout medicals are passed may accordingly be necessary.
c. CSBA strongly encourages female boxers to wear breast protection in one of the recommended forms as on this website; sS associations may seek to make such use mandatory if they choose to do so but CSBA policy on this will follow ABAE as the national governing body and recommend rather than direct.

d. At annual and prebout medicals, MOs should ensure that female boxers understand the rationale for the wearing of protection, explaining that blows to the breast can potentially cause necrotic fat lumps so she must understand the necessity for regular self-examination and the immediate reporting of any lumps found.

Related Annexes on Ringside Aspects:

D. Questionnaire for optional use at Pre-Bout Medicals.

E. Female boxers' forms for declaration of non-pregnancy before each bout etc.

F. Ringside Injuries Suspension Periods Required.

G. Suggested template for a Post-bout check proforma for medics' use.

H. Head Injury Advice Instructions Sheet for post-bout use when required.

I. Record of Boxing Injuries and Non-Injuries in a Given Contest.

J. Notice of Boxing Injury to an Individual Boxer.
PRE- BOUT MEDICAL EXAMINATION

Surname:  Forename:  DOB:

Number:  Rank:  Unit:

ANSWER ALL QUESTIONS

How old are you?
Do you ever wear glasses (spectacles) or contact lenses?  No Yes
Have you had any significant illness or any surgical operations?  No Yes
Have you ever been admitted to Hospital?  No Yes
Have you had medical care of any problem from your MO recently?  No Yes

Have you suffered from any of the following?
High blood pressure?  No Yes
Any blood or bleeding disorders?  No Yes
Epilepsy or any other type of fit, faint, convulsion or black-out?  No Yes
Migraine?  No Yes
Any eye disorders or operations?  No Yes
Any broken bones or cuts needing stitches in the previous 6 months?  No Yes

How are you today?
Do you presently have a cough, cold or runny nose?  No Yes
Are you taking any medication now?  No Yes
Has your health changed since your last medical?  No Yes
Have you been unwell in the last month?  No Yes
When did you last box?
Were you injured at that time?  No Yes
After your last bout, were you medically suspended for any reason?  No Yes
Do you feel in 100% good health now?  Yes No
Do you understand the medical risks of boxing?  Yes No
Do you wish to box today?  Yes No

Boxer’s Signature:
Dated:

Doctors Examination Notes:

Hands:  Eyes:
ENT (incl gum shield fit etc):  Gen:
Classed as FIT / UNFIT to box

Doctor’s Rank, Name + Signature:

Keep this form ringside for making contemporaneous notes or of post-bout medical aspects, to be transposed when appropriate onto DMICP next working day and then shredded securely. If not required for DMICP updating then retain and shred.
**FEMALE BOXER PRE-BOUT MEDICAL STATEMENT**

**Name:** 

**DOB:**

*I certify that:*

1. I am not pregnant.

2. I have no current gynaecological problems that might affect my fitness to box: in particular I do not have any abnormal vaginal bleeding or pelvic pain and my menstrual cycle is normal.

3. I have no breast problems, with no lumps, pain or abnormal nipple bleeding; I have not had any surgery performed on my breasts.

4. I understand that if I develop any of the above, I must discuss this with the boxing MO, and in signing below that I have no problems, I am stating that I have none of the above health issues.

**To be signed at the prebout medical and witnessed by the MO.**

<table>
<thead>
<tr>
<th>Boxer’s Signature:</th>
<th>Date:</th>
<th>Witnessing MO’s signature:</th>
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<tbody>
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**MAKE AN A5 SIZED COPY OF THIS FORM EG AT ANNUAL MEDICAL AND FIX IT INTO THE BACK OF ME3 FOR USE AT EACH BOUT.**

E - 1
RINGSIDE INJURIES SUSPENSION PERIODS REQUIRED

1. Suspension periods (and what the injury was) must be recorded by the MO legibly, using block capitals if necessary, into the FBoxing162 / ME3 on the right hand side in red ink using the following wording (for a suspension of XX days):
   ‘Unfit to box or spar for XX days AND until post suspension renewal annual medical re-examination has been passed’.

2. Certain injuries require periods of suspension from sparring and boxing (and ideally from normal organized PT also). These standard suspension periods are all minimum durations which may be increased at the discretion of the ringside MO. [This guide is not exhaustive.]

