

29 AUG 2016



Office of the
Director-General

Department of
National Parks,
Sport and Racing

Mr Peter Russo MP
Chair
Finance and Administration Committee
Parliament House
George Street
BRISBANE QLD 4000

Dear Mr Russo

Thank you for your letter of 22 August 2016 regarding the inquiry into improving health and safety outcomes for combat sports contestants in high risk professional and amateur combat sports in Queensland. I provide the following written brief of information to support the Committee with its inquiry.

Investigating high risk professional and high risk amateur combat sports contests in Queensland's self-regulatory context

I note that the inquiry relates to improving health and safety outcomes for combat sports contestants in high risk *professional* and high risk *amateur* contests in Queensland. I understand that this scope should allow the Committee to restrict its inquiry to exclude relatively low risk combat sports contests (e.g. such as those for mat-based martial arts like judo, jujitsu, karate and taekwondo) where self-regulation is implemented in a competent manner, for instance by organisations recognised by the Australian Sports Commission.

Combat sports in Queensland currently self-regulate, including for contests. The forms of self-regulation can vary significantly between and within each discipline and between amateur and professional parts of the industry.

A preliminary search of combat sports contests in Queensland (details provided in the Enclosures outlined below) suggests that many such events involve both professional and amateur fighters on the same bill, in disciplines such as boxing, mixed martial arts (MMA), Muay Thai and kickboxing.

Definition of 'high risk' combat sports contests

The Department of National Parks, Sport and Racing (NSPR) does not have a formal definition of high risk combat sports. Where legislation exists in other jurisdictions, the way combat sports are defined and regulated in those statutes varies. Please refer to **Enclosure 1** which provides an interjurisdictional comparison of regulatory frameworks in Australia.

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Codes or disciplines involving high level and high impact physical contact in professional or amateur contests which are regulated in other Australian jurisdictions include those involving ring- and cage-based disciplines, such as boxing, mixed martial arts, Muay Thai and kickboxing. By contrast, mat-based discipline contests, such as those for judo, taekwondo, karate, jujitsu, have largely been excluded from regulation in jurisdictions such as New South Wales and Western Australia as they tend to involve lower impact and more formalised physical contact (and therefore lower injury risk) and are competently self-regulated by recognised organisations.

Department's limited interaction with the combat sports industry in Queensland

It should be noted that NPSR interacts with only a limited section of the combat sports industry in Queensland. Specifically, the department provides support for the following state level amateur combat sports organisations (with contact details for these organisations provided at **Enclosure 2**):

- Boxing Queensland
- Sport Taekwondo Queensland Inc.
- Wrestling Queensland
- Judo Federation of Australia (Queensland) Inc.

Under the Sport and Recreation Industry Development Program 2014-2106, NPSR has funded Boxing Queensland which is an affiliate of Boxing Australia, the only boxing organisation recognised by the Australian Sports Commission. The funding provided to Boxing Queensland under the 2014-2016 program was \$100,700 over three years.

Boxing Queensland abides by the rules contained in the AIBA (International Boxing Association) Technical Rules (**Enclosure 3**) and the AIBA Medical Handbook for Ringside Doctors (currently the 2016 version, **Enclosure 4**). A list of clubs affiliated to Boxing Queensland is also provided (**Enclosure 5**).

Other boxing organisations in Queensland

There are at least two other representative amateur boxing organisations in Queensland: Sunstate Amateur Boxing League Inc. (SABL) and Global Amateur Boxing (the Global). Based in Cairns, SABL is affiliated with the Australian Amateur Boxing league and suggests it has 10 aligned clubs in far north Queensland. The Global is based at a gym in Thornlands and is Brisbane-based only. Contact details for Sunstate Amateur Boxing League and Global Amateur Boxing are provided under the '**Other Organisations**' worksheet in the spreadsheet at **Enclosure 6**.

NPSR has had no interaction with the professional boxing industry in Queensland.

Get Started voucher program and training support for combat sports clubs

Since the inception in 2013 of the *Get Started* program, 140 clubs which deliver combat sports or martial arts (i.e. boxing, wrestling, judo, taekwondo, aikido, kickboxing, ju jitsu, zen do kai and mixed martial arts), have registered to take part in the program. *Get Started* provides \$150 vouchers to offset the cost for membership for children and young people who can least afford, or may otherwise benefit from, joining a sport or active recreation club. In the 2015-16 financial year, combat sports and martial arts clubs have accessed nearly \$170,000 in support from *Get Started* vouchers.

In the 2014-2015 and 2015-2016 financial years, 112 combat sports organisations or clubs have accessed the training sessions supported by SRS. Three club representatives accessed the Get Active Queensland Accreditation Program which provides free training that can lead to accreditation in coaching, officiating and sports first aid.

The Building Active Communities Workshop program provides free workshops to increase skills and knowledge of community sport and recreation volunteers, such as committee members, coaches, team managers, officials and administrators, with 109 combat sports/martial arts club representatives accessing these workshops in the last two financial years.

The combat sports industry in Queensland

The department has had interaction with only a small proportion of the combat sports industry in Queensland. However, in the period 2011-12, under the then minister, the Hon. Phil Reeves MP, the department undertook focussed consultation with a broader range of combat sports industry stakeholders, including representatives from mixed martial arts and Muay Thai, to develop a voluntary code of practice. The voluntary standard of practice was never finalised.

Some of the organisations and representatives consulted for the development of the draft voluntary code/standard of practice are listed under the '**Other Organisations**' worksheet in the spreadsheet provided at **Enclosure 6**.

There are countless combat sports gyms, clubs, organisations and businesses, such as martial arts schools, that operate in Queensland. There are also numerous promoters of combat sports contests in Queensland, some of whom may operate out of combat sports gyms and clubs based in the state or elsewhere.

NPSR has not undertaken an exhaustive survey of the majority of the combat sports industry in Queensland because historically it has only funded a small number of state level amateur combat sports organisations, as well as community clubs and organisations which deliver combat sports or martial arts, as noted above.

However, in the interests of supporting the Committee's work, the department has undertaken preliminary research on a sample of combat sports contests staged in Queensland in 2016 (both professional and amateur, often on the same bill) which is provided in the '**Sample of Queensland Contests**' worksheet at **Enclosure 6**. The sample of Queensland contests involves disciplines such as Muay Thai, mixed martial arts, and kickboxing.

The department has also identified a sample of combat sports promoters, clubs and gyms (see the '**Promoters, Clubs, Gyms, Other**' worksheet at **Enclosure 6**), and a sample of online combat sports magazines, forums and blogs (see the '**Magazines, Forums, Blogs**' worksheet at **Enclosure 6**).

Should your officers have any further enquiries, please ask them to contact Mr Peter Tones, Manager and Cabinet and Legislation Liaison Officer on telephone 3338 9322 or via email CLLO@npsr.qld.gov.au.

Yours sincerely

Tamara O'Shea

Tamara O'Shea
Director-General

29.09.16

Enclosures

1. Interjurisdictional comparison of regulatory frameworks in Australia
2. Contact details for Boxing Queensland, Judo Federation of Australia (Qld) Inc., Wrestling Queensland, Sport Taekwondo Queensland Inc.
3. AIBA Technical Rules (used by Boxing Queensland)
4. AIBA 2016 Medical Handbook for Ringside Doctors (used by Boxing Queensland)
5. List of clubs affiliated to Boxing Queensland (spreadsheet)
6. Preliminary research on broader combat sports industry in Queensland (spreadsheet):
 - Worksheet 1: Other organisations (contact details for a sample of other combat sports organisations)
 - Worksheet 2: Sample of Queensland contests in 2016 (including pro-am contests)
 - Worksheet 3: Sample of combat sports promoters, clubs and gyms
 - Worksheet 4: Sample of combat sports magazines, forums, blogs

	New South Wales	Victoria	Western Australia	Aust. Capital Territory	South Australia	Tasmania	Queensland
Legislation	<p>Combat Sports Act 2013 (http://www.legislation.nsw.gov.au/#/view/act/2013/96)</p> <p>Combat Sports Regulation 2014 (http://www.legislation.nsw.gov.au/#/view/act/2013/96)</p> <p>NSW, the Combat Sports Regulation 2014 allows for styles of combat sport to be exempted from requirements of the NSW Act if the Authority is satisfied that the sport does not require regulation under that Act. A schedule in the regulation lists excluded sports, martial arts and activities conducted by authorised bodies. These authorised bodies do not, therefore, require a permit to conduct contests and the registration of participants is also not required. Examples of excluded activities include: judo undertaken by Judo NSW, Judo Federation of Australia Inc. and the International Judo Federation; and kung fu (Wu Shu) undertaken by Australian Kung Fu (Wu Shu) Federation Inc., International Wu Shu Federation and Kung Fu Wushu NSW.</p>	<p>Professional Boxing and Combat Sports Act 1985</p> <p>Professional Boxing and Combat Sports Regulations 2008</p>	<p>Combat Sports Act 1987</p> <p>Combat Sports Regulations 2004</p> <p>Western Australia adopts a similar approach to New South Wales in terms of exempting particular combat sports contests undertaken by recognised authorised bodies.</p>	<p>Boxing Control Act 1993 (ACT)</p> <p>Combat Sports Act 2013 (NSW)</p> <p>Boxing Contests Code of Practice (ACT)</p>	<p>Boxing and Martial Arts Act 2000</p> <p>Boxing and Martial Arts Regulations 2002</p>	<p>Minimalist regulatory approach with provision under Police Offences Act 1935, (section 49B(1) providing Commissioner of Police, with the consent of the Minister, the power to control (prohibit or regulate) public entertainments (including boxing or other contests) to preserve public morality, good manners or decorum or to prevent a breach of the peace or danger to a performer or other person. a power to prohibit or prescribe conditions on contests as forms of public entertainment under the) should contests be deemed likely to endanger health and safety, breach the peace or undermine public standards of behaviour. However, it is understood that these powers have, to date, not been used by the Commissioner to regulate or prohibit any particular combat sports contest in Tasmania.</p>	<p>No legislation specific to combat sports.</p> <p>Work Health and Safety Act 2011 (WHS Act) may not cover contestants as workers without an explicit contractor relationship.</p> <p>Identification of person/party with duty of care under WHS Act may be complicated for combat sport contests.</p> <p>Civil Liability Act 2003 contains explicit exclusions relating to manifestation of obvious risks.</p> <p>Workers' Compensation and Rehabilitation Act 2003 contains specific exclusions for professional sportspersons.</p>
Other regulatory mechanisms	<p>Ministerial policy.</p> <p>National sporting body policy (minimum age of combatants).</p>	<p>Ministerial directive (Minister determines what is sport under Act).</p>		<p>Ministerial policy (boxing contests require Ministerial approval) and National sporting body policy (medical checks).</p> <p>Part 3 of the ACT Act provides for the Minister to establish a code of practice.</p>	<p>Ministerial policy but Minister can delegate powers to any person or body; Minister approves rules for conduct of professional or public boxing or martial arts events); and National sporting body policy (minimum age boxing competition).</p>	<p>Tasmania has Standards for Boxing and Combat Sport Contests, including a provision that all contests be overseen by a sanctioning body recognised by Communities, Sport and Recreation (CSR) Tasmania.</p> <p>Despite their wording, it is not clear what regulatory weight the <i>Standards</i> carry.</p>	<p>Self-regulation, with inconsistent standards and approaches across amateur and professional combat sport disciplines and contests.</p>

	New South Wales	Victoria	Western Australia	Aust. Capital Territory	South Australia	Tasmania	Queensland
						<p>Administration of the boxing and combat sports contest standards, including encouraging industry compliance with the standards, is undertaken by one officer from Sport and Recreation Tasmania and it is understood that this model is primarily complaints driven.</p> <p>The Tasmanian Government reviewed the <i>Standards</i> in August 2016. They were first introduced in June 2013.</p>	
Objectives of regime	<p>Health and safety of contestants.</p> <p>Integrity of contests.</p> <p>Harm minimisation.</p>	<p>Control professional boxing and professional combat sports.</p> <p>Reduce the risk of malpractice.</p> <p>Promote safety.</p> <p>Uphold industry integrity.</p>	<p>The Act does not include a provision explicitly defining its purpose. The content of the Act implies its purpose relates to:</p> <p>Health and safety of contestants.</p> <p>Industry integrity.</p>	Not explicit.	<p>The long title states the Act is to regulate professional or public boxing or martial art events; to promote safety in boxing and martial arts; and for other purposes.</p>	<p>The Standards aim to:</p> <ul style="list-style-type: none"> • Protect the interests and safety of participants including, competitors, trainers, officials, promoters and spectators; • Preserve public morality; • Assist the boxing and combat sports industry to fulfil its duty of care and uphold the integrity of boxing and combat sports 	N/A
Scope	<p>Regulates all amateur and professional sports unless excluded by prescription in the <i>Combat Sports Regulation 2014</i>.</p> <p>The Regulation excludes a range of activities if they are sanctioned by prescribed bodies (e.g. Australian Jujitsu Federation; Australian Fencing Federation; International Jousting Association).</p> <p>The Regulation also excludes activities meeting specific conditions (e.g. activities that involve only light contact, or wrestling conducted solely for theatrical purposes).</p>	<p>Covers professional boxing and professional combat sports only.</p>	<p>Covers both amateur and professional contests, contestants and industry participants.</p> <p>The Regulations exclude fencing, paintball and wrestling for theatrical or humorous purposes.</p> <p>The Regulations also exclude contests conducted by specific</p>	ACT Act regulates amateur and professional boxing.	<p>Regulates professional and public boxing or martial arts events.</p> <p>The Minister may exempt a person or class of persons from compliance with a specified provision of the Act and may, at his or her discretion, vary or revoke that exemption.</p>	<p>The <i>Standards</i> apply to professional and amateur contests.</p> <p>The <i>Police Offences Act 1935</i>, only becomes relevant where public events are deemed likely to endanger health and safety, breach the peace or undermine public standards of behaviour.</p>	N/A

	New South Wales	Victoria	Western Australia	Aust. Capital Territory	South Australia	Tasmania	Queensland
			<p>State Sporting Associations, such as Boxing WA, Judo WA and other specified bodies.</p> <p>Similar to NSW, the Regulations exclude activities meeting specific conditions (e.g. activities that involve only light contact).</p>				
Authority / Commission	<p><i>Combat Sports Authority of New South Wales</i></p> <p>Up to 7 members including:</p> <ul style="list-style-type: none"> - a nominee of the Commissioner of Police - a medical practitioner - a person who is or has been a judge or has been a lawyer for at least 7 years. <p>Core functions:</p> <ul style="list-style-type: none"> - supervise and regulate professional and amateur combat sports - Advise the Minister - Promote awareness of issues - Other functions as conferred by the Act or other Acts. 	<p><i>Professional Boxing and Combat Sports Board</i></p> <p>Minimum of 5 but no more than 7 members, including:</p> <ul style="list-style-type: none"> - A police officer, and - up to 5 members appointed by the Minister, with good knowledge of boxing or one or more combat sports. 	<p><i>Combat Sports Commission</i></p> <p>Consists of 9 members.</p> <p>8 appointed by the Minister, including:</p> <ul style="list-style-type: none"> - a chairman - a police officer - a medical practitioner - a person with knowledge of the boxing industry - a person with knowledge of combat sports other than boxing - a person to represent boxing contestants - a person to represent contestants from other combat sports - a person who has knowledge of the mixed martial arts industry. <p>1 member is to be the chief executive of the department or his/her delegate.</p> <p>Core functions:</p> <ul style="list-style-type: none"> - formulate or recommend industry standards - advise the Minister. 	None.	None but a full-time Boxing and Martial Arts Compliance Officer runs an annual industry information workshop and a bi-annual ringside physician workshop, which are requirements of its legislation.	None.	None.
Registration - Combatants	Yes.	Yes.	Yes.	Yes.	Yes.	No.	No.

	New South Wales	Victoria	Western Australia	Aust. Capital Territory	South Australia	Tasmania	Queensland
			The Regulation prescribes classes of contestants that must be registered - boxing, kickboxing, Muay Thai, Brazilian Jujitsu, full contact karate, mixed martial arts.	<i>Professional</i> boxers must be registered under the NSW Act. Amateur boxing contestants must be members of Boxing Australia Inc. or affiliated body. Amateur kick boxing contestants must have written approval for a contest by a Minister-approved body.			
Registration – Industry participants & promoters	Yes. A corporation cannot be an industry participant or arrange a combat sport contest unless it is carried out by an officer or employee who is a registered participant.	Yes. Industry participants (promoters, trainers, match-makers, referees, judges) must be licensed and promoters have explicit duties under the Act	Yes. Participants prescribed in the Act and Regulations must be registered (promoter, matchmaker, manager, trainer referee, judge, timekeeper). Only a ‘natural person’ can be registered.	Yes. Boxing officials for <i>professional</i> contests must be registered under the NSW Act. Amateur boxing officials must be members of Boxing Australia Inc. or affiliated body. Amateur kick boxing officials must have written approval for a contest by a Minister-approved body.	Promoters must be licensed.	No. The <i>Standards</i> state that contests must be conducted by a sanctioning body recognised by CSR Tasmania.	No.
Permits required for contests	All contests require permits other than amateur contests conducted by an amateur body approved under s 8 of the Act. The permit holder must also be registered as a promoter.	All events with one or more professional contests require permits.	All contests require permits unless exempted under the Regulations (see ‘Scope’ above).	The Minister’s approval is required for boxing contests to be conducted.		No.	No.
Compulsory medical checks	Yes, pre and post contest. Registered combatants are issued with medical record books.	Yes, pre and post contest.	Yes, pre contest only (Act). Registered contestants are issued with contestant record books which include medical information.		Yes, pre and post contest.	No. The <i>Standards</i> require a pre-contest medical examination and, where a deemed necessary by a medical practitioner or other official, a post-contest examination is also required. Medical examinations should include an examination of	No.

	New South Wales	Victoria	Western Australia	Aust. Capital Territory	South Australia	Tasmania	Queensland
						<p>the central nervous system and an examination of the chest, lungs, heart, abdomen, musculoskeletal system, ears, nose, throat, skin and eyes.</p> <p>Post-contest the medical practitioner may issue medical suspension from competition on any contestant that has sustained a concussion or injury during contest to protect health and safety of competitor. The length and any other requirements of medical suspension issued at discretion of medical practitioner. Promoters must provide details of medical suspension to National or International Governing Body and CSR and this information may be shared with other states and territories.</p> <p>Contests that involve striking: promoters must require contestants to provide results of blood test (for HIV, Hepatitis B, and/or Hepatitis C) that is no more than six months old before contest in which they intend to compete. Promoters must record competitors' blood test results and medical examinations and have this information available one week before, during and three months after contest. Promoters are responsible for maintaining confidentiality of blood test and medical examination information.</p>	
Definition – combat sport	Any sport, martial art or activity in which the primary objective of each contestant in a contest, display or exhibition of that sport, art or activity is to strike, kick, hit, grapple with, throw or punch one or more other	Includes: (a) kickboxing; or (b) any sport or activity (other than boxing)	Includes: (a) boxing; or (b) any other martial art, sport or activity that	Boxing means fist fighting, kick boxing or any other style of fighting in relation to	Boxing means fist fighting. Martial art means—	For the purposes of the Standards, boxing and combat sports are defined as:	Working definition of combat sports used in internal documents:

	New South Wales	Victoria	Western Australia	Aust. Capital Territory	South Australia	Tasmania	Queensland
	contestants, but does not include a sport, martial art or activity that is prescribed by the regulations.	in which each contestant in a contest or exhibition of that sport or activity is required to strike, kick, hit, grapple with, throw or punch the other contestant, and that is determined by the Minister to be a combat sport for the purposes of this Act.	involves 2 or more participants whose primary objective is to do any or any combination of the following — (i) grapple with, punch, kick or throw each other; or (ii) strike or hit each other, whether or not with a weapon, unless it is prescribed not to be a combat sport for the purposes of this Act.	which a class of boxers is prescribed under the New South Wales Act, and includes sparring in any such style.	(a) kickboxing; or (b) any sporting or other activity (other than boxing) organised so that contestants engage in a fight principally by inflicting blows on each other.	“Any sport or activity in which each contestant in a contest or exhibition of that sport or activity engages the other contestant(s) in striking, kicking, hitting, grappling, throwing or punching.”	The term ‘combat sports’ is generally used to describe any sport, martial art or other activity (including boxing/fist fighting of any style) which involves striking, kicking, hitting, grappling, throwing or punching for the purposes of a contest or display.
Definition – contest	A contest, display or exhibition of combat sport: (a) to which the public are admitted on payment of a fee, or (b) arranged or held on a for profit basis, or (c) that is held on premises licensed under the Liquor Act 2007 or the Casino Control Act 1992, or (d) where at least one of the combatants is competing for a monetary prize or other valuable reward, or (e) that is prescribed by the regulations for the purposes of this definition, but does not include a contest, display or exhibition excluded from this definition by the regulations.	A professional boxing or combat sport contest is any contest or exhibition (including an exhibition of sparring)— (a) that is conducted for profit; or (b) in which the contestants participate for a monetary reward; or (c) to which the public is admitted on the payment of a fee for admission, except if the fee is charged— (i) for a public charitable purpose; or (ii) for an event that is organised by, or under the control of, an amateur boxing association recognised by the Minister (for this purpose).	A contest or exhibition of a combat sport — (a) that is organised, arranged or promoted for profit; or (b) that is conducted for public entertainment; or (c) to which the public is invited, unless it is prescribed not to be a contest for the purposes of this Act.	A boxing contest is a contest, display or exhibition of boxing (other than a contest, display or exhibition prescribed by regulation). <i>A professional boxing contest</i> means a boxing contest for a monetary prize or other reward in money or money’s worth.	<i>Professional or public boxing or martial art event</i> means a boxing or martial art event (including an exhibition of sparring)— (a) that is conducted for profit; or (b) in which the contestants participate for a prize (other than a trophy) or for a monetary reward; or (c) public attendance at which is actively promoted by the event's promoter (whether or not a fee is charged for admission).	For the purpose of the Standards, a contest is: “Any event, competition, exhibition, tournament or similar of a combat sport.	None.
Minimum ages	Persons under 18 years of age cannot be registered for professional contests.	Only an adult (18 years or older) can apply for registration as a contestant.	The Regulations prescribe minimum ages for contestants in contests for specific disciplines. These range from 6 to 18 years.			The <i>Standards</i> state that professional contestants and officials must be over 18 years of age.	None.

JURISDICTIONAL COMPARISON

	New South Wales	Victoria	Western Australia	Aust. Capital Territory	South Australia	Tasmania	Queensland
						Amateur contestants and officials must be at least the minimum age specified by a sanctioning body recognised by Sport and Recreation Tasmania.	

AIBA

TECHNICAL RULES

Effective as of February 1, 2015

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COMPLIANCE TO THE RULES

These AIBA Technical Rules applying to AOB, APB and WSB are the only Technical Rules worldwide which AIBA National Member Federations, boxing members, clubs and boxing family must follow and respect in all their competitions in accordance to activities at all levels. No National Federation may develop its own Technical Rules that are contradictory to these AIBA Technical Rules.

DEFINITIONS

“**AIBA**” means the International Boxing Association;

“**AIBA Competitions**” means any Boxing Match, Competition, Event, League or Tournament which is authorized and approved in accordance with the AIBA Technical Rules and AIBA 3 Programs Competition Rules (AOB, APB and WSB);

“**AIBA Official Boxing Equipment Licensee**” means the contracted licensee of AIBA who is approved to produce the official equipment for use at all AIBA Competitions;

“**AIBA Scoring System**” means the electronic system recording the decision of a Judge approved by AIBA for use at AIBA Competitions;

“**AOB**” means AIBA Open Boxing;

“**APB**” means AIBA Pro Boxing;

“**BMA**” means the Boxing Marketing Arm, the exclusive marketing agency for all AIBA commercial properties, managing all properties of AOB, APB and WSB and owned by AIBA and third party investors;

“**Bout**” means the boxing contest between two Boxers taking place as part of a competition;

“**Boxer**” means any athlete registered by an AIBA National Member Federation and a member of AIBA;

“**Coach Certification**” means the permission to act as a Coach in AIBA Competitions granted by any National Federation, after the person passes examinations and obtains a certificate;

“**Competition Official**” means any person appointed or certified to act as a Referee, a Judge, a Supervisor, a Ringside Doctor, an International Technical Official or any assigned position in AIBA Competitions;

“**Confederation**” means each AIBA continental affiliated organization;

“**Continental Multi-Sport Games**” means All-Africa Games, Pan American Games, Asian Games and European Games;

“**Disciplinary Code**” means the code governing disciplinary matters applicable to AIBA, each Confederation, each National Federation and any Official, including Competition Official, or Boxer;

“**Field of Play (FOP)**” means the competition area which extends to 6 meters from all 4 sides of the ring for AOB and 2 meters from all 4 sides of the ring for APB and WSB where only Competition Officials can enter;

“**Gloves**” means the equipment that is worn on the hands in order to protect them during a competition;

“**Headguards**” means the equipment that is worn on the head in order to protect it during a competition;

“**Individual Physical Contact Sport**” means any of the following sports in any of its forms: Aikido, Cage Fighting, Judo, Ju-jitsu, Karate, Kendo, Kickboxing, K-1, Muaythai, MMA, Sambo, Savate, Sumo, Taekwondo, Wrestling, Wushu and such other sports as may be deemed by AIBA to be an individual physical contact sport;

“**Judge**” means the person who allocates points during a Bout based on each Boxer's performance on the ring in respect of the AIBA Technical Rules and AIBA 3 Programs Competition Rules (AOB, APB and WSB);

“Medical Handbook” means the rules published by AIBA in relation to the medical standards required to be observed by a Boxer and by any Official, including Competition Officials, prior to, during and after AIBA Competitions;

“National Federation” means a legal entity recognized by AIBA as the governing body for the sport of boxing in its respective country;

“National Level Competitions” means the boxing competitions organized and/or sanctioned by a particular National Federation and to which only Boxers registered from that National Federation participate;

“Referee” means the person who ensures that all Rules are followed by the Boxers during their Bouts in the ring;

“Ringside Doctor” has the meaning given to it in the Medical Handbook;

“Rules” means the AIBA Technical Rules, AIBA 3 Programs Competition Rules (AOB, APB and WSB), AIBA Code of Ethics, AIBA Disciplinary Code, AIBA Procedural Rules, AIBA Anti-Doping Rules and AIBA Medical Handbook;

“Seconds” means the Coaches or Trainers who are certified by AIBA and who are allowed to act in the corner of the ring;

“Supervisor” means the person who is appointed to be responsible for all technical and competition related issues in AIBA Competitions; A Supervisor may be certified in all AIBA Competitions (AOB, APB and WSB) or only in AOB Competitions;

“Team Officials” means the Team Managers, Coaches and Doctors entered by a National Federation in any AIBA Competition but does not include the Boxers;

“WSB” means the World Series of Boxing as organized and administered by the World Series of Boxing SA which was created and is owned by AIBA.

