GUIDANCE NOTES FOR DOCTORS PERFORMING BOXING MEDICAL EXAMINATIONS

Reference:

A. AIBA Medical Handbook 2013[1].

Assessment has logical stages: age, nurse/medic-performed preliminary tests, history, examination, decision, and documentation.

Changes flowing from the adoption of the new AIBA international rules with effect from 2014 by England Boxing are highlighted below in bold italic font.

1.	Is the patient over the maximum age for boxing?	***Under the 2014 AIBA rules, upper age for boxing participation changed from 34th birthday to the end of the calendar year in which the boxer has their 40th birthday.***

2.	Are the **uncorrected** visual acuities equal to or better than ***6/60 6/60?***	***VA standards have been changed.***
		Wearing soft contact lenses in ring to box is now allowed.
	If yes, are the **corrected** visual acuities equal to or better than ***6/18 6/18?***	*For imperfect but acceptable eyesight, VA-confirmation by an* ***up to date optician's report is no longer required***

3.	Other preliminary tests done by nurse or medic must be normal incl P, BP and urinalysis. Audiogram must be in date and normally H2H2 or better (see note in box below).	Results are to be recorded in DMICP using the boxing protocol's run-ups template. Refer any queries on this by email to SMO CSBA[2].
	New rules now allow deaf boxers to participate, referee to control bouts by touch and sign. However the lead cause of deafness in servicepersons is Noise Induced Hearing Loss (NIHL) and experience is that punches to the ear can often aggravate the associated tinnitus. Therefore e-refer (via email) any aspirant boxer who has any tinnitus or whose hearing is worse than H2H2 to SMOCSBA.	

4.	**The history must be clear of features which would bar boxing participation - as laid out below[3]:**	List below is taken from AIBA Medical Handbook.
	Acute and chronic infections; Severe blood dyscrasias; Sickle cell disease or trait. History of infection with hepatitis B or C or with HIV. Ocular surgery whether intraocular **or refractive** in nature. Successful childhood squint surgery is allowed. Cataract or retinal detachment[4]. Myopia of more than -3.50 dioptres (equates to uncorrected VAs of 6/60 as above). Corrected vision worse than 6/18. Exposed open infected skin lesions. Significant[5] congenital or acquired cardiovascular or pulmonary abnormalities. Significant congenital or acquired musculoskeletal disorders[6]. Unresolved post-concussion symptoms. Significant psychiatric disturbances[7].	

[1] http://www.boxing.ca/documents/2-medical%20handbook%202013.pdf. Accessed 3 Jun 15.
[2] SG-DMed-SMO CS ArmyBoxing@mod.uk with cc copy to smocsba@gmail.com
[3] The history is best checked in DMICP eIHR on the problem summary page supported as necessary by recourse to fuller notes eg scanned in letters etc as necessary. Liaise by email with SMO CSBA about any other conditions not listed above which cause concern or need special handling; examples include previous septoplasty or other nasal or facial surgery or pupillary abnormalities that may cause post-bout examination assessment difficulties (eg Adie's pupils, congenital nystagmus).
[4] Exceptionally a previous retinal detachment may be acceptable on authority of a service ophthalmologist: take advice from SMO CSBA.
[5] Throughout this list, take advice as necessary from SMO CSBA on 'significant'.
[6] Amputees may represent a services' special case scenario: e-liaise with SMO CSBA.

	Significant congenital or acquired intracranial mass lesions or bleeding. Any seizure activity within the last three years. Hepatomegaly, splenomegaly or ascites. Pregnancy[8]. Uncontrolled diabetes[9] or uncontrolled thyroid disease[10]. Any implantable device which can alter any physiological process[11]. A woman's breast protector that protects anything other than the breast itself.

5.	**Examination** requirements are a matter for individual MO clinical judgement, views varying from this being a limited examination in a fit serviceperson with normal preliminary examination findings and a clear history to those who prefer to perform very full examination on all aspirant boxers. Refer to guidance on this in the AIBA Medical Handbook at Page 6 Para 3.1.6[1]. The examination must routinely include a check of the colour and fit adequacy of the boxer's mouth-guard/gum-shield – see dental notes below.

6.	**Documentation** of a pass/fail at this medical is to be recorded on DMICP (or on the paper records in non-DMICP-enabled practices), preferably by using the boxing medical protocol[12], or by using free text in the fields of the consultation. A dual-signed paper record of the results and a copy of the boxer's consent to participation is to be completed on Annex B and scanned onto DMICP against the relevant consultation, two A5 sized copies of that to go to the boxer's coach who is to file one A5-sized photocopy by stapling into the back of the BCR1 and to send the second copy to sS boxing association secretaries for registration action

Dental Notes. DPHC Dental Centres can supply Dental Officer (DO) fitted mouthguards for boxers for service boxing subject to priority and construction timelines being met[13]. Checking that the aspirant boxer already has (or has made arrangements to be fitted for) a correct colour (red is not to be used) well-fitting mouthguard from the DO is good practice; if they haven't, ensure they make a dental appointment asap. Heat-moulded mouthguards procured from a high street sports shop are an alternative to a 'gold-standard' properly fitted guard which will suffice for spar-training with Dentist fitted issue of fitted guards ahead of boxing proper.

[7] International Regulations also bar significant drug abuse: this issue should not be services relevant. Many mental health conditions are improved by regular exercise and the group and self discipline required for boxing training; e-liaise as necessary with SMO CSBA case-by-case.
[8] Female boxers must declare non-pregnancy before each bout at their prebout medical: this requirement is passed down to us from AIBA Regulations.
[9] 'Controlled diabetes' is taken to mean a diabetic not suffering hypos that may cause post bout differential diagnostic confusion with concussion and with their HbA1C in correct range on their therapy.
[10] 'Controlled thyroid disease' is taken to mean someone who is clinically euthyroid with their TFTs normalised on therapy.
[11] A reasonable exception would be a LARC device in a female boxer.
[12] Doctors having any problem finding or using this protocol on DMICP should contact SMO CSBA at DPHCS-ARB-SMO@mod.uk
[13] http://defenceintranet.diif.r.mil.uk/libraries/library1/DINSJSPS/20110714.1/20121011-8-AVB-JSP_950_2-23-1_SG_PSD_PDC_Part_2_Attachment_I_May12.pdf Annex I. Accessed 3 Jun 15.