<table>
<thead>
<tr>
<th>Ser</th>
<th>Injuries</th>
<th>Minimum Suspension Period (No of days)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Knock-Out due to head blow ['KO(H)'] with immediate recovery.</td>
<td>30</td>
<td>Consciousness rapidly recovered after a 10 second count, no major amnesia period, no abnormal CNS signs at post-bout examn.</td>
</tr>
<tr>
<td>2</td>
<td>KO(H) without immediate recovery.</td>
<td>90</td>
<td>Serious and unusual injury; escorted immediate transfer to A+E implied, suspension holds until seen by Med Advr CSBA and further neuro-investigations organized etc.</td>
</tr>
<tr>
<td>3</td>
<td>Knock-Out due to body punch ['KO(B)']</td>
<td>0-30</td>
<td>The body-punched boxer cannot resume after a 10 second count even though no consciousness impairment; the range of standard suspension period for a KO(B) is 0-30 days, with the default remaining at 30 days, reducible to 0 only if the MO is happy from later examination that no significant harm has been done. Boxers are routinely endorphin-rich when boxing due to ‘fight or flight’ physiology: to be accurate and useful, examination of a KO(B) loser will need to be deferred long enough for the endorphins to wear off (30+ mins): check for example for rib fractures and any intra-abdominal damage (though very rare indeed).</td>
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</tbody>
</table>
### Injuries

<table>
<thead>
<tr>
<th>Ser</th>
<th>Injuries</th>
<th>Minimum Suspension Period (No of days)</th>
<th>Notes</th>
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<tbody>
<tr>
<td>(a)</td>
<td></td>
<td>(b)</td>
<td>(c)</td>
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</table>

**Referee Stopped the Contest has two sub-types** – a plain RSC and an RSC(H) – as explained below.

5  
**RSC**

0  
Use of this term means the referee stopped the bout because in his opinion one boxer is outclassed, clearly going to lose and so the bout is stopped for the avoidance of unnecessary further injury.  
No automatic suspension of the boxer is required but the **MO may choose to apply one depending on the results of a post-bout examination, which is a mandatory examination for RSC-losers.**  
When NO suspension is needed, the FBoxing162/ME3 is to be endorsed ‘RSC but no suspension required’ in red to show that this issue has been considered at a post-bout examn and this was the decision reached.

6  
**RSC(H)**

30  
If the referee stops the contest because the outclassed boxer has sustained too many head blows, this is called an RSC(H) and attracts an automatic suspension like a KO(H), of at least 28 days.

7  
**Concussion**

30  
There may be signs of concussion (nystagmus the earliest and most sensitive) at a post bout check after an RSC, RSC(H), KO(H) or after any bout with multiple head blows exchanged. Depending on speed of resolution of signs, MO can choose to apply a suspension as for an RSC(H) or KO(H) of 28 days upwards.

8  
**Fractures various**

30  
Duration required will vary depending on which fracture sustained, eg nose, mandible, maxilla, hand, wrist, etc.

9  
**Laceration face/head, sutures or steristrips required**

14  
With some risk of laceration re-opening if re-struck any time out to about 2 months; this can be allowed at boxer’s risk if they wish.

10 **Small laceration face/head, sutures or steristrips not required**  

0  
Ie suspension may not be needed depending on size laceration.

3. **Standing Counts.** If a boxer is struck hard and the referee chooses to give him or her a count, if they appear good to carry on when he reaches 8 seconds (ie does not go on to the 10 seconds and so become a KO), this is classed as an eight second standing count.

   a. The referee must stop male senior bouts after 3 such 8 second counts in one round or 4 such counts in the whole match.
b. In junior male bouts and in all female bouts, the referee must stop the bout after 2 such 8 second counts in one round or 3 such 8 second counts in all.

c. When a bout is stopped for repeated 8 second counts in this way, the referee may choose to class the stoppage as an RSC(H) so an automatic 30 day suspension applies; or if the referee classes it as a plain RSC, the MO’s discretion applies to any suspension requirement, after post-bout examination, as at table ser 5 above.

4. Repeated KO(H) +/- RSC(H) inside 3 month periods. If a boxer sustains a second KO(H) or RSC(H) within a 3 month period, the suspension period to be applied is 90 days and the boxer must be e-referred to SMO CSBA for further assessment before resuming sparring or boxing.
POST BOUT CHECK RECORDING PROFORMA FOR MEDICS’ USE

1. Was pt unconscious from a KO(H) or the bout stopped by referee RSC(H) or RSC?
2. Any possible nasal, maxillary, mandibular fracture?
3. Any of the following? Headache, Dizziness, Nausea, Vomiting, Visual problems?

If YES to any of above – refer to MO.

Tests – refer to MO if any abnormalities found on any of the below:

What’s your name?
Where are you?
Read out one list of three words:

Apple, Elbow, Carpet
Candle, Paper, Sugar
Baby, Monkey, Perfume

Correct instant recall of the three words, in any order?

Romberg’s test
Stand on one leg, bend forwards at knee to 30 degrees knee flexion
Heel to toe walking.
Finger to nose. (Eyes closed)
PEARL?
Follow finger with eyes into lateral gaze with NO nystagmus
Sensation on chin, cheek and forehead.
Puff out cheeks.
Wrinkle forehead/screw up face.
Turn head fully without restriction, to left then to right
Shrug shoulders.
Count down correctly from 10 down to 1

Check for any hint of dental or dento-alveolar injuries and if any found MO should refer to DO in morning for full dental check¹.