RULES FOR COMPETITION MANAGEMENT

RULE 1. CLASSIFICATION

1.1. Age Classification

- 1.1.1. Men and Women Boxers between the ages of 19 to 40 are categorized as Elite Boxers.
- 1.1.2. Boys and Girls Boxers between the ages of 17 to 18 are categorized as Youth Boxers.
- 1.1.3. Boys and Girls Boxers between the ages of 15 to 16 are categorized as Junior Boxers.
- 1.1.4. The age of a Boxer is determined using his/her year of birth.
- 1.1.5. In all competitions related to school age boys and girls as well as all other younger ages, Boxers are managed only at National Federation and at Confederation levels. The age of the Boxers must not be over 14 years old. The range of the ages of the Boxers participating in these competitions must not be more than 2 years.
- 1.1.6. As of January 1, 2017, the age of a Boxer will be determined using his/her date of birth and the age classification of Boxers will be as follows:
 - 1.1.6.1. Men and Women Boxers between the ages of 18 to 40 will be categorized as Elite Boxers.
 - 1.1.6.2. Boys and Girls Boxers between the ages of 16 to 17 will be categorized as Youth Boxers.
 - 1.1.6.3. The age of the Boxers will be checked based on the date before the 1st day of competition, in all competitions.
- 1.1.7. Men Boxers aged 18 following their year of birth are allowed to participate in all Elite Men Competitions (AOB, APB and/or WSB). This grace period will end on December 31, 2016.

1.2. Weight Classification

- 1.2.1. The terminology for each Weight Category can be found in Appendix A.
- 1.2.2. For Elite Men and Youth Boxers (Boys), ten (10) Weight Categories as follow:
46 kg - 49 kg, 52 kg, 56 kg, 60 kg, 64 kg, 69 kg, 75 kg, 81 kg, 91 kg, 91+ kg
- 1.2.3. For Elite Women and Youth Boxers (Girls), ten (10) Weight Categories as follow:
45 kg - 48 kg, 51 kg, 54 kg, 57 kg, 60 kg, 64 kg, 69 kg, 75 kg, 81 kg, 81+ kg
- 1.2.4. For Elite Women Boxers, three (3) Weight Categories for the Olympic Games as follow:
48 kg - 51 kg, 57 kg - 60 kg, 69 kg - 75 kg
- 1.2.5. For Junior Boxers (Boys and Girls), thirteen (13) Weight Categories as follow:
44 kg - 46 kg, 48 kg, 50 kg, 52 kg, 54 kg, 57 kg, 60 kg, 63 kg, 66 kg, 70 kg, 75 kg, 80 kg and 80+ kg

RULE 2. MEMBERSHIP AND ELIGIBILITY

2.1. Membership

2.1.1. All Boxers, Coaches, Officials, National Federation Office Holders must be members of or licensed and/or authorized by their National Federation, Confederation and AIBA to participate in national and international AIBA Competitions, unless AIBA otherwise consents.

2.2. Eligibility

2.2.1. Eligibility on Nationality related Issues

2.2.1.1. Prior to any AOB Competition and APB Cycle or during WSB Registration Period, AIBA must confirm the nationality and eligibility of all Boxers. However, if a complaint on the eligibility of a Boxer is received during any AIBA Competition, the Supervisor must immediately report to the AIBA Headquarters. If an ineligibility case is proved, the Supervisor must immediately disqualify the Boxer and inform all parties.

2.2.1.2. For all disputes on eligibility taking place outside an AIBA Competition, the final decision on determining the nationality lies with the AIBA Executive Committee. If it is believed that nationality rules have been violated, the matter will be submitted to the AIBA Disciplinary Commission for review and sanctions may be imposed on the Boxer and/or his/her National Federation.

2.2.1.3. Nationality shall be confirmed by the Boxer's passport. When the nationality is in question, AIBA has the right to request the following documents as a proof:

2.2.1.3.1. Birth Certificate;

2.2.1.3.2. Citizenship Identity Papers;

2.2.1.3.3. Nationality Identity Document;

2.2.1.3.4. Confirmation Letter from the NOC.

2.2.1.4. Change of Nationality

2.2.1.4.1. If a Boxer wishes to change nationality, this Boxer can enter any AIBA Competition as a participant of the changed National Federation after two (2) years from this Boxer's change of nationality.

2.2.1.4.2. If a Boxer having represented one National Federation in any AIBA Competition is also a national of two or more countries simultaneously, this Boxer must select only one National Federation to enter AIBA Competitions. In this case, once the Boxer selects one National Federation, this Boxer must not enter any AIBA Competition as a participant of the changed National Federation for two (2) years.

2.2.2. Eligibility on Sport related Issues

2.2.2.1. Participation in Professional Boxing or Individual Physical Contact Sport

- 2.2.2.1.1. Any Boxer who enters into a contract, memorandum of understanding, pre-agreement or any other form of agreement, with an entity or individual other than AIBA (or any entity that is an affiliate or subsidiary of AIBA), related to such Boxer's future participation in professional boxing or any other professional Individual Physical Contact Sport than boxing, will not be eligible to participate in any AIBA Competition at any level including, for the avoidance of doubt, the Olympic Games.
- 2.2.2.1.2. If a Boxer who has previously competed in AOB, APB or WSB competes in any Bout or Event organized or promoted by any non-AIBA professional boxing organization, then such Boxer will not be eligible to compete in any AIBA Competition at any level ever again.
- 2.2.2.1.3. Any Boxer who has competed professionally in any Individual Physical Contact Sport will not be eligible to compete in any AIBA Competition at any level.
- 2.2.2.1.4. A Boxer who has competed at an amateur level in any Individual Physical Contact Sport is eligible to compete in an AIBA Competition, at any level, under the following conditions:
- 2.2.2.1.5. When a National Federation wishes to register an amateur athlete from any Individual Physical Contact Sport as a Boxer, this National Federation shall complete the Application Form in Appendix B and submit the same to AIBA for acceptance and registration. The registration will be approved by AIBA in consultation with the AIBA Technical & Rules Commission. The National Federation may specify a longer period depending on the history of the athlete and circumstances of registration. If there is any issue in this regard, the case will be reviewed by the AIBA Technical & Rules Commission for a final decision.
- 2.2.2.1.6. If the amateur athlete applying for registration has competed in another Individual Physical Contact Sport for:
 - 2.2.2.1.6.1. less than a cumulative period of three (3) years, then this amateur athlete shall not be allowed to participate in any AIBA Sanctioned National Level Competition, including National Championships, until at least one (1) year after the date of the acceptance of the athlete's registration
 - 2.2.2.1.6.2. more than a cumulative period of three (3) years, then this amateur athlete shall not be allowed to participate in any AIBA Sanctioned National Level Competition, including National Championships, until at least two (2) years after the date of the acceptance of the athlete's registration.
- 2.2.2.1.7. In addition, the Boxer may not participate in any other Individual Physical Contact Sport during this time.
- 2.2.2.1.8. The Boxer must have competed in at least one (1) National Championships organized by the National Federation the Boxer is representing before being eligible to participate in any AIBA Competition.

2.2.3. Eligibility on Medical related Issues

2.2.3.1. Medical Certification

2.2.3.1.1. A Boxer will not be allowed to compete in any AIBA competition unless such Boxer possesses a valid up-to-date Boxer's AIBA Competition Record Book in which such Boxer must be certified as fit to box by a qualified Doctor as approved by the presiding Ringside Doctor.

2.2.3.1.1.1. A Doctor will not be considered to be qualified as such unless a clear and legible copy of his/her current passport (no other proof of identity will be accepted) and medical credentials are provided.

2.2.3.1.1.2. In order for a Medical Examination to be valid, the examination must have been completed (i) by a qualified Doctor, (ii) no later than the period defined for submission of medical certificate, (iii) the record of the examination must contain clear and legible results for all test areas as well as (iv) must be uploaded to any online or offline registration for international competitions.

2.2.3.1.2. The Boxer must be considered as fit to compete upon examination by a Ringside Doctor before being weighed-in. In order to ensure smooth running of the Weigh-In, the Supervisor may decide to begin the Medical Examination earlier. The Supervisor will inform all Boxers' representatives of this change.

2.2.3.1.3. At the Medical Examination, the Boxer or representative must provide the Supervisor all required documents in accordance with these rules.

2.2.3.2. Boxers with Allowed Handicaps - Please refer to current AIBA Medical Handbook for allowed handicaps.

2.2.3.3. Prohibited Conditions - Boxers with the following prohibited conditions will not be allowed to enter any AIBA Competition:

2.2.3.3.1. Boxers wearing a dressing on a cut, wound abrasion, laceration or blood swelling on the scalp or face including the nose and ears. For the case of a Boxer with abrasion or laceration, no dressing other than Vaseline, Collodion, Thrombin Solution, Micro Fibrillar Collagen, Gelfoam, Surgical and Adrenaline 1/1000 or Steri-Strip may be used. The decision will be made by the Ringside Doctor examining the Boxer on the day the Boxer is competing.

2.2.3.3.2. Boxers must be clean-shaved before all Medical Examinations and each Bout. Beards and moustaches will not be allowed. No type of body piercing and no body accessories will be permitted to be worn during a Bout.

2.2.3.3.3. No Boxer with an implanted device which uses electricity or any substance which may alter bodily function will be permitted to box.

2.2.3.3.4. Boxer is only allowed to wear soft contact lenses. All other contact lenses are prohibited.

2.2.3.3.4.1. If the concerned Boxer loses contact lenses, the following rules apply:

2.2.3.3.4.1.1. The Boxer accepts to continue to box and the Bout continues;

2.2.3.3.4.1.2. The Boxer does not accept to continue to box without contact lenses, the Referee terminates the Bout and the opponent is declared the winner by TKO.

2.2.3.3.5. Please refer to current AIBA Medical Handbook for other prohibited conditions.

2.2.3.4. Medical Certification following Probation Periods - Before resuming boxing after any period of rest as prescribed in Rule 2.2.3.6 below, a Boxer must be certified as fit to box by a Doctor to be able to take part in competitive boxing.

2.2.3.5. Knockout (KO) and Technical Knockout (TKO)

2.2.3.5.1. When the result of the Bout is Knockout or Technical Knockout, the Ringside Doctor must fill out and sign a Medical Bout Report which data will be updated in the AIBA Database and sent automatically to the National Federation concerned. The Medical Bout Report must recommend how many rest days should be prescribed or the protective sanitary measures and be delivered to the Supervisor by the Ringside Doctor.

2.2.3.6. Protective Sanitary Measures

2.2.3.6.1. One Knockout - A Boxer who has been knocked out as a result of head blows during a contest or wherein the Referee has stopped the contest due to the Boxer having received hard blows to the head, making this Boxer defenseless or incapable of continuing, will not be permitted to take part in competitive boxing or sparring for a period of at least thirty (30) days after the Boxer has been knocked out.

2.2.3.6.2. Two Knockouts - A Boxer who has been knocked out as a result of head blows during a contest or wherein the Referee has stopped the contest due to a Boxer having received hard blows to the head, making this Boxer defenseless or incapable of continuing twice in a period of ninety (90) days, will not be permitted to take part in competitive boxing or sparring during a period of ninety (90) days from the second Knockout.

2.2.3.6.3. Three Knockouts - A Boxer who has been knocked out as a result of head blows during a contest or wherein the Referee has stopped the contest due to the Boxer having received hard blows to the head, making this Boxer defenseless or incapable of continuing three times in a period of twelve (12) months, will not be permitted to take part in competitive boxing or sparring for one (1) year from the third Knockout.

2.2.3.6.4. If a Boxer has been knocked out or received a severe head blow which results in a Bout being terminated, the Ringside Doctor will classify the seriousness of the concussion and prescribe the medical restriction period as follows:

2.2.3.6.4.1. In the case of no Loss of Consciousness (LOC), a minimum restriction of thirty (30) days;

- 2.2.3.6.4.2. In the case of LOC for less than one (1) minute, a minimum restriction of ninety (90) days;
- 2.2.3.6.4.3. In the case of LOC more than one (1) minute, a minimum restriction of one hundred and eighty (180) days;
- 2.2.3.6.4.4. Any Boxer who suffers a second LOC within three (3) months of resuming boxing after a first LOC will have the highest medical restriction doubled;
- 2.2.3.6.4.5. Any Boxer who suffers three (3) LOCs within twelve (12) months will be suspended for a minimum of eighteen (18) months from the date of the third LOC;
- 2.2.3.6.4.6. Any Boxer who has a medical restriction must not train or spar during the restricted period.
- 2.2.3.6.5. All protective measures must also apply if a Knockout and/or concussion occur during training or anywhere else. The Coach will be responsible to report to the National Federation.
- 2.2.3.6.6. If one Boxer is knocked out as a result of a head blow after “break” or “stop” and is counted up to “ten” (10), the win by disqualification will not permit this Boxer to continue boxing in the competition.
- 2.2.3.6.7. Boxers returning from protective sanitary measures must receive written clearance from their national medical commission and inform the AIBA Headquarters before returning to box.
 - 2.2.3.6.7.1. If the National Federation does not have any national medical commission, a neurologist or sports medicine specialist must provide the clearance.
- 2.2.3.6.8. In the case of body blows, the rest period or the protective sanitary measures will be at the discretion of the Ringside Doctor, following the Post-Bout Medical Examination.

RULE 3. SCORING SYSTEM

- 3.1. The AIBA Scoring System must be used in all Bouts. The Scoring System will be based on a “Ten Point Must-System”.
- 3.2. Following the selection of the five (5) Judges, when they arrive in the FOP, each will randomly select a position around the ring.
- 3.3. Just before starting each Bout, the Scoring System will randomly select three (3) Judges out of the five (5) Judges, and only the scores of these three (3) Judges will be counted.
- 3.4. At the end of each round, each Judge must determine the winning Boxer of that round by awarding a score of ten (10) points and by awarding nine (9) or less points - down to six (6) - to the losing Boxer, depending on the judgment as to the degree to which the opponent lost the round. Every round must have a declared winner.

- 3.5. The Judges will have to push the scoring pad within fifteen (15) seconds. These scores will be transmitted directly to a computer system managed by the Supervisor, and no alterations or additions will be made to these scores after the initial transmission. The announcement of the scores on the live TV broadcast will be made immediately prior to the start of the next round (excluding the announcement of the scores awarded for the final round, in which case the Official Announcer's rule will apply to the display and announcement of the scores).
 - 3.5.1. This announcement must be approved by the Supervisor who will then submit the scores to the broadcaster for transmission on the live TV broadcast. At the end of the Bout, the precise scores awarded and the Judge who awarded each score will be identified on a public display. This public display will also indicate the total score by each selected Judge for each Boxer for the entire Bout (including any deduction due to warnings).
- 3.6. In the case the total scores awarded by each Judge, including any deduction, are equal at the end of the Bout, Judges must record in the Scoring System who in their opinion is the winner of the Bout. They will only be requested to do so if:
 - 3.6.1. One (1) of the 2 (two) other Judges also awarded equal scores;
 - 3.6.2. The two (2) other Judges appointed different winners;
 - 3.6.3. The two (2) other Judges awarded equal scores.
- 3.7. The three (3) Judges' scores of the final round must not be disclosed or displayed until the winner of the Bout is announced. Under no circumstance should the uncounted and unselected two (2) other Judges' scores be disclosed.
- 3.8. The Supervisor will inform the Official Announcer of the official results.
- 3.9. All results recorded in the Scoring System must be printed at the conclusion of the Bout and must be included in the official report forwarded to the AIBA Headquarters by the Supervisor.
- 3.10. If the Scoring System becomes defective during a Bout, the Referee will in that case collect all 5 Judges' score cards with the names of the Judges to give to the Supervisor. At the end of the Bout, a random draw of three (3) out of five (5) Judges' scores will be made to determine the Bout result;
- 3.11. In the case of unavailability of a Judge due to unexpected circumstances, the Scoring System will randomly select a third Judge out of the two (2) Judges who have not been selected initially.
- 3.12. The Scoring System will appoint the winner by an unanimous or split decision as follows:
 - 3.12.1. Unanimous decision by points: the three (3) Judges appoint the same winner, or
 - 3.12.2. Split decision by points:
 - 3.12.2.1. Two (2) Judges appoint one (1) Boxer as the winner and the other Judge appoint the other Boxer as the winner;
 - 3.12.2.2. Two (2) Judges appoint one (1) Boxer as the winner and the result of the other Judge is a draw.

- 3.13. Each Judge will independently judge the merits of the two (2) Boxers using the Scoring System based on the following criteria:
- 3.13.1. Number of quality blows on target area;
 - 3.13.2. Domination of the Bout by technical and tactical superiority;
 - 3.13.3. Competitiveness;
 - 3.13.4. Infringement of the rules.
- 3.14. The Judges must apply the following criteria to score round:
- 3.14.1. 10 vs. 9 – Close round;
 - 3.14.2. 10 vs. 8 – Clear winner;
 - 3.14.3. 10 vs. 7 – Total dominance;
 - 3.14.4. 10 vs. 6 – Overmatched.

RULE 4. DECISIONS

- 4.1. Win on points – WP
- 4.1.1. At the end of a Bout, each Judge will determine a winner based on the Boxer's total scores of the Bout. The winner will be determined by either unanimous or split decision.
 - 4.1.2. The Judges will score the round for each Boxer up to the time of the termination of the Bout and the Boxer who is ahead on points will be declared the winner of the Bout on points in accordance to the Scoring System. The round in which the Bout is stopped will be scored, even if it is a partial round.
 - 4.1.2.1. **AOB** – Rule 4.1.2. applies if an injury caused by an unintentional foul occurs during any round and as a result the contest is stopped by the Referee;
 - 4.1.2.2. **APB** – Rule 4.1.2. applies if an injury caused by an unintentional foul occurs after the start of the third round and as a result the contest is stopped by the Referee;
 - 4.1.2.3. **WSB** – Rule 4.1.2. applies if an injury caused by an unintentional foul occurs after the start of the second round and as a result the contest is stopped by the Referee.
 - 4.1.3. The Judges will score the round for each Boxer up to the time of the termination of the Bout and the Boxer who is ahead on points will be declared the winner of the Bout on points in accordance to the Scoring System. The round in which the Bout is stopped will be scored, even if it is a partial round.
 - 4.1.3.1. **AOB** – Rule 4.1.3. applies in the case both Boxers are injured at the same time and as a result the contest is stopped by the Referee;
 - 4.1.3.2. **APB** – Rule 4.1.3. applies in the case both Boxers are injured at the same time, if it occurs after the start of the third round, and as a result the contest is stopped by the Referee;
 - 4.1.3.3. **WSB** – Rule 4.1.3. applies in the case both Boxers are injured at the same time, if it occurs after the start of the second round, and as a result the contest is stopped by the Referee.

- 4.1.4. The Bout may be terminated by the Referee due to an event that is out of the Boxer's or Referee's control, such as the destruction of the ring, failure of the lighting supply, forces of nature and other similar unforeseen conditions. In such circumstances, the Judges will score the round for each Boxer up to the time of the termination of the Bout and the Boxer who is ahead on points will be declared the winner of the Bout on points in accordance to the Scoring System. The round in which the Bout is stopped will be scored, even if it is a partial round.
- 4.1.5. **AOB** – Rule 4.1.4 applies only if the event mentioned above occurs after the end of the first round.
- 4.1.6. **APB & WSB** – Rule 4.1.4 applies only if the event mentioned above occurs after the start of the third round.
- 4.2. Technical Draw – TD
- 4.2.1. **AOB**
- 4.2.1.1. There is no technical draw.
- 4.2.2. **APB**
- 4.2.2.1. If an injury caused by an unintentional foul occurs before the start of the third round, and as a result the contest is stopped by the Referee, the decision will be a TD;
- 4.2.2.2. In the case both Boxers are injured at the same time before the start of the third round, and as a result the contest is stopped by the Referee, the decision will be a TD;
- 4.2.2.3. In the case of a Double KO occurs in a Title Bout, the decision will be a TD.
- 4.2.3. **WSB**
- 4.2.3.1. If an injury caused by an unintentional foul occurs before the start of the second round, and as a result the contest is stopped by the Referee, the decision will be a TD;
- 4.2.3.2. In the case both Boxers are injured at the same time before the start of the second round, and as a result the contest is stopped by the Referee, the decision will be a TD.
- 4.3. Win by Technical Knockout – TKO
- 4.3.1. If a Boxer retires voluntarily due to injury or if the Coach throws the towel into the ring or appears on the apron, however not while the Referee is counting, the opponent will be declared the winner of the Bout by TKO.
- 4.3.2. If a Boxer fails to resume boxing immediately after the rest period between rounds, the opponent will be declared the winner of the Bout by TKO.
- 4.3.3. If a Boxer, in the Referee's opinion, is being outclassed or is receiving excessive punishment or hard blows, the Bout will be stopped and the opponent declared the winner of the Bout by TKO.
- 4.3.4. If a Boxer is unfit to continue and fails to resume boxing after a Knockdown, the opponent will be declared the winner of the Bout by TKO.
- 4.3.5. If a Boxer does not recover after ninety (90) seconds, in accordance with Rule 7 concerning the low blow, the opponent will be declared the winner of the Bout by TKO.

- 4.3.6. 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 above mentioned timeframe, such Boxer will be deemed to have lost the Bout by TKO.
- 4.3.7. When the Bout is stopped by the Referee at the discretion of the Supervisor following the advice of a Ringside Doctor, the opponent will be declared the winner of the Bout by TKO.
- 4.4. Win by Technical Knockout Injury – TKO-I
- 4.4.1. If a Boxer, in the opinion of the Referee, is unfit to continue because of a sustained or increased injury from correct punches, the Bout will be stopped and the opponent will be declared the winner of the Bout by TKO-I.
- 4.4.2. If a Boxer, in the opinion of the Referee, becomes incapable of continuing to compete because of an injury sustained not from punches, the Bout will be stopped and the opponent will be declared the winner of the Bout by TKO-I.
- 4.5. Win by Disqualification – DSQ
- 4.5.1. If a Boxer is disqualified for a foul or for any other reason, the opponent will be declared the winner of the Bout by DSQ. If the Boxer who won by DSQ is declared unfit to compete in the next round of the same competition due to that foul or that other reason, then Rule 4.7.2. will apply.
- 4.5.2. If the Referee, at his/her discretion, determines that an intentional foul caused an injury to a Boxer and that the fouled and injured Boxer cannot continue because of the injury sustained from this intentional foul, the offending Boxer will be disqualified and the injured Boxer will be declared the winner of the Bout by DSQ.
- 4.5.3. The third warning in the whole Bout will automatically disqualify the Boxer and the opponent will be declared the winner of the Bout by DSQ.
- 4.5.4. A disqualified Boxer will not be entitled or awarded points relating to the Bout. If the Boxer has been disqualified due to misconduct or unsportsmanlike behavior, it has to be brought to the attention of the AIBA Disciplinary Commission by the Supervisor within twenty-four (24) hours of the end of the respective Bout.
- 4.5.5. In the case a Double Disqualification (BDSQ) occurs, including in case of Walkovers, both Boxers will lose the Bout by BDSQ.
- 4.5.6. If a Boxer is disqualified for Unsportsmanlike Behavior (such as hurting a Referee, Judge, Supervisors, Team Official, or other), the opponent will be declared the winner of the Bout by Disqualification for Unsportsmanlike Behavior (DQB). The Boxer will be subject to sanctions determined by the AIBA Disciplinary Commission in accordance with the AIBA Disciplinary Code.
- 4.6. Win by Knockout – KO
- 4.6.1. If a Boxer is knocked down and fails to resume boxing before that Boxer is counted up to ten (10), the opponent will be declared the winner of the Bout by KO.
- 4.6.2. In the case of an emergency and the Referee summons the Ringside Doctor in the ring before the Boxer is counted up to ten (10), the opponent will be declared the winner of the Bout by KO.

4.6.3. In the case a Double KO (DKO) occurs, both Boxers will lose the Bout by DKO.

4.6.3.1. In the case of the AOB Finals, if a DKO occurs, then Rule 4.1.3 applies.

4.6.3.2. In the case of the WSB Second Leg Play-Off Matches, if a DKO occurs, then Rule 4.1.3 applies.

4.6.4. **APB**

4.6.4.1. In the case of a Double KO, the higher ranked Boxer will move up to the winner position. The lower ranked Boxer will move down to the loser position.

4.6.4.2. During the Bout, all the above mentioned rules apply if the Boxer is knocked out inside or outside the ring.

4.7. Win by Walkover – WO

4.7.1. If a Boxer is present in the ring fully attired and ready to box and the opposing Boxer fails to appear in the ring after being announced and a maximum period of one minute has elapsed after the bell has been sounded, the Referee will declare the present Boxer to be the winner by WO.

4.7.2. If a Boxer fails the Medical Examination or Daily Weigh-In in AOB or Weigh-In in APB and WSB, his/her opponent will win by Walkover.

4.7.3. In the case the Supervisor knows in advance that a Boxer will not be present, he/she must cancel the procedure mentioned in Rule 4.7.1 and the result must be officially announced.

4.7.4. **AOB** – No medal will be awarded to a Boxer who has not boxed at least once within the entire competition period.

4.8. No Contest – NC

4.8.1. **For both APB & WSB**

4.8.1.1. The Bout may be terminated by the Referee due to an event that is out of the Boxer's or Referee's control, such as the destruction of the ring, failure of the lighting supply, forces of nature and other similar unforeseen conditions. In such circumstances, if it occurs before the start of the third round, the Bout will be terminated and the decision will be declared as NC;

4.8.1.2. If both Boxers exceed or are under the official weight limit at the official Weigh-In by more than 500 grams, then the Bout will be declared as NC. Both Boxers will be subject to sanctions determined by the AIBA Disciplinary Commission in accordance with the AIBA Disciplinary Code for violating the APB Competition Rules or WSB Competition Rules.

4.8.2. **Only for APB**

4.8.2.1. For the Title Bout only, if both Boxers exceed or are under the official weight limit at the official Weigh-In by more than 1000 grams, then the Bout will be declared as NC and the Title will be vacant. Both Boxers will be subject to sanctions determined by the AIBA Disciplinary Commission in accordance with the AIBA Disciplinary Code for violating the APB Competition Rules.

4.9. Extraordinary Rescheduling

- 4.9.1. **AOB** - The Bout may be terminated by the Referee due to an event that is out of the Boxer's or the Referee's control, such as the destruction of the ring, failure of the lighting supply, forces of nature and other similar unforeseen conditions. In such circumstances, if it occurs before the end of the first round, the Bout will be terminated and will then have to be rescheduled by the Supervisor, preferably within the same day.

RULE 5. PROTEST

- 5.1. No protest in AOB, APB and WSB Competitions is permitted and the decisions of the Referee in a Bout are final.
- 5.2. **AOB** - If the Supervisor believes that the decision of the Referee has been taken in contravention of these Technical Rules and/or of the AOB Competition Rules, the Supervisor must fill in the Bout Review Request Form (as per Appendix D) and call for a meeting with all ITOs and R&Js participating in the event to review the Bout at the end of the Session. The Supervisor must, through the Bout Review Request Form, inform both concerned Team Delegations immediately of the decision.

RULE 6. FOULS

- 6.1. Types of Fouls
 - 6.1.1. Hitting below the belt, holding, tripping, kicking, and butting with foot or knee;
 - 6.1.2. Hits or blows with head, shoulder, forearm, elbow, throttling of the opponent, and pressing with arm or elbow in opponent's face, pressing the head of the opponent back over the ropes;
 - 6.1.3. Hitting with open glove, the inside of the glove, wrist or side of the hand;
 - 6.1.4. Hits landing on the back of the opponent, and especially any blow on the back of the neck or head and kidney punch;
 - 6.1.5. Pivot blows;
 - 6.1.6. Attack whilst holding the ropes or making any unfair use of the ropes;
 - 6.1.7. Lying on, wrestling and throwing in the clinch;
 - 6.1.8. An attack on an opponent who is down or who is in the act of rising;
 - 6.1.9. Holding and hitting or pulling and hitting;
 - 6.1.10. Holding or locking, on the opponent's arm or head, or pushing an arm underneath the arm of the opponent;
 - 6.1.11. Ducking below the belt of the opponent;
 - 6.1.12. Completely passive defense by means of double cover and intentionally falling, running, or turning the back to avoid a blow;
 - 6.1.13. Speaking;
 - 6.1.14. Not stepping back when ordered to break;
 - 6.1.15. Attempting to strike opponent immediately after the Referee has ordered "break" and before taking a step back;
 - 6.1.16. Assaulting or behaving in an aggressive manner towards a Referee at any time;
 - 6.1.17. Spitting out the gumshield (teeth protector) intentionally without receiving a correct punch will cause the Boxer to receive a mandatory warning;

- 6.1.18. If the gumshield falls out after the Boxer has received a correct punch, and if this happens for the third time, the Boxer will receive a mandatory warning;
- 6.1.19. Keeping the advanced hand straight in order to obstruct the opponent's vision;
- 6.1.20. Biting an opponent;
- 6.1.21. Faking / simulating.

RULE 7. LOW BLOW

- 7.1. After a low blow, if the offended Boxer does not complain and the low blow was not hard and intentional, the Referee must signal the foul without interrupting the Bout.
- 7.2. After a low blow, if the offended Boxer complains about the severity of the low blow, the Referee will have two (2) options:
 - 7.2.1. The offending Boxer will be immediately disqualified if it is an intentional and hard blow.
 - 7.2.2. Start an eight (8) count.
- 7.3. After the eight (8) count, the Referee will have (2) options:
 - 7.3.1. The Boxer is fit to continue: the Referee will give a warning to the offender, if the Referee considers it as necessary, and the Bout will continue.
 - 7.3.2. The Boxer is unfit to continue: the Referee will give a certain amount of time to the Boxer to try to recover with a maximum of up to one (1) minute and a half.
- 7.4. After above mentioned timeframe, the Referee will have two (2) options:
 - 7.4.1. The Boxer is fit to continue: the Referee will give a warning to the offender and the Bout will continue.
 - 7.4.2. The Boxer is unfit to continue: the opponent will be declared the winner of the Bout by TKO.

RULE 8. CAUTION, WARNING, DISQUALIFICATION

- 8.1. A Boxer who does not obey the instructions of the Referee, acts against the rules of boxing, boxes in any unsportsmanlike manner, or commits fouls, will, at the discretion of the Referee, be cautioned, warned or disqualified. If a Referee intends to warn a Boxer, the Referee must say "stop" and demonstrate the infringement. The Referee must then indicate to the Boxer and then to the Supervisor.
- 8.2. If a Boxer receives a Referee's warning, the Supervisor will record the warning in the Scoring System and each warning will reduce the total score of the offending Boxer by one (1) point per Judge. The third warning in a Bout will automatically disqualify the Boxer.
- 8.3. If the Referee stops a Bout following the advice of the Ringside Doctor because a Boxer has an injury or cut caused by head butting or illegal blows, the Referee must disqualify the offending Boxer.
- 8.4. If a Boxer receives head butting or illegal blows which do not cause an injury or cut, the Referee will give a Warning to the offending Boxer, deducting one (1) point per Judge.

- 8.5. If a Boxer receives head butting or illegal blows which cause an injury or cut and the Ringside Doctor allows the Bout to continue, the Referee will give a Warning to the offending Boxer, deducting two (2) points per Judge.
- 8.6. If the Referee has any reason to believe that a foul has been committed which the Referee has not seen, the Referee may consult the Judges.
- 8.7. In the case any irregularity is found in the bandages after the Bout that in the Referee's opinion gave an advantage to the Boxer, this Boxer must be immediately disqualified.
- 8.8. The Supervisor has the right to caution, to remove and to disqualify a Second who has infringed these rules.

RULE 9. KNOCKDOWN

- 9.1. A Boxer will be considered to be knocked down due to a legal blow if:
 - 9.1.1. 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.
 - 9.1.2. The Boxer hangs helplessly on the ropes as the result of a blow or series of blows.
 - 9.1.3. The Boxer is outside or partly outside the ropes as the result of a blow or series of blows.
 - 9.1.4. Following a hard punch, the Boxer has not fallen and is not lying on the ropes, but is in a semi-conscious state and cannot, in the opinion of the Referee, continue the Bout.

9.2. 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".

9.3. 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.

9.4. 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.

9.5. 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.

9.6. Compulsory Count Limits

9.6.1. A maximum of three (3) eight counts will be given in one (1) round;

9.6.2. No limit of the amount of eight (8) counts will apply in one Bout;

9.6.3. In AOB Women, Youth and Junior Competitions, a maximum of four (4) eight counts will apply in one Bout.

9.7. Boxer Knocked Out of the Ring

9.7.1. 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 above mentioned timeframe, such Boxer will be deemed to have lost the Bout by TKO.

9.8. Knockout

9.8.1. After the Referee has said "ten", the Bout ends and must be decided as KO. The Referee may stop the count if in his/her opinion the Boxer is in immediate need of medical attention.

9.9. Boxer Knocked Down at the End of a Round

9.9.1. 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.

9.9.2. Should the Referee count up to ten (10), such Boxer will be deemed to have lost the Bout by KO. The gong will not save the Boxer.

9.10. Second Knockdown without a Further Punch

9.10.1. 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).

RULES FOR COMPETITION OFFICIALS

RULE 10. REFEREES

- 10.1. In all AIBA Competitions, each Bout must be controlled by a Referee, nominated by the Draw Commission in AOB Competitions, by the Supervisor in APB Competitions and in WSB Competitions, who will officiate in the ring but will not score the Bout.
- 10.2. The Duties of the Referee are as follows:
 - 10.2.1. To care for both Boxers and to make of the health of both Boxers a primary concern throughout the Bout.
 - 10.2.2. To see that all rules and fair play are strictly observed.
 - 10.2.3. To maintain control of the contest at all its stages.
 - 10.2.4. To prevent a weak Boxer from receiving undue and unnecessary punishment.
 - 10.2.5. To use four (4) words of command:
 - 10.2.5.1. "Stop" when ordering the Boxers to stop boxing;
 - 10.2.5.2. "Box" when ordering the Boxers to continue boxing;
 - 10.2.5.3. "Break" when breaking a clinch;
 - 10.2.5.4. "Time" when ordering the Timekeeper & Gong Operator to stop the time.
 - 10.2.6. To indicate to a Boxer by suitable explanatory signs, verbal commands or gestures any infringement of these rules.
 - 10.2.7. The Referee may use a touch by hand to stop and to break the Bout, or to separate the Boxers.
 - 10.2.8. The Referee must not indicate the winner by raising a Boxer's hand or otherwise, until the announcement has been made. When the winner of a Bout is announced, the Referee must be positioned in the middle of the ring holding one hand of each Boxer and raise the hand of the winning Boxer while facing the main TV camera.
 - 10.2.9. When a Referee stops a Bout for any reason, this Referee must first inform the Supervisor of the decision and why the Bout was stopped. The Supervisor should advise the Referee in case this decision is clearly against the AIBA Rules.
 - 10.2.10. The Referee may consult the Ringside Doctor in respect of any injury to a Boxer.
 - 10.2.11. When the Referee calls the Ringside Doctor to the ring to examine a Boxer, only the Referee and the Ringside Doctor must be present in the ring or on the apron; however, the Ringside Doctor may request someone to help him/her.
 - 10.2.12. If an injury occurs, and if the Referee does not clearly understand the cause of the injury, the Referee must follow the steps set out below:
 - 10.2.12.1. Ask the non-injured Boxer to go to the neutral corner;

10.2.12.2. Ask the Ringside Doctor if the injured Boxer is fit to continue. If the Ringside Doctor informs the Referee that the Boxer is fit to continue, then the Referee may decide to continue the Bout;

10.2.12.3. If the Ringside Doctor informs the Referee that the Boxer is not fit to continue, then the Referee may decide to stop the Bout if the Referee did not see the foul. In this case, the Referee must request the opinion of each of the five (5) Judges to see whether all or a majority have seen a foul or a correct blow and the Referee will then make one of the following decisions:

10.2.12.3.1. Where all or a majority of the Judges have seen a correct blow – Rule 4.4.1 applies;

10.2.12.3.2. Where all or a majority of the Judges have seen an intentional foul – Rule 4.5.2 applies;

10.2.12.3.3. AOB

10.2.12.3.3.1. Where all or a majority of the Judges have seen an unintentional foul – Rule 4.1.2.1. applies;

10.2.12.3.4. APB

10.2.12.3.4.1. Where all or a majority of the Judges have seen an unintentional foul before the start of the third round – Rule 4.2.2.1. applies;

10.2.12.3.4.2. Where all or a majority of the Judges have seen an unintentional foul after the start of the third round – Rule 4.1.2.2. applies;

10.2.12.3.5. WSB

10.2.12.3.5.1. Where all or a majority of the Judges have seen an unintentional foul before the start of the second round – Rule 4.2.3.1. applies;

10.2.12.3.5.2. Where all or a majority of the Judges have seen an unintentional foul after the start of the second round – Rule 4.1.2.3. applies.

10.3. The Responsibilities of the Referee are as follows:

10.3.1. To terminate a contest at any stage if this Referee considers it to be one-sided.

10.3.2. To terminate a contest at any stage if one of the Boxers has received an injury on account of which the Referee decides the Boxer should not continue.

10.3.3. To terminate a contest at any stage if this Referee considers the Boxers inactive and not competitive. In such a case, the Referee may disqualify one or both Boxers.

10.3.4. To caution a Boxer or administer a warning to a Boxer against fouls or for any other reason in the interest of fair play, or to ensure compliance with these rules.

10.3.5. To disqualify a Boxer who fails to comply immediately with the Referee's command, or behaves towards the Referee in an offensive or aggressive manner at any time

10.3.6. With or without previous warning, to disqualify a Boxer for committing a serious foul;

10.3.7. To interpret these rules insofar as they are applicable or relevant to the Bout or to decide and take action on any circumstance of the Bout which is not covered by these rules.

10.4. Right to Check the Boxer

10.4.1. Once a Boxer has entered the ring, the Referee must ensure that the Boxer is wearing the appropriate equipment according to and outlined in the AOB Competitions Rules, APB Competition Rules and WSB Competition Rules.

10.4.2. The Boxer must be wearing no other objects except the boxing apparel specified in the AOB Competitions Rules, APB Competition Rules and WSB Competition Rules.

10.4.3. In the case of a Boxer's glove becoming undone during a Bout, the Referee must stop the Bout to have the issue rectified.

10.4.4. The Referee must check the bandages of each Boxer.

10.5. The Referee must check the right positions of Judges and of the Ringside Doctor before the start of the Bout.

10.5.1. The Referee must start the Bout only after the authorization of the Supervisor.

RULE 11. JUDGES

11.1. Designation and Participation

11.1.1. In all AIBA Competitions, each Bout will be judged by three (3) Judges out of five (5) Judges.

11.1.2. Each of the five (5) Judges will be seated on the three (3) sides of the ring, as shown in the AOB Competitions Rules, APB Competition Rules and WSB Competition Rules.

11.2. No Judge must speak or give any sign to a Boxer or to another Judge or to anyone else before, during and after the Bout.

11.3. No Judge must leave his/her seat until the results have been announced to the public.

RULE 12. AIBA REFEREES & JUDGES' MANAGEMENT

12.1. AIBA is responsible for the certification of all Star Level R&Js and of National Level R&Js.

12.2. All elected and/or appointed persons who are Executives of National Federations such as Presidents, Executive Committee members, Secretaries General, etc. cannot be active R&Js at any level; however, they are allowed to officiate at National Level only if they do not hold office as President, Chairman/Chairwoman or Secretary General.

12.3. The standard criteria to meet AIBA Referees & Judges Fundamental Qualification as well as the entire AIBA Referees & Judges Management System are described in the AIBA Referee & Judges' Management Guidelines.

12.4. All R&Js in all AIBA Competitions must sign the Code of Conduct attached in Appendix E.

RULE 13. RINGSIDE DOCTORS

- 13.1. The Ringside Doctors have the authority and responsibilities given to them under the Medical Handbook.
- 13.2. The entire management system for AIBA Ringside Doctors is described in the AIBA Ringside Doctors Management Guidelines.

RULE 14. TIMEKEEPER & GONG OPERATOR

- 14.1. The duties of the Timekeeper & Gong Operator are as follows:
 - 14.1.1. The main duty of the Timekeeper & Gong Operator is to regulate the number and duration of the rounds and the intervals between the rounds. The intervals between the rounds must be of one (1) minute.
 - 14.1.2. The Timekeeper & Gong Operator must start and end each round by striking the gong.
 - 14.1.3. Ten (10) seconds before the end of each round, the Timekeeper & Gong Operator must signal the approaching end of the round.
 - 14.1.4. The Timekeeper & Gong Operator must regulate all periods of time and counts by a watch or clock, but must only stop the clock when instructed by the Referee with the command "time" resuming after the Referee gives the command "box".
 - 14.1.5. Following a Knockdown, the Timekeeper & Gong Operator must give the sound signal to the Referee indicating the elapsing seconds while the Referee is counting.
 - 14.1.6. If, at the end of a round, a Boxer is knocked down and the Referee is in the course of counting, the gong indicating the end of the round must not be sounded. The gong must be sounded only when the Referee gives the command "box" indicating the continuation of the Bout.
 - 14.1.7. The Timekeeper & Gong Operator must regulate the time when a low blow or LOC occurs and if a Boxer falls out of the ring.

RULE 15. OFFICIAL ANNOUNCER

- 15.1. The duties of the Official Announcer are as follows:
 - 15.1.1. Before the Bout, the Official Announcer must announce the kind of Bout, Weight Category, duration of the Bout, names, countries, weights and sporting record of each Boxer, as well as names and countries of the Referee & of the Judges.
 - 15.1.2. The Official Announcer must announce the number of each round right after the start of each round.
 - 15.1.3. The Official Announcer must reveal the final results and the winner of the respective Bout in the ring after having received the final results from the Supervisor.
 - 15.1.4. Ten (10) seconds before the start of each round, the Official Announcer must clear the ring by ordering "Seconds out", except in the first round.

15.2. For all international competitions, the Official Announcer must have the following qualifications:

15.2.1. Be fluent in multiple languages, including at least English.

15.2.2. An excellent understanding of these rules.

15.2.3. Possess a good experience in the field of announcement in sports competitions.

15.2.4. The Official Announcer will be seated directly at the side of the ring on the left side of the Supervisor.

RULE 16. COACHES / SECONDS

16.1. Eligibility

16.1.1. Only AIBA certified Coaches can work as Seconds in all AIBA Competitions. All Seconds employed by Boxers, National Federations or AIBA Academies must have been certified by AIBA; however, exceptions may be granted by AIBA.

16.1.2. Any Coach active in professional boxing will not be allowed to be a Coach and/or Second in AIBA Competitions at any level unless this Coach has resigned from any involvement in professional boxing for a period of at least six (6) months and is certified by AIBA as a registered Coach.

16.1.3. Each Boxer will be entitled to be accompanied to the ring by up to three (3) Seconds. However, only two (2) Seconds may mount the apron of the ring and only one (1) may enter the ring.

16.2. The duties of the Coaches / Seconds are as follows:

16.2.1. Seconds must leave the ring and the apron prior to the start of each round, and must remove seats, towels, buckets, etc., from the platform of the ring.

16.2.2. Seconds must be in possession of a towel for the Boxer during the Bout. A Second may indicate retirement of the Boxer by throwing the towel into the ring when this Boxer is considered to be unfit or unable to continue boxing, except when the Referee is in the course of counting.

16.2.3. Seconds can only use the transparent bottled water provided by the Organizing Committee. In the case of a cut, the Seconds can use Vaseline, Collodion, Thrombin Solution, Micro Fibrillar Collagen, Gelfoam, Surgicel and Adrenaline 1/1000. Ice bags, Enswell and Swabs are permissible.

16.2.4. Seconds may use a bag with maximum dimensions of 30cm x 20cm x 20cm.

16.3. Prohibited Activities

16.3.1. Seconds will not be permitted to stand up and/or to encourage or incite spectators by words or signs during the progress of a round. Seconds will not be allowed to touch the ring during the Bout, yell, cause a scandal or disturb the competition.

16.3.2. Seconds' seating area must be 50cm to 1 meter away from the ring corner within 2- 2.50m squared. Seconds will not be permitted to walk off Second's designated area with disagreed actions against the Referee.

16.3.3. Seconds will not be permitted to throw any item into the ring to demonstrate a disagreement or to kick any chair or water bottle or to take any other action that may be deemed as unsportsmanlike behavior.

16.3.4. The use of any communication device will not be permitted in the FOP such as but not limited to mobile telephones, walkie-talkies, smart phones, headsets, shortwave radios, etc.

16.3.5. Under no circumstance will Seconds be allowed to administrate supplemental oxygen or any type of inhaler to a Boxer during a Bout.

16.3.6. Seconds are not permitted to yell at/argue with any Official on the FOP during or after the Bout.

16.4. Sanctions

16.4.1. For a 1st violation on any of above prohibited activities, Seconds will receive a caution.

16.4.2. For a 2nd violation on any of above prohibited activities, Seconds will receive a warning and be placed just outside of the FOP area but be allowed to remain the Competition Venue.

16.4.3. For a 3rd violation on any of the above prohibited activities, Seconds will be removed by the Supervisor for the rest of the day.

16.4.4. If Seconds are removed for a second time, Seconds will be completely suspended from the competition.

RULES FOR COMPETITION EQUIPMENT

RULE 17. RING

17.1. Approved Label

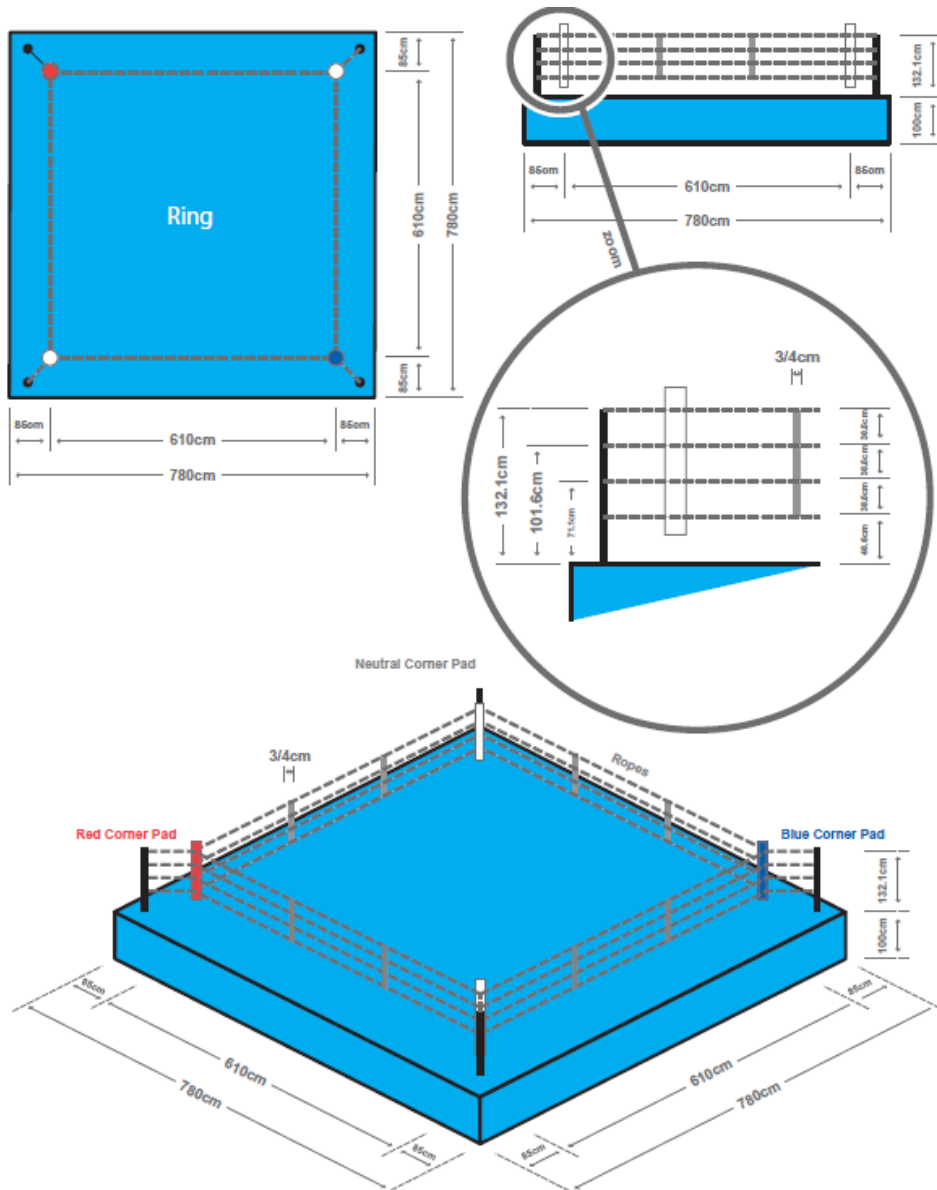
17.1.1. For all AIBA Competitions, National Federations and BMA must use the rings manufactured by one of the AIBA Official Boxing Equipment Licensees.

17.2. Ring and Canvas Size

17.2.1. For all AIBA Competitions, the ring must be 6.10m square inside the line of the ropes.

17.2.2. The size of the apron must extend for 85cm outside the line of the ropes on each side, including additional canvas necessary to tighten and secure it.

17.2.3. The ring must have the dimensions set out in the diagram below.



17.3. Height of Ring

17.3.1. The height of the ring must be 100cm from the ground.

17.4. Platform and Corner Pads

17.4.1. The platform must be safely constructed, leveled and free from any obstructing projection. It must be fitted with four (4) corner posts with four (4) corner pads in order to prevent injury to the Boxers. The corner pads must be arranged facing towards the Supervisor as follows:

- a. in the near left side corner – red
- b. in the far left side corner – white
- c. in the far right side corner – blue
- d. in the near right side corner – white.

17.4.2. The platform must be 7.80m squared.

17.5. Surface of the Ring Floor

17.5.1. The floor must be covered with felt, rubber or other suitably approved material that is soft quality and elasticity. It must not be less than 1.5cm and no more than 2.0cm.

17.5.2. The canvas must cover the entire platform and must be made of non-slippery material.

17.5.3. The canvas must be blue, pantone 299.

17.6. Ropes

17.6.1. The ropes must be covered by a thick padding.

17.6.2. The ring must include four (4) separate ropes on each side of the corner posts. They must be 4cm thick, without considering the cover.

17.6.3. The heights of the four (4) ropes must be 40cm, 70cm, 100cm, and 130cm from the canvas.

17.6.4. The four (4) ropes must be joined on each side of the ring, at equal intervals, by two (2) pieces of material (close to the texture of the canvas) 3 to 4cm wide. The two (2) pieces must not slide along the rope.

17.6.5. The tension of each section of the top two ropes must be tight enough. The tension of bottom two must not be too tight. However, in any case, the Referee and/or the Supervisor have the right to adjust the tension if necessary.

17.7. Steps

17.7.1. The ring must be provided with three (3) sets of steps. Two (2) sets of steps at the opposite corners for the use of the Boxers and Seconds, and one (1) set of steps in the neutral corner for the use of the Referee and of the Ringside Doctor.

RULE 18. RING ACCESSORIES

The following ring accessories are required for all Bouts and must be provided by the organizers no later than two (2) hours before the start time of the competition:

- 18.1. Gong.
- 18.2. Two (2) plastic receptacles which can be used for spitting.
- 18.3. Chairs and tables for the Supervisor and Deputy Supervisors (in AOB Competitions), Ringside Doctors, Timekeeper & Gong Operator, Official Announcer, TV Graphics Operator and Judges.
 - 18.3.1. The tables for the Judges must be standardized for all AIBA Competitions
 - Form: Square
 - Width: 80-100cm x 80-100cm
 - Height: 80cm
 - Drape Color: White
- 18.4. One (1) electronic stopwatch which complies with the requirements of the Scoring System and one manual stopwatch as a backup.
- 18.5. One (1) Scoring System.
- 18.6. One (1) microphone connected to the loudspeaker system.
- 18.7. First-aid supplies as required in accordance with the Medical Handbook.
- 18.8. A non-transparent small plastic bag must be placed in the two neutral corners outside of the ring.
- 18.9. Three (3) chairs for the Seconds in each corner.
- 18.10. One (1) stretcher.
- 18.11. One (1) set of ping pong balls and two (2) holders - one (1) transparent and one (1) nontransparent - for the draw of R&J positions.

RULE 19. GUMSHIELD

- 19.1. Gumshields must be worn by Boxers during all Bouts.
- 19.2. No red or partially red colored gumshield may be worn.

RULE 20. CUP PROTECTOR

- 20.1. For all Men's competitions, a cup protector must be worn by the Boxers during all Bouts and a jock-strap may additionally be worn. The cup protector must not cover any part of the target area.

RULE 21. GLOVES SPECIFICATION

21.1. For AOB Elite Men Competitions, APB and WSB:

21.1.1. Ten (10) oz gloves must be used from the Light Flyweight (49 kg) category to the Light Welterweight (64 kg) category.

21.1.2. Twelve (12) oz gloves must be used for the Welterweight (69 kg) category to Super Heavyweight (91+ kg) category.

APPENDIX A

Terminology for Weight Categories and Weight Range

Elite Men and Youth Boy Boxers 10 Weight Categories			
#	Weight Category	over kg	to Kg
1	Light Fly	46	49
2	Fly	49	52
3	Bantam	52	56
4	Light	56	60
5	Light Welter	60	64
6	Welter	64	69
7	Middle	69	75
8	Light Heavy	75	81
9	Heavy	81	91
10	Super Heavy	91	-

Elite Women and Youth Girls Boxers 10 Weight Categories			
#	Weight Category	over kg	to Kg
1	Light Fly	45	48
2	Fly	48	51
3	Bantam	51	54
4	Feather	54	57
5	Light	57	60
6	Light Welter	60	64
7	Welter	64	69
8	Middle	69	75
9	Light Heavy	75	81
10	Heavy	81	-

Junior Boys and Junior Girls Boxers 13 Weight Categories			
#	Weight Category	over kg	to Kg
1	Pin	44	46
2	Light Fly	46	48
3	Fly	48	50
4	Light Bantam	50	52
5	Bantam	52	54
6	Feather	54	57
7	Light	57	60
8	Light Welter	60	63
9	Welter	63	66
10	Light Middle	66	70
11	Middle	70	75
12	Light Heavy	75	80
13	Heavy	80	-

Olympic Games Elite Women and Youth Girls Boxers 3 Weight Categories			
#	Weight Category	over kg	to Kg
1	Fly	48	51
2	Light	57	60
3	Middle	69	75

APPENDIX B

National Federation Acceptance Notice for Individual Physical Contact Sport Athletes

TO: International Boxing Association (AIBA)

FROM: _____
(Name of National Federation)

DATE: /_____/_____/_____
(Day) (Month) (Year)

Dear Sirs,

We hereby inform AIBA that the following athlete from _____ (name of sport) wishes to participate in the sport of boxing and cease his/her involvement in this sport. Our National Federation has reviewed this athlete's specific situation and decided to accept him/her as one of our boxers with immediate effect.

1. (Full Name of Boxer) (Weight Category) (Classification) (Gender)

We understand below AIBA Rules related to this issue and this athlete will be eligible to compete in our competitions from _____ (date) following a ____ year probation period. This has been notified to the athlete in writing and he/she has accepted these conditions.