¹ Despite use of a well-fitting mouthguard, dental injuries remain an inevitable risk which should be actively screened for post-bout.
Ringside Medic’s Notes for post bout checking Medics

Boxers Rank + Names:

Date: ……/……/………

Time at bout start:

Bout Notes: highlight significant blows received incl 8 second counts, any possible injuries eg nose-bleeds ?? fracture, etc.

<table>
<thead>
<tr>
<th>Round One:</th>
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<table>
<thead>
<tr>
<th>Round Two:</th>
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</table>

<table>
<thead>
<tr>
<th>Round Three:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Round Four, when this is applicable:</th>
</tr>
</thead>
</table>
**Treatment Notes:**

<table>
<thead>
<tr>
<th>Time</th>
<th>Treatment</th>
<th>Clinician</th>
</tr>
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<tbody>
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</table>

Head injury advice sheet given?  [ YES or NO ]
HEAD INJURY ADVICE CARD – LOOK OUT FOR ANY PROBLEMS AS LISTED HERE –

SEEK MEDICAL HELP AT ONCE IF ANY OF THESE ARISE:

- Headache.
- Double or blurred vision.
- Giddiness or unsteadiness.
- Weakness or altered sensation in his limbs.
- Drowsiness or strange behaviour.
- Feeling of sickness or vomiting.
- Any other unusual symptoms.

IN ADDITION - FOR BOXERS WHO HAVE SUFFERED A KO(H) OR RSC(H) OR RSC:

- Avoid all alcohol for next 48 hours, as it can mask and confuse signs of head injury if you do have any concussion or worse arise.
- Visit your home Medical centre tomorrow morning; you need certification for only light training at the most for the next 7 days.
- You will have been suspended from sparring and boxing for a period of time the MO set out, usually 28 days. This is to allow concussion etc sustained when KO’d to settle down fully before you sustain further head blows.
- You cannot resume sparring or boxing until you pass a repeat annual medical at the end of the suspension period, so if you are in a hurry to get back in the ring after your suspension, book this medical ahead eg for day 29 etc.
**RECORD OF BOXING INJURIES AND NON-INJURIES IN A GIVEN CONTEST**

Complete all relevant serials at end of contest - by MO with OIC; MO or OIC then to return completed Annex to sS Boxing Associations SMO/Medical Advisor\(^1\) and to SMO CSBA for updating the databases.

<table>
<thead>
<tr>
<th>Location of contest:</th>
<th></th>
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<tbody>
<tr>
<td>Date of contest:</td>
<td></td>
</tr>
<tr>
<td>Medical Officer details, incl contact numbers:</td>
<td></td>
</tr>
<tr>
<td>Official in Charge details, incl contact numbers:</td>
<td></td>
</tr>
</tbody>
</table>

**Number of bouts:**

**Number of boxers participating (exclude walkovers):**

**Total number of boxers without any apparent significant injury:**

| Number of boxers who lost RSC with no apparent injuries (in above figure): |  |
| Number of boxers who lost RSC(H) with no apparent injuries (in above figure): |  |

| Number of boxers stopped and so lost RSC – injuries included below: |  |
| Number of boxers stopped and so lost RSC(H) – injuries included below: |  |

| Number boxers who lost KO(H): and also pls specify recovery time(s) to consciousness in seconds: |  |
| Number boxers who lost KO(B) without any requirement for suspension: |  |
| Number boxers who lost KO(B) with a requirement for suspension: |  |
| And if KO(B) and needing suspension, specify why so: |  |

| Number of boxer(s) transferred to A+E for further asst by ambulance: |  |
| Number of boxer(s) transferred to A+E for further asst by other vehicle: |  |
| Boxer(s) transferred to A+E by ambulance with MO, contest suspended: |  |

**Now please continue to complete page I-2 as required**

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\(^1\) Contact details of current holders of these appointments are:

- SMO Army Boxing Association and SMO CSBA: Lt Col (Retd) Ross T Walker: mailto:SG-DPHC(S)ARB-SMO
- Medical Advisor RNBA: Surg Cdr Alastair Wilcockson RNR: awilcockson@aol.com
- Medical Advisor RAFBA: Wg Cdr (Ret) Anthony Attwood: tony@tonyattwood.net
**Numbers of boxers with injuries as below:**

<table>
<thead>
<tr>
<th>Concussion:</th>
</tr>
</thead>
<tbody>
<tr>
<td>-specify clinical signs and if recovery complete or estimate recovery time:</td>
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</table>