1.9. A Boxer who has competed at an amateur level in any Individual Physical Contact Sport is eligible to compete in an AIBA Competition, at any level, under the following conditions:

1.9.1. When a National Federation wishes to register an amateur athlete from any Individual Physical Contact Sport as a Boxer, this National Federation shall complete the Application Form as in Appendix B and submit the same to AIBA for acceptance and registration. The registration will be approved by AIBA in consultation with the AIBA Technical & Rules Commission. The National Federation may specify a longer period depending on the history of the athlete and circumstances of registration. If there is any issue in this regard, the case will be reviewed by the AIBA Technical & Rules Commission for a final decision.

1.9.2. If the amateur athlete applying for registration has competed in another Individual Physical Contact Sport for:

1.9.2.1. less than a cumulative period three (3) years, then this amateur athlete shall not be allowed to participate in any AIBA Sanctioned National Level Competition, including National Championships, until at least one (1) year after the date of the acceptance of the athlete's registration.

1.9.2.2. more than a cumulative period three (3) years, then this amateur athlete shall not be allowed to participate in any AIBA Sanctioned National Level Competition, including National Championships. until at least two (2) years after the date of the acceptance of the athlete's registration.

1.9.3. In addition, the Boxer may not participate in any other Individual Physical Contact Sport during this time.

1.9.4. The Boxer must have competed in at least one (1) National Championships organized by the National Federation the Boxer is representing before being eligible to participate in any AIBA Competition.

Sincerely yours,

President or Chairman of National Federation

APPENDIX C

Medical Certificate Template

Athlete

NAME: _____

DATE OF BIRTH: _____

SIGNATURE: _____ DATE: _____

Doctor

NAME: _____

TITLE/POSITION: _____

ADDRESS: _____

SIGNATURE: _____ DATE: _____

COMMENTS: _____

Fit to Box

Not Fit to Box

QUESTION FOR ATHLETE: IF YES, EXPLAIN

1. Is a Doctor currently treating you for anything?

2. Have you ever been unconscious or had a concussion?

3. Have you been hit hard in the head in the last 6 weeks?

4. Have you had any headache in the last 2 weeks?

5. Do you have any problem with bleeding?

6. Do you have a history of hepatitis B or hepatitis C or HIV infection?

7. Does any disease run in your family? Sudden unexpected deaths?

8. Have you had any surgery?

9. Have you ever had to stay in a hospital?

10. Do you have any medical condition?

MEDICAL CERTIFICATE			ABNORMALITIES	
If Athlete had a Concussion in the past year, please certify that:	Medical Examination following rest period after Concussion was normal Athlete Fit To Box	Normal	Abnormal	
General Medical Exam	List abnormalities not covered in specific system exams below:			
Mental Status/ Psychological	Brief survey	Normal	Abnormal	
Head	Cranial nerves, eyes, pupil size and reactivity, Fundi, vision by chart (record)	Normal	Abnormal	
	Mouth, teeth, throat	Normal	Abnormal	
	Ears	Normal	Abnormal	
	Temporomandibular joint	Normal	Abnormal	
Neck	Cervical spine, lymph nodes	Normal	Abnormal	
Chest	Breath sounds, rib tenderness on compression	Normal	Abnormal	
Cardio Vascular System	Pulse/blood pressure (record)	Normal	Abnormal	
	Heart examination: sounds, murmurs, heaves, size, rhythm	Normal	Abnormal	
Orthopedic System	Upper limb: shoulder, wrist, hand, fingers	Normal	Abnormal	
	Lower limb: foot, ankle, knee, hip	Normal	Abnormal	
Neurological System	Reflexes	Normal	Abnormal	
	Verbal Responses	Normal	Abnormal	
	Motor responses and balance	Normal	Abnormal	
Allergies	(record)	Yes	No	
	Type of reaction (record)			
Medications used	Name and dosage (record)	Yes	No	

Any TUE Submitted ?

No

Yes (If YES, please explain)

APPENDIX D

Bout Review Request Form

Name of Competition / Championships: _____

City, Country: _____

Date: _____

Bout Number (#): _____

Session Number: _____

Weight Category: _____

Men / Women: _____

Boxer's Name RED Corner & Nationality: _____

Boxer's Name BLUE Corner & Nationality: _____

Description: _____

Previous Decision: _____

New and Final Decision: _____

AIBA Supervisor (Full Name in capital letters)

AIBA Supervisor (Signature)

cc: Both concerned Team Delegations
AIBA Headquarters

APPENDIX E

AIBA Code of Conduct

The International Boxing Association (AIBA) hereby requests your agreement to the following “Code of Conduct”, which will apply for as long as you are officiating as a Competition Official in any AIBA Competition:

DIGNITY

- Code 1: I must not be under the influence of alcohol during the entire period of the AIBA Competition in which I participate.
- Code 2: I must not smoke in the Competition Venue.
- Code 3: I must not use or carry any electronic communication device, including but not limited to a mobile phone, a laptop and a tablet computer inside the Competition Venue.
- Code 4: I must not conduct myself in any manner that is derogatory to AIBA.
- Code 5: I must not violate any norm of social behavior in my relation with members of the local and visiting countries' citizens.
- Code 6: I must at all times conduct myself in a professional and ethical manner, giving due regard to the Supervisor.

INTEGRITY

- Code 7: I must not, directly or indirectly, solicit, accept or offer any form of remuneration or commission, nor any concealed benefit, service or gift of any nature that could be considered as a bribe, connected with anyone related to any Competition in which I participate.
- Code 8: Only official souvenirs from the AIBA Headquarters may be given or accepted, as a mark of respect or appreciation for my contribution.

CONFIDENTIALITY

- Code 9: I must not collude or collaborate with any party by violating any Rule (as applicable).
- Code 10: When performing my duties as a Competition Official, I must not communicate with anybody about any competition related issue within the Competition Venue and/or any other location for the entire period of the competition, especially to persons from my own country such as National Federation members, Executive Committee members, media and the public.
- Code 11: I must not socialize with or become intimate with Boxers and/or Coaches and Seconds, or enter into any relationship or take any action that casts doubt on my impartiality as a Competition Official.
- Code 12: I must treat any information I may receive from AIBA in relation to my position as a Competition Official confidentially and, in particular, I must not disclose my AIBA Competition Schedule with members of the public.

AVAILABILITY

- Code 13: I must be on time for all Competitions assigned to me.
- Code 14: I must be available to attend any Competition Official's meetings on or before the Competition day.
- Code 15: I must fulfil all duties assigned to me by the Supervisor.

RESPONSIBILITY

- Code 16: I must maintain a good physical condition, personal hygiene and a professional appearance at all times when performing my duties as a Competition Official.
- Code 17: I must not criticize or attempt to explain calls or decisions made by other Competition Official, unless where requested by the Supervisor to do so.
- Code 18: I must respect all AIBA Rules.

I agree to be bound by this Code of Conduct and accept the fact that any infringement of this Code of Conduct will be referred to the AIBA Disciplinary Commission / AIBA Executive Committee and could lead to an immediate sanction against me.

DATE: _____

NAME: _____ SIGNATURE: _____



AIBA 2016 MEDICAL HANDBOOK FOR RINGSIDE DOCTORS

Version 2016.07.13

AIBA 2016 Medical Handbook

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CHAPTER I – Organization / Structure of AIBA

1.1 Introduction of AIBA

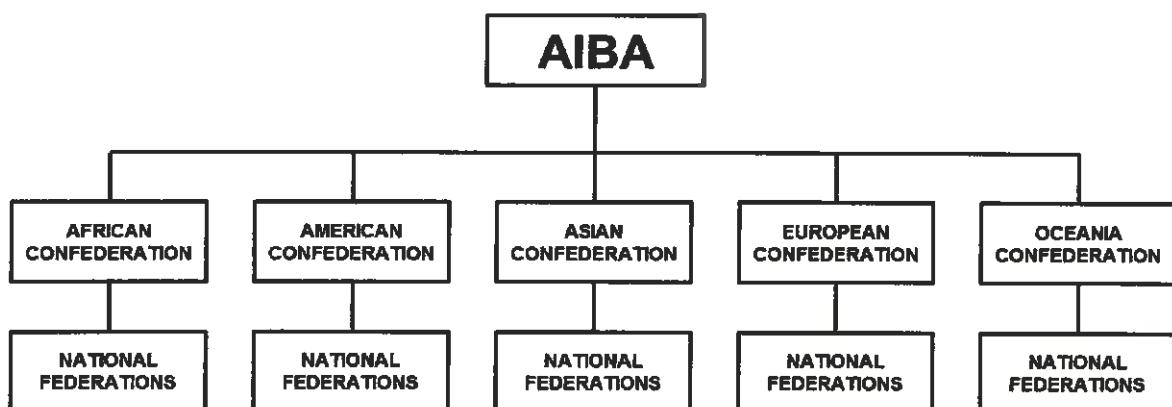
The International Boxing Association (AIBA) is a non-profit international organization. It has been led by its President Dr. Ching-Kuo Wu since 2006. It is **the sole worldwide governing body for the sport of boxing**, recognized by the IOC and has 196 Member Federations.

The International Boxing Association works on behalf of all levels of boxing, men and women, to reinvigorate the sport's grass roots, develop youth and elite boxing and create new opportunities for semi-pro and pro-boxers via innovative pro style boxing competitions, APB and WSB.

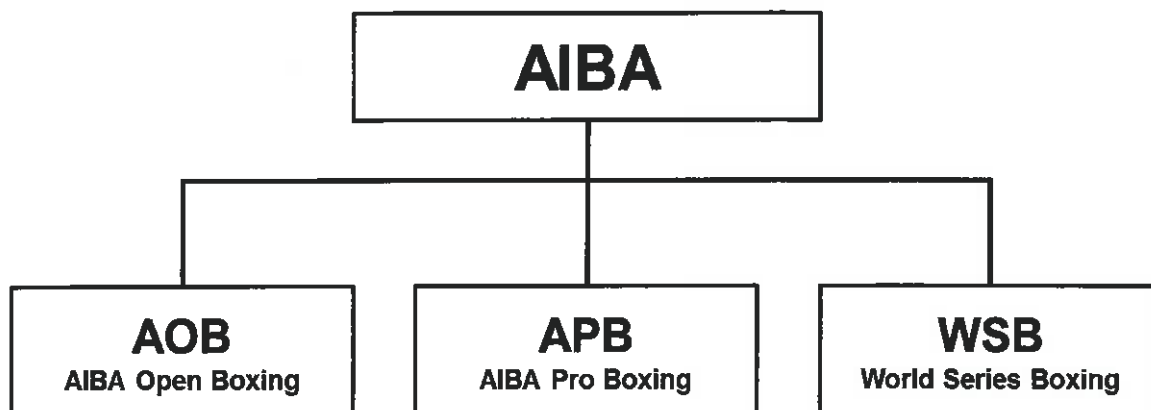
Scope of Intervention

- **Normative function** - Rules setting and enforcement, Boxer's safety preoccupation
- **Operational function** - Event and competition planning as well as organization
- **Commercial function** - Rights and marketing management within Boxing Marketing Arm (BMA), the company in charge of developing the marketing value of the sport for AIBA
- **Development function** - Integrated approach and Boxer centric development of Boxing, different programs to support National Federations, Boxers as well as other members of the Boxing family such as Coaches, Officials, Managers and Medical Personnel (world class expertise, training programs and facility access).

1.2 Governing Structure of AIBA



1.3 Competition Structure of AIBA



1.4 Introduction to AOB

The AIBA Open Boxing (AOB) competition structure is the first step for any boxer who dreams about making a career in boxing from schoolboy to senior level. AOB is the common designation for AIBA boxing competitions including major Men and Women World Championships and Olympic qualifiers in all age categories. By defining these competitions "Open", AIBA aims to demonstrate their openness to boxers wishing to represent their country via the 197 member National Federations.

For more information, <http://www.aiba.org/inside-aiba/>

1.5 Introduction to APB

AIBA Pro Boxing, (APB) was launched in 2014 as an individual **pro Boxing competition** based on transparent rankings that offer elite boxers a sustainable career opportunity while retaining their Olympic eligibility. APB currently has **10 World champions** in 10 weight categories. Events are **showcased and broadcasted internationally** around the world in countries such as, Russia, China, Turkey and Germany.

For more information, <http://www.aibaproboxing.com/>

1.6 Introduction to WSB

World Series of Boxing (WSB) is a unique team boxing competition created in 2010. WSB is in its sixth season and counts 16 franchises from around the world. A WSB Season represents more than 100 matches of pure boxing action bringing together World and Olympic Champions who compete across ten weight categories. Teams representing franchises compete in a league format that leads to play-offs and a final. The boxers compete without vests or head guards in 5 three minute rounds; 5 bouts per match; 10-Point-Must-System.

For more information, <http://www.worldseriesboxing.com/>

1.7 Comparison between AOB, APB and WSB – Competition Aspects

	AOB	APB	WSB
Official Weigh-In	Within 24 hours before the beginning of the competition.	At least 24 hours and not more than 30 hours before the beginning of the first bout	At least 24 hours and not more than 30 hours before the beginning of the first bout
Rest period between bouts for Boxers	12 hours	10 days for bouts of six (6) rounds or less 20 days for bouts more than six (6) but, less than eight (8) rounds 30 days for bouts of more than eight (8) rounds	Minimum 10 days
Number of rounds	Elite Men and Youth Boys: 3 rounds x 3 min Elite Women and Youth Girls: 4 rounds x 2 min	National Level: 6 rounds x 3 min (Regular Ranking Bouts) 10 rounds x 3 min (Title Bouts) Continental Level: 8 rounds x 3 min (Regular Ranking Bouts) 10 rounds x 3 min (Title Bouts) World Level: 8 rounds x 3 min (Regular Ranking Bouts) 12 rounds x 3 min (Title Bouts)	Elite Men: 5 rounds x 3 min
Rest Period between Rounds	1 minute	1 minute	1 minute
Equipment	Elite Men: No head guard. Youth Girls and Boys, Elite Women: Head guard	Elite Men: No head guard.	Elite Men: No head guard.

1.8 Comparison between AOB, APB and WSB – Medical Aspects

	AOB	APB	WSB
Initial Medical Examination Yearly Examination Pre-competition Examination	Mandatory Mandatory Mandatory	Mandatory Mandatory Mandatory	Mandatory Mandatory Mandatory
Medical Examination following Suspension Period	Mandatory	Mandatory	Mandatory
Contact Lenses	Only soft contact lenses allowed	Only soft contact lenses allowed	Only soft contact lenses allowed
Beards, moustaches, body piercing, other body accessories	Prohibited	Prohibited	Prohibited
Implanted devices (incl. electrical) or any substance which may alter bodily function	Prohibited	Prohibited	Prohibited
Closure of cuts	Wound glue, subcuticular sutures, liquid skin plasters, strips,	Wound glue, subcuticular sutures, liquid skin plasters, strips	Wound glue, subcuticular sutures, liquid skin plasters, strips
Dressing of wounds, abrasions, swellings	Liquid skin plasters, strips, Vaseline	Liquid skin plasters, strips, Vaseline	Liquid skin plasters, strips, Vaseline
Skin protection	Vaseline, Cavilon (should not be used in a deep cut)	Vaseline, Cavilon (should not be used in a deep cut)	Vaseline, Cavilon (should not be used in a deep cut)
Time to perform the pre bout examination	Within 24 hours before the beginning of the competition.	24 - 30 hours before the start of the first bout	24 – 30 hours before the start of the first bout
HIV, Hepatitis B and C**	Every 6 months	Every 6 months	Every 6 months

** In extraordinary circumstances where there are low serum titres and where the risk of transmission can be proven to be absent, a Boxer may apply to the AIBA Medical Commission for exemption from this rule.

CHAPTER II – AIBA Medical Commission

The AIBA Medical Commission is composed of qualified medical Doctors who are proposed by their National Federations. The AIBA President appoints, replaces and dismisses any Commission member. He may also appoint a Commission member based on his/her expertise even if such person is not proposed by his/her respective National Federation.

The Medical Commission meets at least once a year. Opinions on various boxing medical issues are exchanged. On the basis of these discussions, the Medical Commission submits recommendations, in the interest of the physical and mental welfare of Boxers, to the AIBA Executive Committee.

The Medical Commission may also have other working group meetings. The National Federations must ensure the participation of their Commission members at all meetings. Members who do not attend meetings will be excluded from the Commission unless there are strong mitigating circumstances.

Medical Commission Members are expected to participate as Medical Jury Members and must commit to arranging their schedules according to AIBA Competitions. At all AOB Competitions, including but not limited to the Olympic Games and the World Boxing Championships, a Medical Jury is appointed and is composed of Medical Commission members. Each Medical Jury has a Chairman who is responsible for organizing the medical aspects of the competition. Medical Jury Members must conduct morning pre-bout medical controls, function as Ringside Doctors and/or act as AIBA Doping Control Officer.

Medical Commission members are expected to hold themselves up-to-date on general medical and sports medical issues. Medical Commission members are encouraged to participate in research activities that enhance the sport of boxing. In these times, all Medical Commission and Jury Members are expected to be competent and up-to-date on current concussion and head injury recognition and management programs.

2.1 AOB Medical Jury

All AIBA AOB Competitions must have a Medical Jury. The Medical Jury is led by the Chairman who is in charge of all medical aspects at the competition. For AOB events with two rings a minimum of 6 Medical Jury Members must be present at each session (two at ringside, 2 for post-bouts, 2 for Head Injury and Concussion evaluation). For AOB events with one ring a minimum of 4 doctors must be present (1 at ringside, 1 for post-bouts, 1 for head injury and concussion evaluation and 1 for doping control). On the day of an event, the Medical Jury Member's duties begin at the morning medicals on the arrival of the boxers at the arena. Medical Jury Members must conduct examinations along with local doctors and visiting National Federation doctors. If there is doubt about a Boxers ability to box due to an injury or medical condition, the decision of the Medical Jury is final and without appeal.

In WSB the Medical Jury is composed by the AIBA appointed Doctor (chairman) and one Local Doctor appointed by the LOC.

The Medical Jury Member also functions as a Ringside Doctor.

The Medical Jury is responsible for enforcing AIBA doping regulations at all AIBA Competitions. If a doping control is carried out, a Medical Jury Doctor, who is a Medical Commission Member and qualified in Doping Control, must be present at the tests and ensure that tests are conducted according to accepted norms.

2.2 AOB Medical Jury Chairman Duties

2.2.1 Before a Competition

The AIBA Medical Jury Chairman is responsible for:

- a) Recommending the food plan for all competition participants to ensure appropriate nutrition, choice of dishes, and labeling of food.
- b) Reviewing the event medical plans with a representative of the Local Organizing Committee (LOC), preferably the Chief Medical Officer (CMO) to ensure that they meet acceptable standards. This includes equipment and staff qualifications of doctors, nurses and paramedics. Ensure that ambulances are of acceptable standard (CEN 2 or equivalent). Inform that ambulances must be present at the venue one hour before the start of the first bout and must remain until all Boxers have left the venue. Enquire about the availability of chaperones for doping control and ensure that the Doping Control Area can be locked.
- c) Checking that the LOC has made suitable arrangements with a hospital to receive injured Boxers. Boxers with head injuries must be transported to a facility with neurosurgical and CT Scan facilities.
- d) Inspecting the area designated for Pre-Bout physical examinations and ensuring that there is adequate light for examinations, adequate ventilation, comfortable temperature, adequate security, sufficient tables and chairs for Doctors and for Boxers to be examined
- e) Prepare a roster for Team Doctors, local Doctors and Medical Jury Members to conduct Pre-Bout examinations at the General and Daily Weigh-Ins
- f) Organize and conduct a physical examination of the Referees & Judges on the day of the General Weigh-In. This is carried out by AIBA Medical Jury Members with the purpose of approving the R&J as being medically fit to officiate as specified in the Medical Handbook. In the case of a Referee & Judge being deemed unfit to officiate, this must be reported to the Supervisor and the reason for disqualification must be clearly stated.
- g) Inspecting the medical equipment at ringside, in the Medical Room and in ambulances
- h) Inspecting venue evacuation routes and procedures
 - Ensure that there are no elevators, staircases or other obstructions between the ring and the ambulance(s)
 - Rehearse evacuation procedures with local medical and paramedical staff. To plan the location of the EMT support personnel with respect to the FOP for the competition ensuring the lead EMT has a clear view of the ring and review signals for calling the EMT Team to the Field of Play (FOP)
 - Instruct security to provide crowd control and secure the evacuation route in case of an emergency evacuation
- i) Other duties of the Medical Jury Chairman at the competition venue include:
 - To ensure that the Medical Jury table is properly placed in the neutral corner
 - To check the status for an emergency ring access next to the Doctors' table
 - To ensure the availability of appropriate medication and equipment.
 - Confirm with AIBA office that all boxers have complied with HIV, Hepatitis blood test requirements (it is duty of the Competition Manager and the Supervisor to control this first along with medical record book and boxer's identity)

2.2.2 During Competition

- Meet with the paramedic team (FOP assistance team) prior to the start of the first bout on each competition day to confirm the location of the paramedic team near the FOP and to confirm the "call for assistance" signal that must be given when paramedic assistance is necessary. Rehearse a ring retrieval.
- Check that the ambulance is in place 60 minutes before the start of the first bout.

- Delegate work assignments and schedules for the Medical Jury Members before the first bout. For events with two rings there must be at least 2 Medical Jury member at each ring for each session and 1 for doping control. For events with one ring there must be at least 2 Medical Jury member at ringside, and 1 for doping control.
- Collect injury data during all bouts.

2.2.3 After Competition

At the end of each competition day the Medical Jury Chairman must

- a) Consult with the Medical Jury and local Doctors and confirm that post-bout examinations were properly conducted.
- b) Receive a list of injured boxers (with Boxer's name, weight, nationality), what injuries they received and what treatment was initiated.
- c) After the last day of the competition, the Medical Jury Chairman must complete and provide the "Medical Report on the Competition" to the Chairman, Vice Chairman and to the Secretary of the AIBA Medical Commission and to the AOB Sport Department sport@aiba.org . The "Medical Report on the Competition" must include name, place, number of days of the competition, total number of Boxers who participated, transportation methods, quality of food, any sanitary concerns, any concern with respect to accommodation, any unusual occurrence or risk to Boxers involved, all statistical data collected during the competition in tabulated form and recommendations with respect to safety, competition conditions, or medical concern.
- d) The AIBA Doping Control Officer (DCO) will submit a Doping Control Report after each competition to the AIBA HQs Office and to the AIBA Anti-Doping Sub-Commission Chairperson. The AIBA DCO must also keep a copy of the report.

2.3 AOB Medical Jury Member's duties:

The duties of the Medical Jury Member are:

- Participate at the Pre-Bout Examinations at the General and Daily Weigh-Ins
- Participate as a Ringside Doctor
- Conduct Post-Bout examinations
- Participate at the AIBA Doping Control if necessary
- Follow the instructions of the Medical Jury Chairman

2.4 Ringside Doctors Duties

No AIBA Competition may be held without a Ringside Doctor (licensed Medical Doctor at ringside). Ringside Doctors do not necessarily need to have a license to practice medicine in the competition country however, they are allowed to offer essential first aid, advise a referee, offer advice on diagnostic and treatment modalities and attempt to ensure the health of all Boxers as a priority.

AIBA Ringside Doctors are expected to offer a high "Standard of Care" based on Best Practice principles. The level of medical care varies in different continents and countries. For this reason, the AIBA Medical Handbook attempts to define the minimum standard of care to which every country must comply. Countries may of course offer services of a higher standard than those specified.

During a session, the Ringside Doctor may have to examine a Boxer at different phases:

- Corner Evaluation during a Bout
- In the ring evaluation of an injured Boxer
- Rapid evaluation off the FOP
- Medical Room Evaluation

The Ringside Doctor must

- a) Continuously follow the action in the ring
- b) Quickly recognize serious injuries and conditions
- c) Signal the second Ringside Doctor that a Boxer is in need of a Post-Bout examination
- d) If necessary, after being called by the Referee, enter the ring and offer first aid to a distressed Boxer
- e) If requested by the Referee, advise the Referee if a Boxer is Fit to Box
- f) Collect and report injury statistics and deliver these to the AOB Medical Jury Chairman
- g) Remain at the venue until the last Boxer has finished his/her post-bout medical evaluations and has received any necessary medical recommendations or management plan before leaving the arena

2.4.1 Neutral Corner Evaluation of a Boxer:

- When requested by the Referee, the Ringside Doctor runs up the neutral steps to the corner but does not enter the ring. The Doctor will be asked by the Referee to evaluate a Boxer and is expected to inform the Referee if the Boxer is fit to continue the bout. The Doctor has approximately 1 minute to make a decision.
- The doctor is usually asked to examine the Boxer for 1 of 4 conditions:
 - a) A Cut
 - b) A Nosebleed
 - c) Unsteadiness, disorientation after a blow to the head
 - d) Some other injury – shoulder, knee, ankle, rib injury etc.

(See section on Cut Evaluation)

2.4.2 Entering the Ring:

- The Ringside Doctor will enter the ring when the Referee requests the Doctor's evaluation and/or assistance in treating an injured or ill Boxer
- The Ringside Doctor must enter the ring immediately if there is a serious injury, entering quickly, calmly and with authority.
- The Ringside Doctor should bring medical gloves, oro-pharyngeal tube, clean gauze pads and a penlight into the ring
- Only the Ringside Doctor and the Referee will be allowed in the ring with the injured Boxer unless the Medical Jury Chairman requests assistance from another Medical Jury Member or from the paramedics
- A Medical Jury Member may, at his/her own discretion, indicate to the Referee or the Supervisor that he/she would like to examine a Boxer between rounds; the Referee or Supervisor will then signal "Stop" at the beginning of the next round and the Boxer will be escorted to the Medical Jury Member for evaluation
- If there is a risk of serious injury to a Boxer, the evaluating Medical Jury Member must notify the Supervisor to terminate the bout and this decision must take precedence over all other considerations.
- The Ringside Doctor must not be persuaded by Seconds and must perform an independent evaluation of the Boxer.

(See section on the Unresponsive or Convulsing Boxer)

2.5 AOB Medical Jury Member for Doping Control

(See Chapter 9)

2.6 Medical Equipment at all AIBA events (AOB, WSB and APB)

2.6.1 Equipment to be brought to Event by Medical Jury Members:

- Oro-pharyngeal tube
- Blood pressure cuff
- Stethoscope
- Adhesive tape
- Oto-Ophthalmoscope
- Examination torch

2.6.2 Medical Equipment to be supplied by the LOC

- Ringside - Minimal medical equipment- stretcher, oxygen tanks, cervical collar, oro-pharyngeal tube, clean disposable gloves, gauze and penlights, defibrillator. Basket stretchers are preferable.
- Medical Room - Sufficient area to examine and treat Boxers. Examination table with appropriate light to allow the Ringside Doctor to see and treat injuries. Adequate equipment and medication for any necessary intervention including: venous cannulas, infusion sets, wound cleansing equipment, plasters, swabs, wound glue, suture equipment

2.6.3 Ambulances

- Ambulance services are to be supplied by the LOC.
- A minimum of two ambulances must be present at all times.
- The ambulance/s must arrive 60 minutes before the start of the first bout
- The ambulance/s may only leave the venue after the last boxer has left the venue.
- There must be proper and near-by parking space for the ambulances just outside the event hall.
- Ambulances must meet the CEN 1789:2014 Standard (or equivalent) – which is the European Union standard for ambulances and medical transportation vehicles (this standard has been updated in 2010 and 2014).
- Ambulance staff must have ALS (Advanced Life Support) skills.