<table>
<thead>
<tr>
<th>Post bout disorientation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>-specify for how long this lasted before normalised:</td>
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</table>

<table>
<thead>
<tr>
<th>Fractured nose:</th>
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<table>
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<tr>
<th>Significant epistaxis without nasal fracture:</th>
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<table>
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<tr>
<th>Fractured maxilla:</th>
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</table>

<table>
<thead>
<tr>
<th>Other facial fracture(s):</th>
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<tbody>
<tr>
<td>(specify what)</td>
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<table>
<thead>
<tr>
<th>Any reported dental injuries:</th>
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</table>

<table>
<thead>
<tr>
<th>Fractured bone of hand:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(specify which bone)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Any other fracture:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(specify what)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Dislocated shoulder - primary dislocation that shoulder:</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Dislocated shoulder - recurrent dislocation that shoulder:</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Ankle inversion with no previous history with that ankle:</th>
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</thead>
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<table>
<thead>
<tr>
<th>Ankle inversion with previous history instability that ankle:</th>
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<table>
<thead>
<tr>
<th>Fracture, dislocation or other injury to hand or wrist:</th>
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<table>
<thead>
<tr>
<th>Other joint injury:</th>
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</thead>
<tbody>
<tr>
<td>(specify what)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Laceration needing treatment (sutures, steristrips, glue):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Laceration so minor needed no treatment as above:</th>
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</thead>
<tbody>
<tr>
<td>(specify location of laceration)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Ruptured tympanic membrane:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other ear injury:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(specify what)</td>
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<table>
<thead>
<tr>
<th>Retinal detachment:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other eye injury:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(specify what)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Any other significant injury or medical issue arising:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(specify what)</td>
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</tbody>
</table>
**NOTICE OF BOXING INJURY TO AN INDIVIDUAL BOXER**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Rank:</th>
<th>Number:</th>
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<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Date:</th>
<th>Contest:</th>
<th>ME3 Number:</th>
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<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Medical Officer &amp; GMC No:</th>
<th>Official in Charge:</th>
<th>Referee:</th>
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<table>
<thead>
<tr>
<th>MO work contact number:</th>
<th>OIC work contact number:</th>
<th>Ref work contact number:</th>
</tr>
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<tbody>
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<td></td>
<td></td>
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</tbody>
</table>

**Injury:**

The boxer named above has been given a Medical suspension of ____________ days, commencing immediately post-injury and is not permitted to box or spar until completion of the suspension period **and until s/he has passed a renewed Annual Medical Examination.**

Signature

Name

Rank

This Annex is to be completed by MO and OIC and handed to boxer/coach to be handed on to home MO by the boxer when reporting sick for **mandatory next-day-checks.** Home MO should scan to DMICP and then shred.
SAFETY IN SPARRING TRAINING

1. **Introduction.** Much that is in this paragraph falls mainly under the umbrella of the regulation of the physical training and education branches of the three services; however it is deemed useful to restate details here for clarity and completeness. Whilst there may be some sS variation in the precise implementation of what follows, the principles\(^1\) are stated below.

2. **Inspections.** Services sparring training venues are to be annually inspected by appropriate sS members of the G7PD branches with checks to be made and documented of equipment in use (especially the rings and medical kits) and coaches’ qualifications levels and currency.

3. **Affiliation.** All units wishing to participate in sparring training must affiliate annually to their sS Boxing Association secretary with details stated of equipment in use, unit coaches and officials qualifications, and any boxing events planned requiring sS Boxing Association endorsement. sS secretaries are to ensure they see evidence of annual G7PD inspection within the last calendar year and that they liaise with members of that branch as units update their affiliations.

4. **Risk Assessments.** Formal Risk Assessments (RAs) for all sparring venues must be updated annually and sent to SS Association Secretaries with the affiliation paperwork. These RAs must cover equipment in use, coaches and officials qualifications and currency, and ‘action-on’ emergency SOPs, which are to be displayed prominently for easy reference in case of an emergency.

5. **Coaches Qualifications.** In order to be permitted to supervise sparring training, as a minimum, service coaches must be:

   a. ABAE Level 1 qualified with that qualification being in date (with supervision from Level 2 or 3 qualified coaches whenever possible).

   b. Qualified in emergency first aid to levels equivalent to at least those demanded for their civilian counterparts. Which qualification meets this criterion will be disseminated by each sS Boxing Association\(^2\) as first aid qualifications show inter-service variations on some details.

   c. Registered with their sS Boxing Association at the annual affiliation, before training is permitted to commence.

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\(^1\) Based on a detailed 2011 review by a boxing-experienced Officer of Land Accident Investigation Team (LAIT) after a serious injury in sparring in Colchester.

\(^2\) Eg for the Army, the requisite minimum standard has been defined to be MATT 3 Level 2.