2.6.4 Medications to be supplied by the LOC and available at the FOP

As well as Salbutamol spray, the following injectable medications must available at ringside – but must be in the control of the local Venue Medical Doctor and administered by the local doctor if necessary.

- Adrenalin – 1mg/ml (1: 1000)
- Diazepam
- Buccal Midazolam Morphine
- Anti-emetic
- Glucose 50 mg/ml infusion bag
- IV Saline

CHAPTER III - APB and WSB Ringside Doctors

3.1 APB/WSB Ringside Doctors duties

The Ringside Doctor is the highest Medical Authority in a bout and his/her role is to ensure that the contents of this Medical Handbook are adhered to.

3.1.2 Prior to the Bout

- It is recommended to establish contact with the Supervisor of the event prior to travelling in order to discuss the logistics of the event and any other specifications.
- The Ringside Doctor must travel with appropriate equipment as listed in 2.4.1 above.
- The Ringside Doctor must ensure that a minimum of one ambulance is present (CEN 1789:2014 Standard or equivalent) and that local medical personnel have been booked.
- Paramedics must have ALS (Advanced Life Support) skills.

3.1.3 One Day before the Bout

The Technical Meeting, Medical Check, and Weigh-in must take place the day before the bout. The weigh-in will take place no more than 36 hours before or at latest 3 pm prior to the start of the first bout, as per the APB and WSB Technical and Competition Rules. The exact schedule and location will be sent by email prior to the event by the respective Competition Department, along with the boxer's line-ups. The Ringside Doctor must confirm to the Supervisor that the venue medical services comply with this Medical Handbook requirements.

Technical Meeting:

This meeting will be attended by the boxers (only for APB) and/or team representatives and Coaches where the main competition and event aspects of the next day will be discussed. Ringside Doctor informs the Supervisor if he has additional input for the meeting so it can be included in the presentation.

Medical Check:

The Supervisor first checks the Boxer's Record Book to confirm if the Boxer is eligible and properly registered. Boxers will wait outside of medical examination room and will be called in the order decided by the Ringside Doctor. All Boxers must present evidence of a Yearly Medical Examination, a Pre-Competition Examination, and then go through the medical check, before the Weigh-In. The Ringside Doctor must decide if the Boxer is Fit to Box in accordance with this Medical Handbook requirements. The Ringside Doctor confirms this by signing the Boxer's Record Book.

Weigh-In:

During the Weigh-In, the Ringside Doctor offers assistance if required.

Venue Medical services:

The Ringside Doctor contacts the LOC and the local Doctor and requests an overview of the emergency evacuation plan, the name of the nearest hospital with CT Scan and Neurosurgical facility, the number and quality of ambulances that will be provided, what medical equipment will be available, EMT and doctor rosters etc. in order to ensure that the venue medical service conforms to standards as defined in this Medical Handbook.

3.1.4 Three Hours before the Bout

- The Ringside Doctor must familiarize him/herself with the competition venue and must also conduct a test walk from the ring to the proposed ambulance location in the case of an emergency evacuation during the Bout.
- Check what time the ambulances are supposed to arrive and check that they turn up on time (ambulances are expected to be at the venue no later than 60 minutes before the start of the first bout).
- The Ringside Doctor must attend any relevant meetings with other officials in order to ensure that the medical procedural guidelines are being followed and that any other special requests have been met.

3.1.5 During the bout

- See AOB Ringside Doctors duties (2.3 above).
- If a boxer is brought to the corner, the Ringside Doctor must go on the apron in order to inspect him and make the box/no box decision. Take into account that APB and WSB are professional programmes and that they're being broadcasted live on national and international TV. A decision should be made in a reasonable amount of time.
- Ringside Doctors must ensure that the bout is ONLY stopped when an injury as stated during the Ringside Doctors Workshop has occurred.
- In case a Boxer needs to be transported immediately to hospital for medical treatment, the Ringside Doctor must ensure that the local Doctor accompanies the Boxer to aid with any language barriers – the Ringside Doctor must note the local Doctor's name and telephone number so that the APB/WSB HQs Offices can follow up the case if necessary.
- In case a second Boxer needs medical treatment and/or has to be accompanied by the Ringside Doctor, boxing will not resume until the Ringside Doctor has returned to the ringside position.
- The Ringside Doctor is responsible for allowing ambulances to leave the competition venue.

3.1.6 After the Bout

- A post-bout examination must be conducted on all Boxers (even when the Boxer is not injured), by the Ringside Doctor.
- The following forms must be filled out for all boxers, regardless if they were injured or not and a scanned copy must be sent to the APB/WSB HQs Office as soon as possible or not later than 48 hours after the end of the event:
 - **Post-bout Medical Examination Form** (see Appendix E)
 - Cut Injury Registration Form
 - Medical Restriction & Clearance Form (if applicable, see Appendix F)
- Ambulances must not leave the competition venue until the last Boxer has left.

3.2 Medical equipment at WSB and APB events

Please refer to the Chapter 2.5 above

CHAPTER IV – Medical Check AOB, WSB, APB

4.1 Pre- Bout Examination

The purpose of the Daily Medical Check (the Pre-Bout Examination) is to ensure that Boxers are fully capable of boxing in their respective weight category.

- At least one AIBA Medical Commission member must be present at all pre-bout examinations and one Member is appointed as being in charge of the procedure.
- If local Doctors or Team Doctors are participating, the Medical Jury Member must instruct them of the content of the Pre-Bout examination.
- Boxer identifies himself/herself – check the Boxers Competition Record Book name and photo with Boxers face and accreditation card.
- All changes from previous examinations must be recorded.
- If a Boxer is found to be Fit to Box, the examining Doctor confirms this by signing the Boxer's AIBA Competition Record Book.
- Only the AIBA Medical Commission member in charge of the Daily Pre-Bout Examination may declare a Boxer unfit to box. If a Boxer has been declared unfit to box, this Boxer's AIBA Competition Record Book must be brought to the Supervisor for disqualification.
- An AIBA Medical Commission member who is present at the competition as a Team Doctor may direct the Daily PRE-bout examination but may not serve as a Ringside Doctor at that competition, unless specially credentialed to do so.

Examination:

- Evaluate Boxers gait while approaching the Ringside Doctor: look for limping, balance problems
- Ask if the Boxer has any problems and examine if necessary
- Review the Boxer's Record Book for any relevant information such as probation periods – request SCAT3 documents if previous concussion
- Inspect the face and head for cuts and bruises
- Palpate the face for fractures – periorbital, nasal, maxillary, mandibular zones
- Check pupils. Conduct pupillary light reflex. Exclude nystagmus.
- Ophthalmoscopy for chamber haemorrhage and retinal tears
- Inspect the throat for tonsillar hypertrophy and pharyngeal inflammation
- Conduct Romberg's and Bess Balance Test – noting failures
- Check passive and active neck and back movements
- Test active movements of shoulders, elbows, hips, knees and ankles
- Inspect and palpate hands
- Auscultate heart for murmurs (AOB - General Weigh-In Pre Bout only)
- Auscultate lungs
- Palpate the abdomen for tenderness, splenomegaly, hepatomegaly
- Inspect skin for potentially contagious herpes and bacterial infections

4.3 Boxer with a cut at the Medical Check

Boxers may not box with open cuts. Cuts must be closed by subcuticular sutures, glue, strips or a combination of these. Sutures may be subcuticular (or buried) however simple interrupted, simple running, simple locked or various types of mattress sutures are not allowed. A facial cut can be covered using strips or a liquid or spray plaster. A bruise or an abrasion can be covered with a cut preventative substance such as Vaseline or Cavilon (Note: Cavilon should not be used in a deep wound).

4.4 Women Boxers

In addition to the Boxer's Record Book, women Boxers must present the relevant Declaration of Non-Pregnancy available in the Technical and Competition Rules for each AIBA competitions. This should be controlled at the Weigh-In.

Mixed events:

In case of a mixed AOB event, the LOC must arrange for separate rooms (one for men and one for women Boxers) for the Medical Examination and Weigh-In. If the situation dictates that the same room must be used, men and women must occupy the room at separate times. Weigh-In of Boxers must be done by officials of the same gender.

For APB and WSB, same room and officials are acceptable.

4.5 Disqualification

The Ringside Doctor in charge of the Medical check may declare a Boxer unfit to box if:

- a) The Boxer has any acute injury or illness which would endanger that Boxer, the opponent, or the officials.
- b) Finding or disclosed history of the following conditions in an annual and/or pre-bout examination:
 - Severe chronic infections
 - Severe blood dyscrasias e.g. Sickle cell disease
 - History of Hepatitis B, Hepatitis C or HIV infection
 - Refractive and intraocular surgery, cataract, retinal detachment
 - Myopia of more than -5 diopters
 - Recorded visual acuity in each eye of:
 - Uncorrected worse than 20/200 and corrected worse than 20/50
 - Exposed open infected skin lesions
 - Significant congenital or acquired cardiovascular, pulmonary or musculoskeletal deficiencies or abnormalities*
 - Unresolved post-concussion symptoms, which will need clearance from a neurologist
 - Significant psychiatric disturbances or drug abuse
 - Significant congenital or acquired intracranial mass lesions or bleeding
 - Any seizure activity within the last 3 years
 - Hepatomegaly, splenomegaly, ascites
 - Uncontrolled diabetes mellitus or uncontrolled thyroid disease
 - Pregnancy
 - Any implantable device which can alter any physiologic process
 - Women's breast protector which protects legitimate scoring areas beside the breast

*In certain cases it may be difficult to decide if a Boxer can box with an abnormality. Regarding the hand, in order to box at an international level, the Boxer must at least have a thumb and two other fingers. Regarding the foot, the proximal 2/3 s of the foot (the hind foot and middle foot) must be present –this allows boxers with amputated toes to compete but the metatarsals must be intact. Boxers with another type of deformity must apply to the AIBA Medical Commission for approval to box at AIBA competitions.

CHAPTER V - Ringside Doctor Neutral Corner Evaluations

A referee may call the boxer to a neutral corner for an evaluation by the Ringside Doctor. The doctor is usually asked to examine 1 of 4 conditions:

- A Cut
- A Nosebleed
- Unsteadiness, balance problems after a blow to the head (concussive blow)
- Some other injury – shoulder, knee, ankle, rib injury etc.

5.1 Cuts

When evaluating a cut, the Ringside Doctor must consider the

- Length of Cut
- Depth of Cut – abrasion, epidermal, dermal, sub-dermal
- Is it a Dry Cut (not bleeding or only slightly) or a Bloody Cut?
- Location

Occasionally, a cut will be in an area where deep structures may be injured. In Boxing, as these are blunt injuries and not sharp injuries, it is still unusual to have to stop a bout unless lacerations are quite deep and severe.

The Ringside Doctor has the following possible decisions to make:

- Let the bout continue
- In AOB competitions, call the AIBA Cutman to treat the wound, evaluate and then make a decision about continuing or not
- Stop the Bout

Most cuts will NOT require that the bout be stopped.

The Ringside Doctor must evaluate the cut and consider the following:

- Is there significant bleeding? Stop the bout if there is an arterial bleed or extensive venous bleeding.
- Is there a transdermal cut over important structures such as the supraorbital nerve, the supratrochlear nerve etc.
- Is there a cut within the Inverted Bell Zone with damage to the eyelids, the tear duct, the vermillion, the infraorbital nerve, the NOE area (around or on the bridge of the nose and may thus be part of a compound nasal fracture)?
- Does the bleeding affect the Boxer's Breathing or Vision?

If the answer to any of these considerations is YES, then a bout should be stopped. If not, the bout can continue, but the wound must be continuously observed.

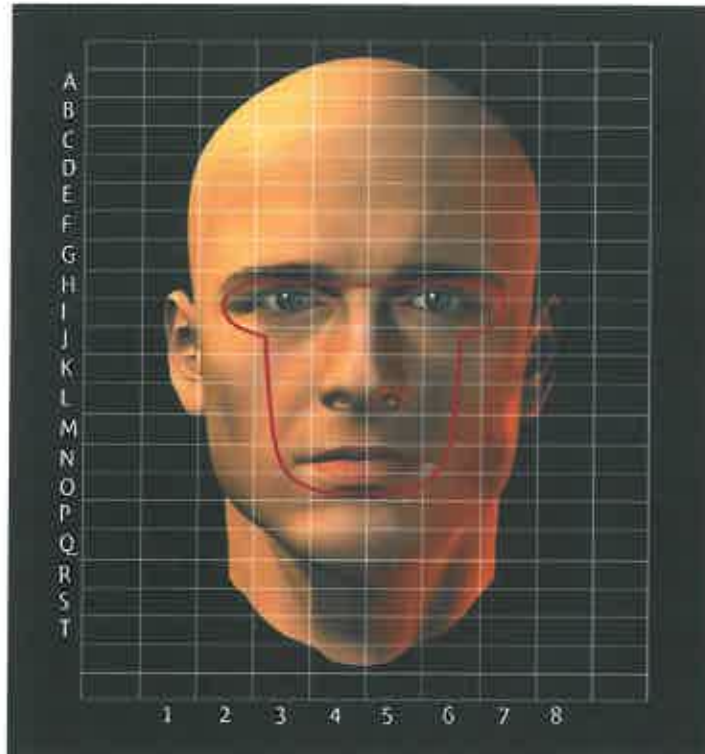
Arterial bleed - If there is an arterial bleed the bout should be stopped immediately. Arterial bleeds will not stop on their own. They need compression for several minutes and possibly suturing. Arterial bleeds are easy to recognize – the blood spurts out of the wound.

Treatment: Evaluate, compress with gauze bandage, get the athlete to hold the bandage with his glove, boxer leaves the ring. Wound management in the treatment room.

5.1.1 Inverted Bell Zone

This Zone (in red) is shaped like an inverted Bell. The most important facial structures are contained within this area – eyes, lacrimal ducts, nose, lips, mouth, naso-ethmoidal bones.

Cuts in this area have potentially more serious consequences than cuts outside this zone. Bouts should be stopped when there are deep cuts in this zone.



Cuts outside of this zone rarely cause any structural damage unless they involve the supraorbital or supratrochlear nerves or the temporal artery.

Deep cuts in the Inverted Bell Zone. A deep cut is a cut where the dermis has been penetrated. With subdermal cuts subcutaneous tissue is visible – fat, connective tissue, muscle, bone etc. Most deep cuts occur in the face. Deep cuts in the Inverted Bell Zone should be stopped as there is a danger for injury to important underlying structures. For deep cuts outside the Inverted Bell Zone the doctor may use his/her discretion whether to stop the bout, call the cutman to assist or stop the bout.

Examples:

Cut 1

Cut 2



Cut 3

Cut 4



Cut 1 – this should be stopped. The wound is A shaped, goes through the dermis, subcutaneous structures are visible, it is near the lower eyelid, it is near the infraorbital nerve and within the Inverted Bell Zone.

Cuts 2 and 3 – continue boxing, this bout should NOT be stopped. The wounds are straight edged, there is no gaping wound, the dermis may have been penetrated (but if so, only minimally), the wound is over bone and outside of the orbital socket. Cut 3 does not go through the dermis, no subcutaneous structures are visible. Both cut 2 and 3 are outside the Inverted Bell Zone.

Cut 4 - Cut going through the Vermillion of the lip. Goes through the dermis. Is inside the Inverted Bell Zone. The bout should be stopped.

During a bout, a coach may only apply water or Vaseline to a cut.

5.1.2 Adrenalin

Adrenalin (Epinephrine) is a potentially dangerous substance and may cause severe vasoconstriction and tachycardia. Wound absorption is not great due to local vasoconstriction and the amount of adrenalin that enters the venous system is probably low, particularly when mixed with Vaseline. Doses as low as 0.1 mg Adrenalin delivered intravenously can cause profound tachycardia, so Cutmen must be extremely careful with the concentrations used. Adrenalin is also on the WADA Prohibited List for 2015.

For safety purposes, Adrenalin applied topically on a swab or mixed with Vaseline should not be stronger than 1: 10,000 (0.1 mg/ml). Adrenaline administered intramuscularly for anaphylactic reactions should be 1:1000 (1mg/ml)

5.1.3 Suture techniques

When a Boxer's cut needs to be sutured, it is important that the suturing doctor is aware of the type of sutures that are acceptable (i.e. subcuticular or buried sutures). Visible simple, running or mattress sutures are not allowed in competition.

5.2 Nosebleeds

As a general rule, a boxer can continue boxing with a nosebleed unless there is one of the following conditions:

- Arterial bleed from the nose
- Excessive venous bleeding
- Septum Hematoma
- Naso-ophthalmo-ethmoidal Fracture
- Extreme pain from a fracture

Nosebleeds usually occur after injury to vessels in the Kiesselbach plexus in the anterior nasal septum region (anterior nose bleeds). Occasionally, epistaxis can have a posterior origin and these bleedings, though rare, can be difficult to manage. Epistaxis is usually caused by local trauma or irritation but can be associated with systemic conditions such as a coagulation disorder or hypertension – these conditions should be excluded in the pre-bout examination.

Management of Nosebleed: *If there is a venous bleed, compress both nares and observe if the Boxer winces with pain. If so, there is probably a fracture present and the Boxer should be removed from the ring for further examination at the medical room.*

If the Boxer does not seem to be in pain, continue to exert pressure on the nares and inspect the mouth for blood. The presence of blood in the back of the mouth or behind the uvula and soft palate indicates significant, and possibly posterior, bleeding and the Boxer should be removed from the FOP for further examination.

If the athlete is stable, there is no sign of arterial bleeding, the athlete is not in pain and the bleeding ceases after compression of the nares, make a quick concussion assessment and if OK, the Boxer may continue (in boxing this examination is rudimentary as the time allowed does not allow the ringside doctor to conduct a proper FOP evaluation).

Nosebleed 1



Nosebleed 2



Nosebleed 1 - Venous Nosebleed but profuse. Swollen and painful nose. Nasal compression was painful. Stop Bout.

Nosebleed 2 - Moderate nosebleed. Could continue boxing, however if the deformed fracture is new then Stop Bout. If old fracture, continue boxing unless extreme pain.

5.2.1 Arterial Nosebleeds

Arterial nosebleeds are rare but easy to diagnose. The blood spurts out of the nose whereas venous blood seeps from the nose. Arterial bleeds should be compressed immediately using the doctor's thumb and index finger to compress both nares. The nose should be compressed as the Boxer leaves the ring and all the way to the Medical Room.

5.2.2 Septum Hematoma

After receiving a blow to the nose, a Boxer may develop a septal hematoma. A hematoma may develop between the cartilaginous septum and the perichondrium/mucous plate. If allowed to develop, pressure from the hematoma may compress blood vessels leading to cartilage necrosis, the "Popeye" or saddle deformity of the septum. As well as being disfiguring this lesion can affect nasal respiration by obstructing the nares.

Clinical findings with a septal hematoma:

Symptoms: pain, inability to breathe through the nose

Inspection: there may be deformity of the nose, broadening of the septum (unilaterally or bilaterally), septa may appear slightly discolored. There may be broadening of the columella, epistaxis, edema and bruising of the nose and periorbital structures. Initial internal inspection may reveal the presence of large blood clots. Any mucosal lacerations should be noted because they may indicate an underlying fracture.

Palpation: of the nasal structures may be painful and reveal indentation. The swelling will initially be soft and fluctuant on palpation, unlike a normal septum which is hard.

Rhinoscopy: There may be swelling, smaller nasal passage (nares) on the injured side, with a swollen, red, medial septal wall. Septum hematomas may not be immediately visible in the ring and may be more obvious at the post-bout inspection. A large clot may obstruct inspection of the septal wall, ask the patient to blow the nose gently, one nostril at a time (this is contraindicated if there is a maxillary or orbital fracture, particularly with a blowout fracture) if there is a suspected septal hematoma.

Management: Stop the bout and refer to a specialist that day.

5.2.3 Naso-orbito-ethmoidal fractures

These fractures may occur after a high energy frontal blow to the face and nose. There may be collapse and telescoping of the nasal bones under the frontal bone, or laterally into the orbit potentially causing a naso-orbito-ethmoidal (NOE) fracture. One measurement may have clinical significance for the Ringside Doctor. The distance between the center of each pupil (interpupillary distance) is usually twice that of the intercanthal distance (the canthus is the medial corner of the eye). With NOE fractures the interpupillary distance remains the same, but the intercanthal distance increases (traumatic telecanthus).

Fractures in this complex anatomical area may be difficult to diagnose due to swelling and bruising. Fractures may occur as isolated injuries or as part of more complex facial fractures involving the anterior cranium. Look for associated ocular injury if the eyelids are not too swollen. Fluid from the nose may be due to CSF leaks and may indicate a fracture of the anterior cranial fossa with an anterior dural tear.

Clinical findings with NOE Fractures

Symptoms: The Boxer may have altered consciousness, be in pain, be unable to breathe through the nose, have altered or double vision, epistaxis, dizziness, anosmia.

Inspection: there may be deformity and bruising of the nose, intercanthal area and periorbital structures. Look for traumatic telecanthus. There may be periorbital hematomas. Epistaxis may be present. The nose may be shortened (telescopic changes).

Palpation: of the nasal structures, intercanthal area and lower frontal bone may be painful and reveal indentation or swelling.

Rhinoscopy: In a stable patient, there may be swelling, wounds or bleeding in the nasal passage.

Management: these patients need stabilization of ABC and may have serious head and facial injuries. The Ringside Doctor should stop the bout and refer the Boxer to a specialist hospital with CT facilities.

5.2.4 Nasal Fracture

When examining for nasal fractures always ensure that the airway is patent and that the athlete breathing adequately? Inspect the pupils and perform a light reflex. Inspect the mouth for post-nasal drip and stop the bout if there is posterior bleeding. Inspect the NOE area for deformity. Are there any symptoms or signs of concussion and associated head injury?

5.3 Concussion/Head Blow

A Referee should stop a bout if the Boxer is demonstrating signs of altered consciousness. Occasionally, the Ringside Doctor will be called to evaluate a Boxer for Concussion in the neutral corner.

It is not possible for a Ringside Doctor to conduct a proper Concussion Evaluation on a Boxer in the short evaluation period (approx. 1 minute).

Therefore, the Ringside Doctor must:

- a) Evaluate the Boxer's state immediately after the blow – stunned, unbalanced, uncoordinated!
- b) Evaluate the Boxers approach to corner – unbalanced, swaying, abnormal?
- c) Is the Boxer disorientated, vacant, dismayed?
- d) Check Pupils – equal, reactive, nystagmus
- e) Check for signs of cranial nerve weakness,
- f) Speak to athlete – are responses adequate – incorrect, slurred? (*this is difficult to assess if the Doctor and the Boxer do not speak the same language*)
- g) Conduct balance test – BESS

If the Ringside Doctor has any indication that the Boxers' response is abnormal or there is a suspicion of a concussion - the bout must be stopped and the Boxer sent to the Medical Room for a Concussion Evaluation. (approximately 20 – 25 minutes after the end of the bout)

CHAPTER VI - Management of a “Down Boxer” in the Ring

The Referee will always call the Ringside Doctor into the Ring if there has been a Knockout (KO) or serious injury to a Boxer. The Ringside Doctor should enter the Ring from the Neutral Corner as soon as possible and go straight to the fallen Boxer.

6.1 Unresponsive Boxer without spontaneous respiration (Non-Convulsing)

If a Boxer has fallen to the floor ground

- Enter the Ring
- Remove mouth guard
- If not breathing spontaneously – perform an observed finger sweep if there is sign of broken teeth
- If still not breathing spontaneously – perform a chin lift
- If still not breathing spontaneously, insert oro-pharyngeal tube and initiate CPR

6.2 Unresponsive Boxer with spontaneous respiration (Non-Convulsing)

- Remove mouth guard, (open head guard strap)
- Evaluate responsiveness quickly – AVPU, Check pupils
- Clear airways, observed and careful finger sweep of broken teeth
- If not able to hold mouth open – chin lift/jaw thrust
- Cervical protection – inline cervical protection
- Log Roll into recovery position
- O2 via mask – (5 - 6 L)
- Once the support staff arrives, roll boxer back onto a scoop stretcher then into a basket stretcher and transfer boxer from ring (in some places a backboard is used instead of a scoop and basket – basket stretchers make transfer much easier and are possibly safer).

Algorithm for KO Boxer Management

AVPU - a detailed neurological examination can take 30 minutes or more to perform, the doctor must have some form of abbreviated examination system that quickly but accurately reflects the patient's neurological status. Therefore, the neurological examination in the primary survey should take no longer than one minute.

No abbreviated examination will substitute a detailed neurological examination but the necessities of the primary survey demand a rapid evaluation before moving on to (E) Exposure or Environmental conditions. The time factor is particularly important if only one doctor is present and especially if there are several casualties that need evaluation. Similarly, if there are concerns about a patient's ABC a shortened neurological evaluation can be performed before returning to do a more detailed examination in the Secondary Survey. Many doctors use the AVPU (Alert, Voice, Pain, Unresponsive) evaluation system, others choose the more internationally accepted, but slightly more time consuming, Glasgow Coma Score. The Team Leader should perform the AVPU evaluation. When time is of the essence, the AVPU system allows for a rapid but limited evaluation of the patient's responsiveness – this is a mnemonic for:

- **Alert** - the patient is alert, conscious with open eyes and is cooperative
- **Voice** - responds to a voice command, but is not otherwise alert
- **Pain** - the patient only responds to a painful stimulus
- **Unresponsive** - the patient is unresponsive to both verbal and painful stimuli

The advantage of this evaluation is that it takes no more than a few seconds to conduct. The AVPU scale is used by many as a "light" version of the GCS, which can be conducted during the Secondary Survey. It is important to repeat the neurological evaluation at regular intervals and to record results in order to detect and record any deterioration in responsiveness.

6.3 Convulsing Boxer

Convulsions/seizures are not usually dangerous and few Boxers, if any, suffer sequelæ after a convulsion – assuming that the convulsion was post-traumatic and that there is no serious brain pathology. Convulsions are not common in Boxing but can be dramatic. Post-traumatic convulsions usually occur within 2 seconds of impact and can last for some seconds to several minutes. Convulsions that last several minutes should cause more concern and if approaching 5 minutes, sedatives must be administered – usually 5 mg Diazepam intravenously per minute until the seizure stops (10 - 20 mgs usually suffices) or Midazolam 5 mg buccal. Avoid giving rectal doses in the ring. Should the convulsions not cease after the first administration of sedatives a repeat dose can be administered after 10 minutes. All Boxers who have received a head blow and who later get a convulsion must be sent to a neurological unit for further examination. Despite this, post-traumatic convulsions are not necessarily associated with structural brain damage or with the development of epilepsy and have a good outcome and there seems to be little evidence of long-term cognitive damage for single episodes.

Sometimes the boxer awakes and reacts aggressively – be aware of this. Once the Boxer recovers, check the pupils and check light reflexes. The Boxer leaves the ring with support and must undergo an examination in the Medical Room before being sent to hospital for further examination.

Treatment Unconscious Convulsing Boxer in the Ring:

- *Remove mouth guard, (if head guard, open strap)*
- *If possible - Clear airways – beware finger*
- *Observe boxer while convulsing*
- *If convulsion is approaching 5 minutes – danger of status epilepticus – Boxer needs sedative*
- *IV Diazepam! Buccal Midazolam*
- *Cervical protection – inline cervical protection - Log Roll*
- *If delay O2 – mask – (5 - 6 L)*
- *Roll boxer back onto Backboard – Secure – Transfer supporting neck and airway*

6.4 Removing a seriously injured Boxer from the Ring

Perform any necessary lifesaving treatment in the Ring. If the patient is stable, then secure and immobilize the patient before transporting out of the Ring directly to the ambulance. Repeat a full Primary Survey in the ambulance before departing. Ensure that an IV line has been inserted. There is no point in taking a seriously injured athlete to the Venue Medical Room as this will just delay treatment. If a spinal injury is suspected, then extra attention must be given to spinal immobilization. If the patient is unconscious ask the coach, trainer, teammates or bystanders if they have any relevant information before leaving the venue.

Do not, under any circumstances, be pressurized by team officials into moving a seriously injured patient if you believe that movement would compromise life or limb however a rapid and safe extrication to a safe area is usually the best course of action. If a Boxer is unable to walk from the Ring, then assistance should be offered or the Boxer should be carried from the FOP. Boxers will usually decide themselves if they are incapable of walking from the FOP unassisted, but should be encouraged to lie down and await stretching if there is the potential for serious injury or lower extremity fracture. Carrying a casualty from the Ring needs training and repeated practice if it is to be carried out without injury to the athlete or the carrying

team. Ensure that the equipment to be used is adequate for the size and weight of the athlete to be evacuated and that the team carrying the athlete is physically capable of lifting and carrying the casualty. The FOP medical team leader must coordinate and supervise the evacuation. The evacuation route must be as direct as possible and must not include stops to allow the carrying team rests or changes of position as necessary.

6.5 KO or TKO

All Boxers who have lost by KO or TKO, unless they have been transferred to hospital, must report to the Medical room for a medical examination. The Ringside Doctor will decide if a SCAT3 evaluation needs to be performed.

6.6 Evaluating a Head Injury

All boxers who have suffered a potentially serious head blow after a TKO or KO, OR who have received multiple head blows during a bout must be examined in the Medical Room after leaving the FOP. The Ringside Doctor will conduct an immediate Head Injury evaluation and if OK, a Concussion evaluation. It is often better to wait 30 minutes after the Head Injury Evaluation before conducting a concussion evaluation as many findings may be delayed. In such cases a SCAT 3 Card must be completed.

The Ringside Doctor must note an appropriate restriction period in the Boxer's Record Book and whether medical clearance is needed to return to box.

6.7 Sending a Boxer to Hospital

If a Boxer is sent to hospital, the Ringside Doctor must get the name of that hospital and the telephone number of the local doctor that accompanies the boxer. If the local doctor does not speak English, then the boxer must also be accompanied by an English speaking volunteer.

CHAPTER VII – The Cutman in AIBA Competitions

A Cutman plays an important role in the Boxer's team due to his/her specific experience in treating bruises and cuts. The Cutman may also be responsible for bandaging a Boxer's hands before the bout. In some countries Cutmen are required to be licensed. However, there is no license at AIBA level as of today.

7.1 Duties of the Cutman

- To bring his/her own materials and equipment
- To bandage the Boxer's hands when required by the Second
- To ensure there is enough ice and water in the corner
- To wear medical gloves at all times during the bout for hygiene reasons
- To attempt to stop a nose bleed or facial cut in less than 1 minute
- To treat hematomas
- The Cutman may take the position of the Coach inside the ring if necessary
- The Cutman cannot stop a bout, but may consult with the Ringside Doctor who may advise the Referee to stop the bout
- The Cutman may advise the Second's about the extent of an injury. It is the Second's responsibility to retire the Boxer if the injury is severe.

7.2 Permitted Accessories for Seconds and Cutmen in the Boxer's Corner:

- Water provided by the LOC
- Vaseline
- Ice
- Adrenaline (see 5.1.2 above)
- Other coagulant substances such as Avitene, Instat, Thrombin, Surgicel, Gelfoam, Collodion
- Gauze pads/swabs
- Blunted scissors
- Enswell
- Adhesive tape
- Towels
- Cotton wads, and/or soft bandages

Avitene: – is a Microfibrillar Collagen Hemostat which accelerates clot formation by enhancing platelet aggregation and by releasing proteins to form fibrin. Avitene is used in surgical procedures as an adjunct to hemostasis when control of bleeding by ligature or conventional procedures is ineffective or impractical. It conforms and adheres to irregular surfaces. Easily removed with irrigation and is Latex free. It comes as a powder and as a liquid/bandage.

For more information:

<http://www.davol.com/product-listing/sp/avitene-ultrafoam-collagen-sponge/>

Thrombin: - is a bovine protein that aids hemostasis particularly where there is oozing and minor bleeding from capillaries and small venules. It also comes as a powder.

For more information

<http://www.fda.gov/downloads/BiologicsBloodVaccines/BloodBloodProducts/ApprovedProducts/LicensedProductsBLAs/FractionatedPlasmaProducts/UCM256531.pdf>

Surgicel: - another absorbable hemostat.

For more information

<http://www.ethicon.com/healthcare-professionals/products/biosurgery/instat-mch-microfibrillar-collagen-hemostat>.

Collodion: - is a clear or slightly opalescent, highly flammable, syrupy liquid made from pyroxylin, ether and alcohol. It dries to form a transparent film that is used to close small wounds, abrasions

CHAPTER VIII - Post-Bout Examination

The Post-Bout Examination is one of the Ringside Doctor's most important tasks and must be carried out on ALL Boxers after the bout.

When two uninjured Boxers leave the FOP it is sufficient that the Ringside Doctor enquire if the Boxer has any complaints or injuries, and if so, examine that Boxer. This should be done out of the FOP.

All Boxers who have lost a bout due to a KO, a TKO due to head blows or a Boxer who has received multiple head blows must be directed to the Medical Room and examined by a Ringside Doctor.

This examination must include:

- Head Injury Assessment – immediately on arrival at Medical Room
- Cervical Spine Injury Assessment
- Other relevant examination
- Concussion evaluation – 30 minutes after the Head Injury Assessment

The Ringside Doctor must specify the appropriate minimum period a Boxer must be restricted from competing (see 8.5) and enter this restriction period into the Boxers Record Book plus indicate it in the Post-Bout Medical Examination Form (Appendix E).

8.1 Head Injury Assessment

The purpose of the examination is to immediately identify cranial fractures and brain injuries. This should include:

- Examining the pupils for size, equality and light reflex
- Examine the eyes for movement and nystagmus
- Glasgow Coma Scale
- Examining for cranial fractures, deformities, binocular hematomas, Battles sign, CSF leakage
- Otoscopy for blood (or blood behind an intact eardrum may indicate a basal fracture)
- Neck pain, neck tenderness and cervical range of motion (ROM)
- A focused medical history

Head Injury examination at the Treatment Room (Secondary Survey)

Inspection: Inspect the scalp, skull and face, looking for cuts, bruises and deformities. Look for CSF and/or blood leakage from the ears, mouth and nose. A bleeding nose may indicate a nasal fracture but also a fracture of the base of the cranium. If bleeding from the ear is observed always suspect a cranial basilar fracture. Battle's sign or binocular hematomas may develop after a basilar fracture, though some time may elapse before these signs manifest themselves clinically. Large swellings may indicate a fracture. The incidence of Traumatic Brain Injury is increased with cranial fracture.

Palpation: Palpate gently for indentations or depressed skull fractures. There is always a danger of pushing loose fracture fragments further into the brain if unnecessary pressure is applied.

Neurological evaluation: Conduct a rapid neurological evaluation. Most doctors use the Glasgow Coma Score and record the result and time of the evaluation.

Focused history: If conscious, enquire about the sports event and judge if the athlete has amnesia. Enquire about a sweet taste of sugar in the mouth or palate. This may be due to CSF leakage.

Glasgow Coma Scale

The GCS is almost universally accepted as being a reliable, if not perfect, rapid emergency neurological evaluation system, though it has several widely criticized shortcomings, such as:

- periorbital/ocular trauma or edema may affect eye response evaluation
- mandibular/throat trauma or edema may affect verbal response
- spinal cord, plexus or peripheral nerve injury may affect motor response
- the non-inclusion of brain stem and pupillary reflexes
- the difficulty some healthcare responders have in correctly evaluating the motor response

Despite these critiques, many believe the score to be the best system available for rapidly evaluating consciousness in the prehospital environment.

A score of **14 - 15 pts** indicates a Mild Head Injury. The patient is awake, has partial or total orientation, with no or minimal neurological findings, though may have headache, nausea, vomiting.

9 - 13 pts indicates a Moderate Head Injury. The patient will have reduced consciousness, performs on command, can be conscious, but may have focal neurological findings. These patients may deteriorate and need urgent referral to an appropriate hospital after oxygen has been administered and the spinal column has been adequately immobilized with a cervical collar, backboard and vacuum mattress.

A patient with a GCS score of **4 - 8 pts** has a Severe Head Injury, has significantly reduced consciousness, is unable to follow command and is a critically ill patient.

When a patient has a score of **3 pts**, the patient is clinically unresponsive and is deeply unconscious or not alive. Some patients with a GCS score of 3 pts can recover. On occasions, a conscious patient cannot open their eyes due to swelling after trauma or edema. The E score may thus be invalid, but such swelling would imply major trauma and the possibility of a basilar or facial fracture and thus the need for urgent stabilizing treatment and referral (or if edema, the possibility of anaphylaxis). If impossible to test the E response due to injury, one should still continue to measure the V and M response.

Verbal response (V Score - maximum score of 5)

After testing the patient's arousal ability, the next phase is to measure the patient's awareness. Start the process by asking relevant orientated questions: "What is your name?" "Where are we?" (Maddock's questions adapted for Boxing).

- *Orientated: If the patient answers correctly, a Score of 5V is awarded*
- *Confused: the patient can formulate sentences and words but the answers to the questions are obviously wrong, a score of 4V is awarded*
- *Inappropriate: the patient cannot articulate sentences, just a few words that do not answer the question appropriately – Example – "What is the score in this match?" the patient answers incorrectly with words that have no relationship to the question, often just swear words - Score 3V*
- *Incomprehensible sounds: the patient answers with grunts or groans – Score 2V*
- *No response; despite both verbal and physical stimuli – Score 1V*

Motor response (M Score - maximum score of 6)

The final assessment is of the patient's motor response to verbal and pain stimuli.

- *Obeys commands. The doctor makes two commands which the patient completes – Example – "Squeeze my finger" and repeat "Do it again" – a score of 6M is awarded*
- *Localizes to central pain. The patient does not respond to a verbal stimulus but responds appropriately to a painful stimulus – Example - by pricking the abdominal wall with a needle, the patient purposely moves the arm to remove the needle away from the abdomen. This gives a score of 5M*
- *Withdraws from pain – Example - by pricking the abdominal wall with a needle, the patient may shift a little or just move an arm towards the source of the pain but fails to locate the source of the pain. Score 4 M*
- *Flexion to pain. The patient flexes the elbow and internal rotates the shoulder, bringing the forearms to the chest, even clenching the fists. Score 3M*
- *Extension to pain. The patient extends the elbow and may be associated with internal shoulder, wrist rotation, extending the head backwards, and extending the legs and toes. Score 2M*
- *No response to painful stimuli. Score 1M*

Eye-opening (E Score - maximum score of 4)

By evaluating the patient's eye movements, the healthcare professional can assess the patient's arousal level:

- *The eyes open spontaneously – Example - the patient may have closed eyes due to pain, but opens spontaneously on command – "Hello, are you awake? Open your eyes!" – the patient does so immediately – Score 4E.*
- *The eyes open on verbal command – Example - the patient has closed eyes, does not open them spontaneously, but opens them after repeated commands: "Hello - Open your eyes! Do you hear me, open your eyes!" - Score 3E*
- *The eyes open after a painful stimulus – Example - the patient does not open the eyes despite repeated verbal commands, but does so in response to application of a painful stimulus such as trapezium squeeze (caution when applying all painful stimuli) – Score 2E*
- *The eyes do not open to verbal or painful stimuli – Score 1E.*

It takes practice to be proficient in correctly identifying a correct GCS score, in particular with evaluating the Motor (M) segment. When summarizing the score, include each response in your total. (GCS 14 – E4, V4, M6) Some neurosurgeons place more value on the individual E, V, M response scores than on the total accumulative score. Be aware that being proficient in performing a correct GCS evaluation requires practice on a regular basis, particularly when evaluating the various forms of flexion in the M response. There is some discussion around what constitutes an adequate or correct painful stimulus and to which anatomical site it should apply. Some sources advocate pressing a pencil on a finger nail, others prick the skin with a needle, while others recommend applying pressure to the supraorbital ridge, pinching the trapezius muscle or pressing knuckles on the sternum, or combinations of these to differentiate between localization. Be aware that the patient must understand the doctor's language and instructions otherwise scores may not be representative!

8.2 Cervical Spine Injury assessment in the Medical Room

If a cervical fracture is suspected, then the Ringside Doctor must always suspect a spinal cord injury. In the acute FOP setting it is very difficult to evaluate the level of spinal cord injury. The medical team must therefore err on the side of caution and manage any potential spinal column injury as a spinal cord injury.

Clinical findings with a potential cervical vertebral fracture:

It is common practice to immediately support the neck before conducting the primary survey.

Symptoms: Is there neck pain, shooting pain, midline spinal tenderness

Inspection: Is the patient in pain? Holding the neck? Is there bruising or deformity to the neck region? Does the Boxer appear to have muscle control in their arms or legs?

Palpation: examine for midline spinal tenderness, sensation in the torso and extremities

Movement: if the patient has significant neck pain, immobilize the neck, apply a cervical collar if the neck is in a neutral position. If the neck is in a fixed non-neutral position, it is better to support the neck manually or with a vacuum splint. Applying a rigid cervical collar to a patient with a fixed fracture dislocation is not recommended. If the patient has mild to moderate neck pain, ask the patient to gently move the neck.

The Ringside Doctor must decide if movement is normal or restricted, painful or pain free. If movement is normal and pain free and if there are normal neurological findings, it is reasonable to assume that there is no significant neck injury.

All suspected cervical spine injuries must be immobilized from the outset and transferred to hospital for full examination and treatment.

8.3 Concussion Evaluation

AIBA Medical Commission has now introduced the SCAT3 concussion evaluation tool (see Appendix A, with links to English, German and French versions).

This is a **mandatory examination for all Boxers** who have received a KO, a TKO due to head blows, or a Boxer who has received multiple head blows where there is a possibility of Boxer having suffered a concussion.

The Maddock's Questions are not appropriate for Boxing.

We have replaced these questions with the following Modified Maddock's Questions:

- What is your name?
- Where are you?
- What day of the week and what year is it?
- What is your opponent's name?
- What round is it?

Ringside Doctors must:

- Complete SCAT3 Card correctly
- Take a copy
- Give the Boxer information on symptoms and when to contact a doctor should symptoms worsen
- Decide the minimum suspension period and enter this into the Boxers AIBA Competition Record Book duties

8.4 CT Scan - when to refer a Boxer

A CT Head Scan is useful in diagnosing intracranial hemorrhage and cranial fracture.

The Ringside Doctor should refer a Boxer for a CT Head Scan if:

- There has been a Loss of Consciousness (LOC)
- All incidences of KO
- Persistent Amnesia
- GCS 14 or less

8.5 Suspension Periods

A suspension period is a period of time in which a Boxer is not allowed to train, spar or compete. Suspension Periods are enforced to protect the Boxer's health. The suspension period considered by the Ringside Doctor must be indicated specifying the time of the suspension and if clearance is required or not in the Medical Restriction Form.

8.5.1 Single Occurrence of Knockout or TKO

No Loss of Consciousness:

If a Boxer suffers a knockout as a result of a blow/blows to the head or if the bout is stopped by the Referee because the Boxer has received heavy blows to the head, then the Boxer may not take part in Boxing or sparring for a period of at least 30 days

Loss of Consciousness less than one Minute:

The Boxer may not take part in Boxing or sparring for a period of at least 3 months. This time needs to be recorded carefully.

Loss of Consciousness more than one Minute:

The Boxer may not take part in Boxing or sparring for a period of at least 6 months. This time needs to be recorded carefully.

8.5.2 Double Occurrence of Knockout or TKO

If during a period of three months a Boxer twice loses a bout due to KO or TKO due to a head blow without loss of consciousness, then the Boxer may not take part in Boxing or sparring for a period of three months after the second occurrence.

8.5.3 Triple Occurrence of Knockout or TKO

If during a period of 12 months the Boxer suffers three KOs (with Loss of Consciousness under one minute) or if three bouts are stopped by the Referee due to the Boxer having received heavy blows to the head, then the Boxer may not take part in Boxing or sparring for a period of one year after the third occurrence. Any combination of knockouts or TKOs that equals three under these circumstances qualifies for a one-year suspension.

8.5.4 Protective Regulations

Any Boxer who loses a difficult bout as a result of many blows to the head, or who is knocked down in several successive competitions, may be given a suspension period which bars him (her from taking part in Boxing or sparring for a period of 30 days after the last contest on the advice of the Medical Jury. This protective regulation applies when the knockout or severe head trauma occurs in training or in any other activity (sport, car accidents, etc.).

Before a Boxer is allowed to compete after the aforementioned suspension period has elapsed, the boxer must be declared as fit to box by a Doctor or by a neurologist, if necessary after a specialist examination has been conducted and computerized tomography or MRI of the brain has been carried out.

CHAPTER IX – AIBA Doping Control Officers Duties in AIBA Competitions

At all AIBA events, a doping control is carried out – either during the competition or on the final day. Tests are performed by the National Anti-Doping Organization (NADO) or organizations approved by these. The NADO appoints one Doping Control Officer (DCO) that will carry out the test according to the WADA Code.

The AIBA Medical Jury appoints one of its member as Doping Control Officer. The mission AIBA DCOs to ensure that the NADO DCO performs the testing in accordance to the WADA code. The AIBA DCO signs as well the DCF forms to confirm that the right testing protocol has been followed.

9.1 Some Days before the Test

When arriving at the venue it is necessary:

- To make contact with the LOC
- To conduct a walkthrough of the competition venue
- To assess the location of the Doping Control Station (DCS) with waiting and registration area, process area, refrigeration, toilets
- To determine the location for notification
- Inform LOC of need for DCS Access Control
- Inform LOC of need for Chaperones.

9.2 Same Day as Test after arrival of NADO

The AIBA DCO must check the DCS for:

- Sample collection equipment
 - Collection Vessel
 - Sample Collection Kit
 - Partial Sample Kit
 - Dipstick/ Refractometer
 - Courier Transport Bag
 - Seals
- Forms
 - Doping Control Form (DCF)
 - Chain of Custody Form
 - Supplementary Report Form
 - DCO Report Form

9.3 After sampling has been completed

Copies of the Doping Control Forms (DCF's) must be collected by the AIBA DCO and sent to the respective AIBA Competition Department. If there have been any breaches in protocol, then the AIBA DCO must note this on the DCO Report Form and sign accordingly. The AIBA DCO must be prepared to testify on behalf of AIBA or the Boxer should any subsequent legal challenge to procedural activities occur.

CHAPTER X - AIBA Medical Certificates

AIBA requires that all Boxers participating in AIBA competitions must have:

- A yearly medical examination by a competent and registered medical doctor
- A Pre-Competition Medical Certificate (Appendix C) that states that the Boxer is Fit to Box

10.1 Yearly Medical Examination (Applies for AOB, WSB and APB)

The yearly medical examination should be composed of:

- A review of the family history and past medical history
- A review of previous surgical operations which could affect a boxer's ability to box. All boxers who undergo surgery must receive an approval from their surgeon that they can return to boxing after an operation. The rehabilitation period must also be defined by the surgeon. When conducting an annual medical exam, the examining physician must enquire about previous surgical interventions and consider their consequences before issuing a Fit to Box approval.
- A full evaluation of cardiac, respiratory and neurological function
- Vital sign values – resting respiratory rate, resting pulse, resting blood pressure, pulse oximetry if available and GCS
- Ophthalmic examination – pupils, pupillary light reflex, nystagmus, chamber hemorrhages and retinal tears
- Eardrum inspection for rupture
- A musculoskeletal examination for injury Evaluation of neuropsychological or neurocognitive changes in the previous year
- A check if there have been any medical suspensions and that the issue has been resolved
- Review of medications and ensure that no TUEs are required
- Diagnose and treat any other conditions
- Blood tests – HIV, Hepatitis or other transmittable blood diseases must be tested for twice yearly. Results must be sent to the AIBA Office Address

10.2 Pre-Competition Medical Certificate (Applies for AOB, WSB and APB)

The purpose of this examination is to ensure that the Boxer is not entering a competition with any new or recent injuries, illnesses or concussive symptoms. The Pre-Competition Medical Certificate (Appendix C) must not be more than 3 months old. The doctor confirms this by signing the Boxer's Record Book.

10.3 Additional documents APB and WSB

In addition to the requirements set out in the above paragraph 10.1 and 10.2, the APB and WSB Boxers must also have:

- For APB, the Annual Medical Check Form (Appendix D) that states that the boxer is Fit to Box.
- For WSB, the WSB Annual Medical (Appendix F) that states that the boxer is Fit to
- **These forms contain additional medical tests to be performed by the doctor in order to comply with the APB or WSB medical requirements. For further details, please consult the forms attached in the appendix at the end of the Medical Handbook.**

10.4 AIBA Post-Bout Medical Examination Form

After each bout the AIBA Post-Bout Medical Examination Form (Appendix E) must be completed and sent this to the relevant department. This form is valid for AOB/WSB/APB.

10.5 Recommended Medical Examinations for athletes wishing to become Boxers

A Boxer should undergo a thorough medical examination on joining a club. A licensed Medical Doctor must conduct this examination. The examination must be adequate to evaluate the Boxer for any disqualifying condition.

A previous medical history as well as family history should be taken. Previous surgical operations should be noted and thought must be given to the consequences of boxing post-operatively. Abnormalities of the pupils and other anatomical or physiological variants should be noted. Current medications and allergies should be noted.

For Women Boxers, a menstrual history should be obtained.

Urine analysis should be conducted to test for glucose, protein and blood.

The examination should include:

- Vital signs
- General appearance - general well-being. Look for anomalies,
- Eyes – pupils, reflexes, visual acuity, visual fields, fundoscopy
- Ears, Nose and Throat (including otoscopic exam)
- Cardiovascular Examination
- Respiratory System
- Back and Chest
- Abdomen
- Genito-Urinary System - a physical examination is generally not required
- Musculo-Skeletal System
- Neurological Examination - Includes exam of the cranial nerves, reflexes, look for tremors, locomotor impairment, dysarthria, abnormal gait, balance or posture disorders,
- Evaluation of mental and psychiatric status,

If the history or physical examination suggests the presence of a disqualifying condition or other problem that requires further evaluation for diagnosis, the Doctor must require the Boxer to undergo further appropriate testing and/or referral. The physical examination and any test result must be recorded in the manner prescribed by each National Federation.

10.5 Disqualifying Conditions from Boxing – advice to medical practitioners

(see 4.5 above)

CHAPTER XI - Hygiene Rules

Boxing hygiene is an important component of sports medicine following synopsis of Boxing hygiene from the AIBA Ringside Doctors' Manual. These regulations are important for Ringside Doctors, Boxers, Coaches, Cutmen, Referees & Judges.

11.1 Beards

Beards are a potential danger and are therefore prohibited. Boxers must be clean shaven with no moustaches. During clinches, the beard or facial stubble can get into the opponent's eye and can cause corneal abrasions.

11.2 Bleeding

The most frequent Boxing injuries are cuts and abrasions. Nosebleeds are also common. AIDS and Hepatitis may be transmitted through the exchange of infected blood. It is therefore theoretically possible that the disease could be passed on via open wounds if both Boxers are bleeding. For this reason, Coaches, Ringside Doctors, Cutmen and Referees must use clean gauze and disposable gloves when examining cuts or abrasions. The used gauze should be disposed of in sacks designated for that purpose at the ringside.

11.3 Dehydration

Weight loss through a reduction in fluid intake is dangerous to the health and reduces the Boxer's aerobic capacity and performance. Dehydration can lead to liver and kidney damage. Reduction in fluid intake and excessive sweating before the bout are inadvisable and should be avoided.

11.4 Disposable gloves

Disposable should be used when examining an injured Boxer. Splashes of blood on the skin should be immediately washed away with soap and water. Splashes of blood in the eyes or mouth should immediately be rinsed away with plenty of water. If blood comes in contact with the skin, it should be immediately washed off. If other surfaces are accidentally contaminated, they should be cleaned with a fresh 10% solution of household bleach diluted in water.

11.5 Embrocation

The use of scents, oils or rubbing alcohol immediately prior to the contest is forbidden. A mixture of sweat and scents etc. may get into the Boxer's eyes and cause damage. Some Boxers are allergic to these substances.

11.6 Fluid and energy intake

Proper fluid and caloric intake is essential to ensure optimal performance. Dehydration is dangerous in all sports and also in Boxing. Coaches must endeavor to ensure that Boxers are properly hydrated.

11.7 Long Hair

Long hair over the forehead limits vision and can cause injuries to the eyes. Hair length must not exceed the neck line. Women with long hair must wear a hairnet or a swimming cap under the head guard.

11.8 Medications During Bouts

The administration of nasal, oral or injectable medications during a bout is forbidden.

11.9 Mouth guards

A Boxer should never use a borrowed mouth guard. The mouth guard should fit exactly and comfortably. A poorly fitting mouth guard is useless and can cause buccal irritation or nausea. A mouth guard that has been knocked out of the mouth should be thoroughly washed before replacing. No Boxer should be permitted to wear dentures during a contest. Boxers wearing braces should have the written consent of their orthodontist and have a mouth guard that is fitted to their own braces.

11.10 Sponges and Towels

Each Boxer must have his/her own sponge, towel and clean water. The practice of wiping the opponent's face after a bout should be discontinued, as it is unhygienic. Sponges, which have been immersed in dirty water or have been on the floor should never be used to wipe the Boxer's face. The Coaches who are at the ringside should have a supply of clean gauze to examine and apply to a cut or abrasion.

11.11 Smelling Salts or Stimulants during a bout

No stimulants or smelling salts are allowed. Smelling salts contain ammonia, which is a stimulant and can potentially worsen nasal hemorrhaging.

11.12 Vaseline

The use of a small amount of Vaseline on the forehead and eyebrow to help prevent injury is permitted.

CHAPTER XII – Medical requirements for Referees and Judges

12.1 Medical Requirements

Referees and judges must undergo an annual examination to participate in any AIBA Competition.

In AOB competitions, after the general weigh in for boxers, the R&J has to present his record book to the Medical jury and undergo medical check before competition.

After medical check the R&Js have to present their record book, accordingly filled and signed to the supervisor who will collect these documents allowing them to officiate in the competition they have been assigned to.

Age is not considered to be an absolute factor in the health and physical fitness of a referee and judge. Therefore, the medical examination is designed for and will be administered to referees and judges of all ages.

The examination shall consist of:

- an annual examination undertaken by the personal doctor of the referee and judge in accordance with articles 15 and 16, who shall document such examination;
- a review of such documented examination by an AIBA Doctor who, if satisfied by the examination, will authorise the referee and judge to participate in the competition he/she has been assigned to.

12.2 The Annual Examination

The annual referee and judge medical examination shall include a history of past and recent illnesses, surgical procedures, allergies, medications, disabilities and family history.

The annual examination shall assess for the following conditions, the existence of which will render the referee and judge unfit to participate in AIBA Competitions:

- coronary artery insufficiency, with angina;
- congestive heart failure;
- aortic stenosis;
- left ventricular outflow tract obstructive disease;
- aneurysm;
- myocarditis;
- active thrombophlebitis;
- uncontrolled arrhythmias;
- untreated or poorly controlled hypertension;
- uncontrolled metabolic disease (diabetes mellitus, thyrotoxicosis, myxedema);
- excessive medication;
- renal, hepatic or other metabolic insufficiency;
- uncontrolled psychoneurotic disturbances requiring therapy;
- intermittent claudication;
- moderate to severe pulmonary disease;
- physical disability from neuromuscular, orthopedic or an arthritic condition; or
- myopia (long distance vision with or without corrective lenses of less than 20/80 (British/American), 2.5/10 (European) in both eyes). The wearing of glasses in the ring to correct such conditions is prohibited, although the wearing of contact lenses is permitted.
- In addition to examining for these conditions, the annual examination must include the clinical examination in accordance with the next article.

12.3 Clinical Examination of Referees and Judges

The clinical examination must include the following:

- age, height, weight, and neurological review to include cranial nerve survey, deep tendon reflexes, Romberg and Babinski responses;
- blood pressure (uncontrolled hypertension is disqualifying);
- resting heart rate not to exceed 100 min;
- ophthalmologic exam, including visual acuity (Snellen chart) and fundoscopic exam;
- internationally standardized-graded exercise electrocardiogram (ECG), every three (3) years for those ages forty (40) and above and every six (6) years of those under forty (40); and
- laboratory tests at the discretion of the examiner, in accordance of any eventual symptom observed.

CHAPTER XIII – Table of Appendixes

Appendix A - SCAT3 Card

English - <http://bjsm.bmj.com/content/47/5/259.full.pdf>

German - www.schuetzdeinenkopf.de

French - http://fecst.inesss.qc.ca/fileadmin/documents/Publications/140722_scat3_FR.pdf

Appendix B - SCAT3 quick guide

Appendix C – AIBA Pre Competition Medical Certificate

Appendix D – APB Medical Check Form

Appendix E – AIBA Post - Bout Medical Form

Appendix F- WSB Annual Medical Appendix



APPENDIX A

SCAT3 Test and Concussion Pocket Tool

SCAT3™



FIFA®



FEI

Sport Concussion Assessment Tool – 3rd Edition

For use by medical professionals only

Name

Date/Time of Injury:
Date of Assessment:

Examiner:

What is the SCAT3?¹

The SCAT3 is a standardized tool for evaluating injured athletes for concussion and can be used in athletes aged from 13 years and older. It supersedes the original SCAT and the SCAT2 published in 2005 and 2009, respectively². For younger persons, ages 12 and under, please use the Child SCAT3. The SCAT3 is designed for use by medical professionals. If you are not qualified, please use the Sport Concussion Recognition Tool³. Preseason baseline testing with the SCAT3 can be helpful for interpreting post-injury test scores.

Specific instructions for use of the SCAT3 are provided on page 3. If you are not familiar with the SCAT3, please read through these instructions carefully. This tool may be freely copied in its current form for distribution to individuals, teams, groups and organizations. Any revision or any reproduction in a digital form requires approval by the Concussion in Sport Group.

NOTE: The diagnosis of a concussion is a clinical judgment, ideally made by a medical professional. The SCAT3 should not be used solely to make, or exclude, the diagnosis of concussion in the absence of clinical judgement. An athlete may have a concussion even if their SCAT3 is "normal".

What is a concussion?

A concussion is a disturbance in brain function caused by a direct or indirect force to the head. It results in a variety of non-specific signs and/or symptoms (some examples listed below) and most often does not involve loss of consciousness. Concussion should be suspected in the presence of **any one or more** of the following:

- Symptoms (e.g., headache), or
- Physical signs (e.g., unsteadiness), or
- Impaired brain function (e.g. confusion) or
- Abnormal behaviour (e.g., change in personality).

SIDELINE ASSESSMENT

Indications for Emergency Management

NOTE: A hit to the head can sometimes be associated with a more serious brain injury. Any of the following warrants consideration of activating emergency procedures and urgent transportation to the nearest hospital:

- Glasgow Coma score less than 15
- Deteriorating mental status
- Potential spinal injury
- Progressive, worsening symptoms or new neurologic signs

Potential signs of concussion?

If any of the following signs are observed after a direct or indirect blow to the head, the athlete should stop participation, be evaluated by a medical professional and **should not be permitted to return to sport the same day** if a concussion is suspected.

- Any loss of consciousness? Y N
"If so, how long?"
- Balance or motor incoordination (stumbles, slow/faltered movements, etc.)? Y N
- Disorientation or confusion (inability to respond appropriately to questions)? Y N
- Loss of memory:
"If so, how long?" Y N
- "Before or after the injury?"
- Blank or vacant look: Y N
- Visible facial injury in combination with any of the above: Y N

1 Glasgow coma scale (GCS)

Best eye response (E)

- No eye opening 1
- Eye opening in response to pain 2
- Eye opening to speech 3
- Eyes opening spontaneously 4

Best verbal response (V)

- No verbal response 1
- Incomprehensible sounds 2
- Inappropriate words 3
- Confused 4
- Oriented 5

Best motor response (M)

- No motor response 1
- Extension to pain 2
- Abnormal flexion to pain 3
- Flexion/Withdrawal to pain 4
- Localizes to pain 5
- Obeys commands 6

Glasgow Coma score (E + V + M)

GCS should be recorded for all athletes in case of subsequent deterioration.

2 Maddocks Score³

"I am going to ask you a few questions, please listen carefully and give your best effort."

Modified Maddocks questions (1 point for each correct answer)

- What venue are we at today? 0 1
- Which half is it now? 0 1
- Who scored last in this match? 0 1
- What team did you play last week/game? 0 1
- Did your team win the last game? 0 1

Maddocks score

Maddocks score is validated for sideline diagnosis of concussion only and is not used for serial testing.

Notes: Mechanism of Injury ("tell me what happened"):

Any athlete with a suspected concussion should be REMOVED FROM PLAY, medically assessed, monitored for deterioration (i.e., should not be left alone) and should not drive a motor vehicle until cleared to do so by a medical professional. No athlete diagnosed with concussion should be returned to sports participation on the day of injury.

APPENDIX A

SCAT3 Test and Concussion Pocket Tool

BACKGROUND

Name: _____ Date: _____

Examiner: _____

Sport/team/school: _____ Date/time of injury: _____

Age: _____ Gender: M F

Years of education completed: _____

Dominant hand: right left neither

How many concussions do you think you have had in the past? _____

When was the most recent concussion? _____

How long was your recovery from the most recent concussion? _____

Have you ever been hospitalized or had medical imaging done for a head injury? Y N

Have you ever been diagnosed with headaches or migraines? Y N

Do you have a learning disability, dyslexia, ADD/ADHD? Y N

Have you ever been diagnosed with depression, anxiety or other psychiatric disorder? Y N

Has anyone in your family ever been diagnosed with any of these problems? Y N

Are you on any medications? If yes, please list: _____ Y N

SCAT3 to be done in resting state. Best done 10 or more minutes post exercise.

SYMPTOM EVALUATION

3 How do you feel?

"You should rate yourself on the following symptoms. Circle how you feel now."

	none	1	2	3	4	5	6
Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Pressure in head"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neck Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nausea or vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blurred vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balance problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity to light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity to noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling slowed down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling like "in a fog"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Don't feel right"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty remembering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue or low energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drowsiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble falling asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More emotional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sadness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or Anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total number of symptoms (Maximum possible 22) _____

Symptom severity score (Maximum possible 132) _____

Do the symptoms get worse with physical activity? Y N

Do the symptoms get worse with mental activity? Y N

self-rated self-rated and clinician monitored

clinician interview self-rated with parent input

Overall ratings: If you know the athlete well prior to the injury, how different is the athlete acting compared to his/her usual self?

Please circle one response:

no different very different unsure N/A

Scoring on the SCAT3 should not be used as a stand-alone method to diagnose concussion, measure recovery or make decisions about an athlete's readiness to return to competition after concussion. Since signs and symptoms may evolve over time, it is important to consider repeat evaluation in the acute assessment of concussion.

COGNITIVE & PHYSICAL EVALUATION

4 Cognitive assessment

Standardized Assessment of Concussion (SAC)¹

Orientation (1 point for each correct response)

What month is it? _____ of 1

What is the date today? _____ of 1

What is the day of the week? _____ of 1

What year is it? _____ of 1

What time is it right now? (within 1 hour) _____ of 1

Orientation score _____ of 5

Immediate memory

List	Trial 1	Trial 2	Trial 3	Alternative word list
elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	candle baby finger
apple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	paper monkey penny
carpet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sugar perfume blanket
saddle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sandwich sunset lemon
bubble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	wagon iron insect
Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Immediate memory score total _____ of 15

Concentration: Digits Backward

List	Trial 1	Alternative digit list
4-9-3	<input type="checkbox"/>	6-2-9 5-2-6 4-1-5
3-8-1-4	<input type="checkbox"/>	3-2-7-9 1-7-9-5 4-9-6-8
6-2-9-7-1	<input type="checkbox"/>	1-5-2-8-6 3-8-5-2-7 6-1-8-4-3
7-1-8-4-6-2	<input type="checkbox"/>	5-3-9-1-4-8 8-3-1-9-6-4 7-2-4-8-5-6
Total of 4	<input type="checkbox"/>	

Concentration: Month in Reverse Order (1 pt. for entire sequence correct)

Dec-Nov-Oct-Sept-Aug-Jul-Jun-May-Apr-Mar-Feb-Jan 0 1

Concentration score _____ of 3

5 Neck Examination:

Range of motion Tenderness Upper and lower limb sensation & strength

Findings: _____

6 Balance examination

Do one or both of the following tests.
Footwear (shoes, barefoot, braces, tape, etc.)

Modified Balance Error Scoring System (BESS) testing²

Which foot was tested (i.e., which is the non-dominant foot)? Left Right

Testing surface (hard floor, field, etc.) _____

Condition

Double leg stance: _____ Errors

Single leg stance (non-dominant foot): _____ Errors

Tandem stance (non-dominant foot at back): _____ Errors

And/Or

Tandem gait^{3,4}

Time (best of 4 trials): _____ seconds

7 Coordination examination

Upper limb coordination

Which arm was tested: Left Right

Coordination score _____ of 1

8 SAC Delayed Recall⁵

Delayed recall score _____ of 5

APPENDIX A

SCAT3 Test and Concussion Pocket Tool

INSTRUCTIONS

Words in *italics* throughout the SCAT3 are the instructions given to the athlete by the tester.

Symptom Scale

"You should score yourself on the following symptoms, based on how you feel now."

To be completed by the athlete. In situations where the symptom scale is being completed after exercise, it should still be done in a resting state, at least 10 minutes post exercise.

For total number of symptoms, maximum possible is 22.

For Symptom severity score, add all scores in table, maximum possible is 22x6 = 132.

SAC1

Immediate Memory

"I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order."

Trials 2&3:

"I am going to repeat the same list again. Repeat back as many words as you can remember in any order, even if you said the word before."

Complete all 3 trials regardless of score on trial 1 & 2. Read the words at a rate of one per second. Score 1 pt. for each correct response. Total score equals sum across all 3 trials. Do not inform the athlete that delayed recall will be tested.

Concentration

Digits backward

"I am going to read you a string of numbers and when I am done, you repeat them back to me backwards, in reverse order of how I read them to you. For example, if I say 7-1-9, you would say 9-1-7."

If correct, go to next string length. If incorrect, read trial 2. One point possible for each string length. Stop after incorrect on both trials. The digits should be read at the rate of one per second.

Months in reverse order

"I now tell me the months of the year in reverse order. Start with the last month and go backward. So you'll say: December, November... Go ahead!"

1 pt. for entire sequence correct

Delayed Recall

The delayed recall should be performed after completion of the Balance and Coordination Examination.

"Do you remember that list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order."

Score 1 pt. for each correct response

Balance Examination

Modified Balance Error Scoring System (BESS) testing¹

This balance testing is based on a modified version of the Balance Error Scoring System (BESS)². A stopwatch or watch with a second hand is required for this testing.

"I am now going to test your balance. Please take your shoes off, roll up your pant legs above the knee (if applicable), and remove any wrist tapping (if applicable). This test will consist of three thirty-second tests with diverse stances."

(a) Double leg stance:

"The first stance is standing with your feet together with your hands on your hips and your eyes closed. You should try to maintain stability in that position for 20 seconds. I will be counting the number of times you move out of this position. I will start timing when you are set and have closed your eyes."

(b) Single leg stance:

"If you were to kick a ball, which foot would you use? (This will be the dominant foot) Now stand on your non-dominant foot. The dominant leg should be held in approximately 30 degrees of hip flexion and 15 degrees of knee flexion. Again, you should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."

(c) Tandem stance:

"Now stand heel-to-toe with your non-dominant foot in back. Your weight should be evenly distributed across both feet. Again, you should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."

Balance testing – types of errors

1. Hands lifted off iliac crest
2. Opening eyes
3. Step, stumble, or fall
4. Moving hip into > 30 degrees abduction
5. Lifting forefoot or heel
6. Remaining out of test position > 5 sec

Each of the 20-second trials is scored by counting the errors, or deviations from the proper stance, accumulated by the athlete. The examiner will begin counting errors only after the individual has assumed the proper start position. The modified BESS is calculated by adding one error point for each error during the three 20-second tests. The maximum total number of errors for any single condition is 10. If a athlete commits multiple errors simultaneously, only one error is recorded but the athlete should quickly return to the testing position, and counting should resume once subject is set. Subjects that are unable to maintain the testing procedure for a minimum of five seconds at the start are assigned the highest possible score, ten, for that testing condition.

OPTION: For further assessment, the same 3 stances can be performed on a surface of medium density foam (e.g., approximately 50 cm x 40 cm x 6 cm).

Tandem Gait³

"Participants are instructed to stand with their feet together behind a starting line (the last 3 feet of the walk are removed). Then, they walk in a forward direction as quickly and accurately as possible along a 30-meter (100-foot) measuring line with an alternate foot heel-to-heel ensuring that they measure the heel and toe on each step. Once they cross the end of the 30 meter, they turn 180 degrees and return to the starting point using the same gait. A total of 4 trials are done and the best time is retained. Athletes should complete the test in 11 seconds or less. For the last if they stop off the line, have a separation between their heel and toe, or if they touch or grab the examiner or an object. In this case, the time is not recorded and the trial repeated, if appropriate."

Coordination Examination

Upper limb coordination

Finger-to-nose (FTN) task:

"I am going to test your coordination on this. Please sit comfortably on the chair with your eyes open and your arm (either right or left) outstretched (shoulder flexed to 90 degrees at elbow and finger, extended), pointing in front of you. When I give a start signal, I would like you to perform five successful attempts to nose with your index finger to touch the tip of the nose, and then return to the starting position, as quickly and accurately as possible."

Scoring: 5 correct repetitions in < 4 seconds = 1

Note for testers: Athletes fail the test if they do not touch their nose, do not fully extend their elbow or do not perform five repetitions. Failure should be scored as 0.

References & Footnotes

1. This tool has been developed by a group of international experts at the 4th International Consensus meeting on Concussion in Sport held in Zurich, Switzerland in November 2012. The full details of the conference outcomes and the authors of the tool are published in The BJSM Injury Prevention and Health Protection, 2013, Volume 47, Issue 5. The outcome paper will also be simultaneously co-published in other leading biomedical journals with the copyright held by the Concussion in Sport Group, to allow unrestricted distribution, providing no alterations are made.
2. McCrory P et al., Consensus Statement on Concussion in Sport – the 3rd International Conference on Concussion in Sport held in Zurich, November 2008. British Journal of Sports Medicine 2009; 43: 676-89.
3. Maddocks, DL; Dicker, GD; Saling, MM. The assessment of orientation following concussion in athletes. Clinical Journal of Sport Medicine. 1995; 5(1): 32-3.
4. McCrea M. Standardized mental status testing of acute concussion. Clinical Journal of Sport Medicine. 2001; 11: 176-181.
5. Guskiewicz KJ. Assessment of postural stability following sport-related concussion. Current Sports Medicine Reports. 2003; 2: 24-30.
6. Schneiders, A.G., Sullivan, S.J., Gray, A., Hammond-Tooke, G. & McCrory, P. Normative values for 16-37 year old subjects for three clinical measures of motor performance used in the assessment of sports concussions. Journal of Science and Medicine in Sport. 2010; 13(2): 196-201.
7. Schneiders, A.G., Sullivan, S.J., Kvarnstrom, J.K., Olsson, M., Yden, T. & Marshall, S.W. The effect of footwear and sports-surface on dynamic neurological screening in sport-related concussion. Journal of Science and Medicine in Sport. 2010; 13(4): 382-386



APPENDIX B

SCAT 3 Quick Guide

Designed to be administered and interpreted by medical professionals, SCAT 3 is a standardized tool for evaluating injured athletes for concussion and can be used in athletes aged from 13 years and older (For younger persons ages 12 and under the use of Child SCAT 3 is necessary).

It is intended to be used as a diagnostic tool for concussions while using clinical judgment. The SCAT3 has not been adequately validated as a diagnostic tool used solely to make or exclude the diagnosis of concussion in the absence of clinical judgement: individuals may have a concussion even though parts of the SCAT3 demonstrate normal results.

Pre-season baseline testing with the SCAT 3 can be helpful for interpreting post-injury test scores.

This test encompasses the most current knowledge on concussions, and therefore is broken down into 6 sections:

- the Glasgow Coma Scale (GCS),
- the Maddocks score,
- symptom evaluation checklist,
- the Standardized Assessment of Concussion (SAC),
- balance examination, and

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SCAT 3 Quick Guide

2-The Maddocks score: is composed of 5 questions that evaluate the orientation of an athlete that sustained a head injury. The questions require knowledge on recent memory such as the venue the athlete is at, what half the bout is in, and who the team played last game. Questions on recent memory has been shown to be more sensitive in discriminating between concussed and non-concussed individuals than broad orientation questions such as the date, time, and individuals name. It is also noted that especially the date has shown difficulty in both populations and is not helpful in distinguishing those that are concussed.

3-Symptom evaluation check list: Presented to the athlete in a list of 22 different concussive symptoms. Athletes rate each symptom with a number from 0 to 6, 0 being none and 6 being the most severe. The checklist includes symptoms such as headache, pressure in the head, dizziness, balance problems, fatigue, blurred vision, confusion, difficulty concentrating or remembering, sensitivity to light, and sensitivity to noise. Questions on whether the symptoms get exacerbated with mental or physical activity follows the checklist, and the checklist can be administered through self-rating by the athletes, self-rating with clinician monitoring, clinician interview, or self-rating with parent input. Although the symptom score can be quickly administered and can identify a variety of symptoms, it is heavily subjective it runs the risk of being under-reported due to an athlete's desire to return to play earlier. McCrea et al 32 found that 26% of the athletes with a symptom free score on the checklist still showed measurable deficits in cognitive and balance testing. A discussion can be had of whether or not the symptom checklist that is reported can be utilized for concussion evaluation and return to play decisions.

Medical professionals must be aware of this factor and make clinical judgments not solely on reported symptoms but with other measures.

4- Standardized Assessment of Concussion (SAC):

The SAC is a neurocognitive test that also measures orientation, concentration, immediate memory and delayed recall, all of which are sensitive in diagnosing concussions. It has been designed to be administered by any individual without previous experience with neuropsychological testing, and takes about 5-7 minutes to complete:

- Orientation consists of 5 general questions such as the month, date, and time.

-Concentration has 2 tests; the months in reverse order and the digits backward test. The months in reverse order section requires an athlete to say aloud the months from January to December in reverse order, and the digits backwards test is where an athlete has to repeat a series of numbers that are read out loud backwards. There are 4 trials that increase the amount of numbers in the series from 3 in trial 1 to a total of 6 in trial 4.

-Immediate memory starts with the tester choosing a word bank from one of four provided and reading those 5 words aloud. The athlete then has to repeat the words in any order and this process is conducted for 3 trials. At the end of the SCAT3 a



APPENDIX B

SCAT 3 Quick Guide

delayed recall task is performed and asks the athlete to recall the 5 words that were given in the immediate memory test.

The immediate and delayed recall memory is thought to have a learning effect where if the clinician does not randomly choose the word bank or consistently uses one set of words for SCAT3 evaluation, athletes may remember these words and will reduce overall accuracy of the test for evaluating concussions.

5-Balance examination:

The balance portion of the SCAT3 utilizes a modified version of the Balance Error Scoring System (BESS) and/or a Tandem Gait test.

The modified BESS is a 3-5-minute test includes 3 stances, double, single and tandem, are each tested with hands on hips and eyes closed for 20 seconds and errors are counted.

There are 6 types of errors: hands lifted off iliac crest, opening eyes, step/stumble/fall, moving hip into more than 30 degrees of abduction, lifting forefoot or heel, and remaining out of test position for more than 5 seconds.

The maximum number of error for each stance is 10, and the number of errors of each stance is added up to give a total score.

The Tandem Gait test tests the ability of the athlete to walk between a 36mm width space for 3m as fast and as accurate as possible with each step approximating their one heel and their other toe together. The athlete must go forward for the full 3m and then turn back, walking a total of 6m and has to complete the test within 14 seconds without stepping off the 36mm line or falling or grabbing anything around them.

6- Coordination examination:

The coordination examination tests upper limb coordination with the Finger-to-nose (FTN) task. The athlete is placed in a comfortable seated position and is instructed to touch their nose as fast and as accurately as possible with their finger from a position where the arm is outstretched pointing to the front. The athlete must do 5 correct repetitions within 4 seconds.

Despite this task being widely used in assessing motor performance, very little research has been conducted to determine the effectiveness of this test in concussed individuals.

However, the test has been shown to have very high intra-tester reliability and limited differences between various individuals, for this reason the test is still recommended as a practical and reliable measure for use by clinicians to assess coordination after concussions.

RELIABILITY AND SENSITIVITY QUESTIONED:

APPENDIX B

SCAT 3 Quick Guide

Since it was issued, the SCAT3 became one of the most widely used tools for assessing concussions on the sports sidelines, but, as a 2013 meta-analysis noted, "a number of concerns have been expressed about" its design and scoring".

No large scale studies of concussed athletes to assess the SCAT3's sensitivity and specificity to concussion have been conducted...prospective studies could be conducted to assess the SCAT3's sensitivity (how good the test is in identifying athletes with concussion; for example, a test which is very sensitive will have few false negatives, rarely missing those later found to have concussion) and specificity (a test with high specificity will have few false positives, rarely mis-classifying people without concussion as having concussion)

The balance test component can be significantly affected by high intensity exercise and muscle fatigue for up to 20 minutes following exercise as a result, perceived deficits in balance following head injury may be the result of muscle fatigue, not concussion. The American Academy of Pediatrics' 2010 statement on concussions thus recommends that post-concussion balance testing be performed more than 15 minutes after cessation of exercise, and in a setting in which follow-up assessments can be performed, not on a noisy sports sideline.

The BESS is best used where a baseline score is obtained prior to the start of the season, when an athlete is healthy. Then, repeated scores after concussion can be used to monitor recovery.

As with all concussion assessment tools that rely, at least in part, on self-reporting by athletes of symptoms, a potential consideration in the use of the SCAT 3 symptom checklist is the fact that some athletes (as many as 26% in one study, may underreport symptoms or claim to be "symptom free" even though they are still experiencing symptoms such as cognitive changes in order to avoid removal from the game or to expedite return to play.

Scores are weighted to reflect the number of questions asked in each subsection, rather than the importance of each symptom. For instance, the Glasgow Coma Scale has not been demonstrated to be effective in differentiating between concussed and non-concussed athletes (largely for the reason that even concussed athletes have a score at or near the maximum on the GCS 15-point scale), yet it accounts for a large number of the total points.

IN SUMMARY:

The diagnosis of concussion is a clinical judgment ideally made by a medical professional. In practice, a boxer is suspected to be concussed if, after a direct or indirect blow to the head, he displays any obvious potential signs of concussion including but not limited to:

- loss of consciousness, disorientation or confusion, loss of memory
- balance or motor incoordination, blank vacant look



APPENDIX B

SCAT 3 Quick Guide

- abnormal behavior or any combination of these signs

This **boxer** should be removed from the field of play carefully (after emergency vital care, if needed...) and be evaluated by a medical professional (including SCAT 3 test...) before sending him to hospital for further evaluation and follow up.

The **concussed boxer** should not be permitted to return to box before the end of a rest period given mandatorily, and a medical clearance by neurologist, according to each case



APPENDIX C

AIBA Medical Certificate

Athlete

NAME: _____

DATE OF BIRTH: _____

SIGNATURE: _____ DATE: _____

Physician

NAME: _____

TITLE/POSITION: _____

ADDRESS: _____

SIGNATURE: _____ DATE: _____

COMMENTS: _____

Fit to Box

Not Fit to Box



APPENDIX C

AIBA Medical Certificate

QUESTIONS FOR ATHLETE: IF YES, EXPLAIN

1. Is a Physician currently treating you for anything?

2. Have you ever been unconscious or had a concussion?

3. Have you been hit hard in the head in the last 6 weeks?

4. Have you had any headache in the last 2 weeks?

5. Do you have any problem with bleeding?

6. Do you have a history of hepatitis B or hepatitis C or HIV infection?

7. Does any disease run in your family? Sudden unexpected deaths?

8. Have you had any surgery?

9. Have you ever had to stay in a hospital?

10. Do you have any medical condition?



APPENDIX C

AIBA Medical Certificate

MEDICAL CERTIFICATE				ABNORMALITIES
If Athlete had a Concussion in the past year, please certify that:	Medical Examination following rest period after Concussion was normal. Athlete Fit To Box	Normal	Abnormal	
General Medical Exam	List abnormalities not covered in specific system exams below:			
Mental Status/ Psychological	Brief survey	Normal	Abnormal	
Head	Cranial nerves, eyes, pupil size and reactivity. Fundi. Vision by chart (record)	Normal	Abnormal	
	Mouth, teeth, throat	Normal	Abnormal	
	Ears	Normal	Abnormal	
	Temporomandibular joint	Normal	Abnormal	
Neck	Cervical spine, lymph nodes	Normal	Abnormal	
Chest	Breath sounds, rib tenderness on compression	Normal	Abnormal	
Cardio Vascular System	Pulse/blood pressure (record)	Normal	Abnormal	
	Heart examination: sounds, murmurs, heaves, size, rhythm	Normal	Abnormal	
Orthopedic System	Upper limb: shoulder, wrist, hand, fingers	Normal	Abnormal	
	Lower limb: foot, ankle, knee, hip	Normal	Abnormal	
Neurological System	Reflexes	Normal	Abnormal	
	Verbal responses	Normal	Abnormal	
	Motor responses and balance	Normal	Abnormal	
Allergies	(record)	Yes	No	
	Type of reaction (record)			
Medications used	Name and dosage (record)	Yes	No	

Any TUE Submitted ?

NO

YES (if YES, please explain)



APPENDIX D

APB Medical Check Form

Boxer's Name: _____ Date: _____
Family Name First Name

Nationality: _____

Country of Residence: _____

Date of Birth: _____ Age: _____ Weight: _____

#	Medical Tests To be done	Date of Exams <small>at minimum every</small>	Notes
1	General Physical Body Check-Up (including Allergies, Medical History)		Once a year
2	Musculoskeletal Exam: Joints, Ribcage, and Related Areas		Once a year
3	Neurological Exam (Tests for Rombergism, Reflexes, Power and Coordination)		Once a year
4	Baseline NeuroPsych Testing		Once a year
5	Ophthalmological Test		Once a year
6	Vaccination Hepatitis B		At contract (unless already taken)
7	Electrocardiography EKG (Heart Test)		Once a year (at contract and over 35)
8	Chest X-Ray		Once a year (at contract and 3 to 5 years unless exposed to TB or other)
9	CAT Scan or MRI / MRA (Brain X-Ray)		Once a year (at contract and over 35 if injury or symptoms)
10	Stress ECG		Once a year (at contract and over 35)
11	CBC (Blood Count)		Once a year
12	Detailed Cardiovascular Endurance Exam		Boxers over 35
13	Negative HIV (AIDS Test)		Before the contract
14	Negative Hepatitis BsAg (Hepatitis B Test) in Non-Vaccinated Patients		and one month before the bout
15	Negative Hepatitis CAbs (Hepatitis C Test)		

Note: Please attach all the authorized supporting documents which are marked 'Yes'

Doctor's Name: _____

Signature & Stamp: _____

Sent by (Name and Role): _____

Date sent: _____



APPENDIX D

APB Medical Check Form

Notes:

Please do not fill

AIBA Official Use Only:

Fit to Box: Yes [] No []

AIBA Medical Commission Member's Name:

Signature / Stamp:

Sent by

Date sent:

Official Notes:

APPENDIX E

AIBA POST-BOUT MEDICAL EVALUATION FORM

BOXER AND MATCH DATA																			
Boxer Last Name					Boxer First Name					Nationality		Team							
Weight Elite Men	49	52	56	60	64	Other Weight	Match Location - City				Match Date								
	89	75	81	91	91+						-- / -- / --								
RESULT																			
Bout Result (circle the correct one)						Bout Decision (circle the correct one)													
WIN		LOSS				PTS	TKO	TKO-1	KO	DQ	TD	NC							
STOPPED BOUT																			
Bout stopped? (circle correct answer)						Round				Time (mm:ss)									
YES		NO				If Yes:	1	2	3	4	5	6	7						
							8	9	10	11	12								
KNOCKS																			
5 Count (KD) (mark n° of times in appropriate round)						TKO/TKO-1/KO (mark "X" in appropriate round)						Loss of Consciousness?							
Head			Body			Head			Body			(Y/N)	N° Seconds						
R1	R2	R3	R4	R5	R6	R1	R2	R3	R4	R5	R6	R1	R2	R3	R4	R5	R6		
R7	R8	R9	R10	R11	R12	R7	R8	R9	R10	R11	R12	R7	R8	R9	R10	R11	R12		
CUTS																			
		Cut				YES		NO											
		Cut #		n° 1		n° 2		n° 3		n° 4									
		1st time cut?		Y / N		Y / N		Y / N		Y / N									
		Head but?		Y / N		Y / N		Y / N		Y / N									
		Length		cm		cm		cm		cm									
		Depth		cm		cm		cm		cm									
Sutures		cm		cm		cm		cm											
INJURIES																			
Please mark the injury on the left image and circle "YES" or "NO" on the list to the right and write injury description in the "Comment" section																			
		Head injury		YES	NO														
		Neck injury		YES	NO														
		Shoulder injury		YES	NO														
		Elbow injury		YES	NO														
		Forearm injury		YES	NO														
		Wrist/hand injury		YES	NO														
		Upper Arm Injuries		YES	NO														
		Lumbar Spine Injury		YES	NO														
		Chest injury		YES	NO														
		Trunk and Abdominal injury		YES	NO														
		Pelvis/Buttock Injury		YES	NO														
		Hip and Groin injury		YES	NO														
		Foot injury		YES	NO														
		Lower leg injury		YES	NO														
Ankle injury		YES	NO																
Knee injury		YES	NO																
Thigh injury		YES	NO																
Concussion?				Loss of Consciousness?				If Yes:		N° Seconds?									
YES		NO		YES		NO		YES		NO									
Medical Restriction																			
Restriction?				Resting Period (n° of days)				Requires clearance to box?											
YES		NO		If Yes:		YES		NO											
Comment																			
Neutral Ringside Doctor																			
Last Name				First Name				Signature				Stamp							
Local Ringside Doctor																			
Last Name				First Name				Signature											



APPENDIX F

WSB ANNUAL MEDICAL EXAMINATION

PART ONE

FORM TO BE COMPLETED BY BOXER PRIOR TO ANNUAL MEDICAL EXAMINATION

MEDICAL HISTORY DISCLOSURE FORM

This is an important document and relates to your health and safety. All questions are to be answered as truthfully and accurately as possible. If you do not fully understand any question, notify your examining doctor.

Boxer Last Name:

Boxer First Name:

Date of Birth:

Weight Class:

Name of Franchisee:

Name of Manager or Coach:

- | | |
|---|----------|
| 1. Has a doctor ever told you not to participate in any athletic activity? | YES / NO |
| 2. Is a doctor currently treating you for anything? | YES / NO |
| 3. Have you ever been rendered unconscious or had a concussion in boxing or any other activity? | YES / NO |
| 4. Have you been hit hard in the head in the past six weeks? | YES / NO |
| 5. Have you had any headaches in the past two weeks? | YES / NO |
| 6. Do you have a history of hepatitis B, hepatitis C or HIV infection? | YES / NO |
| 7. Do you have any exposed open infected skin lesions? | YES / NO |
| 8. Do you have any abnormal medical conditions or medical problems? | YES / NO |

If you answered yes, please describe:



APPENDIX F

WSB ANNUAL MEDICAL EXAMINATION

10. Do you have any allergies? YES / NO

If you answered yes, please describe:

11. Have you ever had surgery? YES / NO

If you answered yes, please describe:

12. Have you had any injuries in the past eight weeks? YES / NO

If you answered yes, please describe:

12. Please describe any further contraindications, disorders or other conditions which may affect your ability to compete in the World Series of Boxing:

.....
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.....
.....
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.....

I confirm that the answers given above are true and accurate to the best of my knowledge. I confirm that I have not failed to disclose anything which may affect my ability to compete in the World Series of Boxing.

SIGNED:

NAME:

DATE:

-----TO BE COMPLETED BY EXAMINING DOCTOR-----

I confirm receipt of this medical history disclosure at the commencement of the annual examination conducted in accordance with the WSB Medical Rules.



APPENDIX F

WSB ANNUAL MEDICAL EXAMINATION

PART TWO

FORM TO BE SUBMITTED BY EXAMINING DOCTOR FOLLOWING COMPLETION OF ANNUAL MEDICAL EXAMINATION

MEDICAL EXAMINATION CONFIRMATION FORM

Boxer Last Name:

Boxer First Name:

Date of Birth:

Weight Class:

Name of Examining Doctor:

Date of Examination:

RESULTS OF MEDICAL EXAMINATION

1. Does any matter disclosed by the Boxer in the Medical History Disclosure Form indicate that the Boxer may not be fit to compete in the World Series of Boxing? If yes, please describe below: YES / NO

.....
.....
.....

2. Following an update of the family history, past medical history and a review of systems (with special attention to any previous periods of ineligibility from competition due to medical reasons), are there any reasons why the Boxer may not be fit to compete in the World Series of Boxing? If yes, please describe below: YES / NO

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.....

3. Following an update of medications and allergies affecting the Boxer, are there any reasons why the Boxer may not be fit to compete in the World Series of Boxing? If yes, please describe below: YES / NO

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APPENDIX F

WSB ANNUAL MEDICAL EXAMINATION

4. Following a complete physical examination of the Boxer with vital signs checked, YES / NO
are there any reasons why the Boxer might not be fit to compete in the World
Series of Boxing? If yes, please describe below

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5. Please disclose the findings of the biometrics test (height and weight). Do these YES / NO
findings disclose any reason why the Boxer might not be fit to compete in the World
Series of Boxing? If yes, please describe below;

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6. Following a neurological examination (including vertical nystagmus, memory, YES / NO
speech, balance and thought processing), are there any reasons why the Boxer
might not be fit to compete in the World Series of Boxing? If yes, please describe
below:

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.....

7. Following an examination for general conditions, looking for evidence of any YES / NO
pathological condition not specifically described above and for which an additional
examination would be required (such as anisocoria, jaw injuries, hand injuries, or
rib cage injuries, as well as checking for full mobility of shoulder, arm and leg
motion), are there any reasons why the Boxer might not be fit to compete in the
World Series of Boxing? If yes, please describe below:

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.....
.....

8. If required under the WSB Medical Rules or applicable law, following an YES / NO
ophthalmologist exam are there any reasons why the Boxer might not be fit to
compete in the World Series of Boxing? If yes, please describe below:

.....
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.....

RESULTS OF LABORATORY TESTING

The following tests must be administered to the Boxer on an annual basis: (i) EKG (Heart Test);
(ii) EEG (Brain Wave Test); (iii) Dilated Eye Exam NY (Eye Test); (iv) MRI (Brain X-Ray); (v)
Negative HIV (AIDS Test); (vi) Negative Hepatitis BsAg (Hepatitis B Test); (vii) Negative
Hepatitis CAbs (Hepatitis C Test); (viii) CBC (Blood Count); (ix) Chest X-Ray; and (x)



APPENDIX F

WSB ANNUAL MEDICAL EXAMINATION

Neuropsychological Exam (Neurologic Test) (also to be administered PRN). Proof of vaccination may alter consideration of the results of hepatitis testing or may prompt the WSB require further testing.

In addition, a CAT Scan or MRI / MRA (Brain X-Ray) must be administered every year.

Following such laboratory testing, please disclose any adverse or unusual findings or any matter which might give reason why the Boxer might not be fit to compete in the World Series of Boxing:

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MEDICAL CERTIFICATION OF PHYSICAL AND MENTAL FITNESS

I, a qualified and authorised medical practitioner, having undertaken a thorough medical examination of the Boxer, and having disclosed the diagnoses and results of such examination fully and accurately in this Medical Examination Confirmation Form, hereby certify that in my professional medical opinion the Boxer is (please check one box):

- FIT TO BOX, being physically and mentally fit and healthy to compete in the World Series of Boxing as at the date of this Medical Examination.**
- NOT FIT TO BOX, being not sufficiently fit and healthy to compete in the World Series of Boxing due to the following reasons:**

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.....
.....

SIGNED BY THE EXAMINING DOCTOR:

SIGNED:

NAME:

DATE:

- 3B Boxing Club - Caloundra - Macka - 0448098442
- Aftermath Gym - Redbank Plains - William Barrett - 0411 661621
- Albert Boxing Club - Yatala - Allan Nicolson - 0414 549599
- Alliance Boxing Club - Forrest Beach - Dean Poppi - 0447 033 486
allianceboxing@live.com
- Ashmore PCYC - Ashmore - Brett Pescud - 0418 729 922
www.powerboxing.com.au
- ATC Fight Club - Childers - 0418208866
- Attila Boxing Academy - Bundaberg - Attila Kovacs - 044 8857830
- Awesome Wilson BC - Noosaville - Bobby - 0400745365
- Barcaldine BC - Richard - 0447832120
- Basement Boxing Club - Logan - Nicky - 0417 199994 - 0448 BOXING (269 464)
- Beaudesert ABC - Beaudesert - Justin O'Leary - 0418 738719
- Bells BC - Moranbah - Chris - 0409 957185
- Beenleigh PCYC - Beenleigh - Karera Jnr Pumati - 0404 703397
- Bethania Boxing Club - Bethania - Mark Wilson - 0419 475877
- Bigfoot BC - Kilcoy - Gavin - 0410326847
- Blackhawks - Townsville - Wayne - 0439816292
- Blackwater Pcy - Blackwater - Joel Hopes - 0427 825691
- Boonah - Boonah - Owen Sweeney - 0428 787170
- Border - Goondiwindi - Ron 0438 712303
- Born for Greatness - Lawnton - Josiah Mataele - 0450 020373
- BOX R – Seventeen Mile Rocks - Russell Finn 0402 046 898
- Brave Hearts BC - Stafford - Mark - 0432788403
- Bribie Island - Bribie Island - Ty - 0449 139560
- Brisbane Boxing - West End & Mt Gravatt - Khuram - 0410 158257 or Kamran - 0402 767764 brisbaneboxing.com.au
- Briz Box - Crestmead - Clem Dessaix - TBA
- Bullseye - Longreach - Richard Allman - 0447 832120
- Bundy Boxing - Bundaberg - Sid Blair - 0413 083391
- Burdekin PCYC - Ayr - Alex Lawson 0429 695 445
- Caboolture Boxing Club - Caboolture - Don Tindall - 0407 627869
- Clem Jones - Carina - John Fooks - 0403 541493
- Cloncurry PCYC - Cloncurry - Brad - 0407 578140
- Cobra BC - Loganholme - 0413555568
- Commercial Jokers - Gatton - Tom - 0416 375294
- Coorparoo BC - Coorparoo - Harry - 0411 692553
- Cronins Tribe Fight Club - Bellbird Park - Daniel - 0434364450
- Dalby PCYC - Neil - 0400832226
- Dan's Amateur Boxing & Fitness Club - Hervey Bay - Dan Saumaki - 0417 554236
- Deception Bay Boxing Club - Deception Bay - Damian Smith - 0410 647975
- Deception Bay PCYC - Deception Bay - 07 32930166
- Diamond Daves - Caboolture - Dave - 0400 755199
- Diasart - Contact Now - Jarad Wilson - 0428 398653
- Dragons Boxing Team - Townsville - Dan Allman - 0428495045.
- Dysart BC - Dysart - Dean Thacker - 0419421595
- Extreme Boxing - Warana - Kim / Seamus - 0417 458 387 or 0408 485 006
- Fight Centre - Deagon - Lenny Hoeksema 0417 193 010

- Fightwright Boxing - Bellbird Park - Trevor Wright - 0481 480 431
www.fightwrightboxing.com
- Final Round Boxing Gym - Booval - Gordon Scott - 0408 529396
- Fortitude Boxing Club - Steve - 0449847779
- Fortitude Valley PCYC - Shane - 0400776266
- Gladstone Amateur Boxing Club - Gladstone - Mick Daly - 0408 782820
- Glove Master Boxing - Mark Waterman - 0449292904
- Gold Coast PCYC - Gold Coast - Jay - 0411 390643
- Goondawindi PCYC - Goondawindi - 0488279636
- Granite Belt - Stanthorpe - Mick - 0421175525
- Handfull BC - Sunshine Coast - Brett Smith - 0427 665769
- Hervey Bay - Micheal - 0428 153023
- Hervey Bay PCYC - Hervey Bay - Ronald - 0428 153302
- Hinterland BC - Glasshouse Mts - Steve - 0418 764547
- Hu Boxing Club - Edens Landing - George - 0457992314
- Impact Boxing Academy - Cooroy - Mark Evans - 0403 264048
- K9 - Beaudesert - John - 0477898411
- KBB - Aitkinvale - Brett - 0431 234426
- K O Gym - Kelso - Chris - 0412 362792
- Kawana BC - Kawana - Troy - 0419 674360
- Kuranda Mareeba BC - Wayne - 0400303809
- Kurbingui Boxing Club - Bracken Ridge - Karen - 0417 604542 or Ben - 0421565962
- Lang Park PCYC - Phil - 0412737560
- Levity Gym - Slacks Creek - Andrew - 0402 681633
- Lingreds BC - 4814 - Tony - 0405121486
- LTS - Meadowbrook - Deanne - 0437237637
- Macks - Browns Plains - Mac - 0415 299002
- Mansfield Boxing - Mansfield - Shane De Leiuen - 0437 875689
- Mantis MMA - 0409729030 www.mantismma.com.au
- Marlin Coast BC - Cairns North - Kevin Mayo - 0457 595294
- Matrix Gym - Runaway Bay - Steven Ng - 0433 149033
- MBA Boxing - Browns Plains - Head Coach: Mack Utai 0415 299002
- MBR - Deception Bay - John - 0407629200
- Millmerran BC - Mill - Jason - 0448 257684
- Mount Isa All Stars - Scott - 0427568224
- Mugari BC - Mugari - Billy - 0437230293
- Nambour PCYC - Nambour - 0431710960
- Nerang P.C.Y.C - Nerang - Damien O'Mara - 0407 323958
- No Deal - Redlands - Phillip Holiday 0405 097476
- Noosa Box Office - Noosaville - Israel Kani - 0402 038898
- Northen Beaches - Rhys - 0422023620
- Otti's Boxing 4 Fitness - Moorooka - Emmanuel Otti - 0401 357168
- Palm Beach Currumbin - Jack Boote 0404134530 jack@pbcbc.com.au
www.pbcbc.com.au
- Palm Island Boxing - Palm Island - Chris Evers - 0431 463 373
- Pine Rivers P.C.Y.C - Bray Park - Steve Watterson - 07 32053367
- Pony Shaw - Towoomba - Mick
- Powerhouse - Stafford - Steve - 0421911172
- Rebels Boxing Club - Waloon - Rob - 0438162113

BOXING QUEENSLAND AFFILIATES

- Redcliffe PCYC - Redcliffe - Peter Parkes - 07 3385 1900
- Redlands BC - Cleveland - Graeme Prowse - 0418874667
- Redlynch Boxing - Cairns - Ken Dalton - 0409 556842
- Rokket BC - 4218 - Ben - 0411 522768
- Rose City - Warwick - Damian - 0415 186269
- Saints Boxing Club - Vic Point - Ray - 0412975005
- Sea Eagles - Cairns - Gavin
- Shamrock Boxing Club - Maroochydore - Mike - 0418715472
- Sitchromes Boxing - Mareeba - Wayne Bryde - 0400303809
- Smithy's Gym - Toowoomba - Brendon Smith - 0418800878
- Southern Cross - Paul - 0457 788022
- Spider Boxing Club - Caboolture - Luke Sheehan - 0418 195198
- Stingray - Cairns - Grahame Williams - 0423 892761
- Streets Movement - Bentley Park - Micheal - 0401964266
- Stretton Boxing - Stretton - Glenn Rushton - 0413 948888
- Sunnybank Boxing Club - Sunnybank - Jim Young - 07 3345 2281
- Sunshine Coast Boxing Club - Darryn - 0403067130
- Sunshine Coast PCYC BC - Nambour - Paul - 0401 779477
- TCB - Tallebudgera - Ryan Langham - 07 55338028
- Team Mareeba - Ross - 0417757142
- Team Phantom - Currumbin - Corey - 0403 497656
- The Boxing Shed - Simon - 0459 165427
- The Boxing Shop - Nathan - Gareth Williams - 1300 66 00 17
www.theboxingshop.com.au
- Trading Blows - Towoomba - Craig - 0409633767
- Tuff Technique - Sean - 0416319013
- Warrior B.C - Springfeild Lakes - Johnny - 0411 629300
- Warrior BC - 4300 - Johnny - 0411 629300
- Westside BC - St Lucia - Tom - 0412 685647
- World Gym - Daisy Hill - Reagan - 0430 280507
- Wyreema BC - Wyreema - Wayne - 0499 777578
- Xtreme Boxing Club - Miles Collings - 0427 727743
- Zion Boxing Club - Leu Vaotu'ua - 0478 671 646 / 0432 441 240

Other organisations

Organisation	Contact Details
Global Boxing	84 Beveridge Road, Thornlands, Qld, 4164, Phone: 07 3207 0617
Sunstate Amateur Boxing League Inc	2/14 Swallow Street, Cairns, Qld, 4870, Email: sunstateamateurboxingleagueinc@outlook.com , Mob: 0439 724 805
Australian Jujitsu Federation Inc*	Mr Matthew Cugola Queensland and Northern Territory Representative Phone: 1300 766 634 / 0403167175 Mr Daniel James (Assistant Representative) Ph: 07 3735 5036
Queensland Karate Association*	Mr Trevor Roberts President Email: president@karatequeensland.com.au
Kung Fu Wushu Queensland*	Mr Jon Poole Secretary Email: secretary@kungfuwushuqueensland.com.au Phone: 0448 179 120 Address: : PO Box 616 MT GRAVATT PLAZA QLD 4122
WBC Muaythai Australia	Email: info@wbcmuaythai.com.au
Prophecy Promotions (Muay Thai, Kickboxing) and WKBF MMA Queensland State Representative	Mr Paul Demicoli, founder/owner Prophecy Promotions, Mob: 0409 411 109, Twitter: Paul Demicoli@Prophecy promo
Ultimate Fighting Arts (MMA)	Mr Steve Perceval, Mixed Martial Arts, 1 st Floor, 55 York Rd, Penrith, NSW 2750 Mob: 0420 214 466

* National body or member of national body recognised by the Australian Sports Commission

Sample of Queensland contests

Show Name	State	Date	Style	Information
Urban Warfare 14	QLD	July 23, 2016	Muay Thai	Urban Fight Gym, PCYC Nerang, Richard@urbanfightgym.com, Mob: 0413545908
Eternal MMA 19	QLD	July 30, 2016	MMA	Eternal MMA, Gold Cost, premier pro-am MMA promotions, shows in Qld and WA, Cameron O'Neill, Mob: 0459342144, E: cam@eternalmma.com, Mob (SMS): 0420993144 (SMS), info@eternalmma.com
VIC vs QLD Fight Show	QLD	July 31, 2016	MMA, Kickboxing, K1	no info found during preliminary search
Rumble At The Ridge	QLD	August 6, 2016	Muay Thai	http://www.sherdog.com/organizations/Rumble-at-the-Ridge-1861 , Sherdog Australia, global authority on mixed martial arts, use contact form, http://www.sherdog.com/contact , Facebook: https://www.facebook.com/Rumble-At-The-Ridge-Fight-Series-242490289284017/ , Acacia Ridge, Queensland, Potential contact: Ian Bronson, Facebook: https://www.facebook.com/ian.bronson.1
Reign Fighting 1	QLD	August 13, 2016	MMA	pro-am, Mansfield Tavern, Mansfield, Qld, Australia, Sherdog Australia appears to be promoter, http://www.sherdog.com/events/Reign-Reign-Fighting-1-54645 , contact via website form: http://www.sherdog.com/contact
Battle By the Bay 13	QLD	August 20, 2016	Muay Thai	https://www.facebook.com/Battle-by-the-Bay-12-1000433446674313/ Smith St, Cleveland, Qld, 4163, M: 0418 737 061
Coastal Warfare 9	QLD	August 27, 2016	Muay Thai	https://www.facebook.com/Coastal-Warfare-Muay-Thai-Promotion-114565128885812/ , Sunshine Coast, Muay Thai Queensland Inc.
XFC 27	QLD	August 27, 2016	MMA	https://www.facebook.com/XFCfighting/ , http://www.xfcfighting.com/
Corporate Punishment	QLD	September 3, 2016	Muay Thai	Corporate Box Gym, Lutwyche, Queensland, Facebook: https://www.facebook.com/corporateboxgym , https://www.eventbrite.com.au/e/australia-v-thailand-tag-team-muay-thai-tickets-26697954300?aff=erelexpmlt
CFS	QLD	September 10, 2016	Muay Thai	Pro-am, Facebook: https://www.facebook.com/events/542937749219572/ , Caboolture Indoor Sports Centre, 82 Lear Jet Drive, Caboolture, Qld, 4510
JWP Tomorrow's Champions	QLD	September 17, 2016	Muay Thai	JWP Tournaments, Tomorrow's Champions (John Wayne Parr), Facebook: https://www.facebook.com/JWPTomorrowsChampions/ , Broadbeach, Qld, Address: PCYC, Monaco Street, Broadbeach, Qld, 4218, Mob: 0423 343 494
Brace 43	QLD	September 17, 2016	MMA	http://www.bracemma.com/ , Email: info@themagency.com.au, POSTAL ADDRESS: BRACE Entertainment, PO Box 233 Mitchell ACT, Australia 2911
Perilous	QLD	October 1, 2016	Muay Thai	Perilous Muay Thai Facebook: https://www.facebook.com/PMC.FIT/ , Address: 1763 Old Cleveland Rd, Chandler, 5144, Mobile: 0407 600 141, www.pmc.fit, 78 Akonna St, Wynnum, Qld, 4178, Email: info@pmc.fit, Contact for ticket sales, sponsorships or fighter nominations, Martin: 0407 600 141
Brace 44	QLD	October 8, 2016	MMA	http://www.bracemma.com/ , Email: info@themagency.com.au, POSTAL ADDRESS: BRACE Entertainment, PO Box 233 Mitchell ACT, Australia 2911
Amateur Aggression	QLD	October 9, 2016	Muay Thai	Facebook: https://www.facebook.com/amateuraggression ,
Amateur Aggression 5	QLD	October 9, 2016	Muay Thai	Facebook: https://www.facebook.com/amateuraggression ,
Siam Cup Pro 1	QLD	October 22, 2016	Muay Thai	Facebook: https://www.facebook.com/siamwarriorpromotions/ , Address: 1/31 Cessna Drive, Caboolture, Qld, 4510, Mob: 0416 571 381
Rumble at The Ridge	QLD	November 12, 2016	Muay Thai	http://www.sherdog.com/organizations/Rumble-at-the-Ridge-1861 , Sherdog Australia, global authority on mixed martial arts, use contact form, http://www.sherdog.com/contact , Facebook: https://www.facebook.com/Rumble-At-The-Ridge-Fight-Series-242490289284017/ , Acacia Ridge, Queensland, Potential contact: Ian Bronson, Facebook: https://www.facebook.com/ian.bronson.1

CMT

QLD December 3, 2016 Muay Thai (caged)

Caged Muay Thai, John Wayne Parr CMT, Held at Logan Metro Sports Centre, 357 Browns Plains Rd, Crestmead, Qld 4132

Adrenalin 9.0 Muay Thai

QLD September 17, 2016 Muay Thai

postponed as per info on Facebook: <https://www.facebook.com/AdrenalinFightSeries/>, Adrenalin Fight Series, www.komartialarts.com/adrenalin.htm, Mob: 0408 066 168

Source: <https://www.nrfaustralia.com.au/fight-shows/#>

Sample of combat sports promoters, clubs and gyms

Name of Promoter, Club, Gyms	Type Combat Sport	website	location	other information
Integrated MMA	Mixed martial arts	http://www.integratedmma.com/	2a/39 Hayward Street, Stafford, Brisbane	http://www.integratedmma.com/fighters/ Mob: 0452 662 496 , Email: integrated_mma@hotmail.com
Rhino Mixed Martial Arts Yeppoon	Mixed martial arts	http://dojos.com.au/YeppoonRhinoMMA/	7 Tanby Rd, Industrial Complex, 57 Tanby Rd Ent, Yeppoon, QLD 4703	Tel: 0423 892 497 NRF helping to connect fighters, gyms and promoters across Australia, Ms Melina Yung, Founder, email: members@nrfaustralia.com.au
Staunch Top Team	Muay Thai	https://www.nrfaustralia.com.au/fighter-profiles/	No address provided	http://www.urbanfightgym.com/ Ph: 0413 545 908
Urban Fight Gym	Muay Thai	http://boonchu.com/	1/2172 Gold Coast Hwy, Miami QLD 4220 (Gold Coast)	Boonchu Gym
John Wayne Parr Show	Muay Thai and Kickboxing	http://boonchu.com/	7/9 Kortum Dr, Burleigh Heads, Qld, 4220	Muay Thai and Boxing Academy, Ph: 3391 4442
Staunch Top Team	Muay Thai and Kickboxing	http://staunchtopteam.com/	Burleigh Heads	

Sample of combat sports magazines, forums, blogs

Name	website	organisation	disciplines	contacts
Fightmag	http://http://www.fightmag.com.au/		boxing, kickboxing, mixed martial arts	www.parviziskender.com
bizbrowz.com.au	http://www.bizbrowz.com.au/queensland/combat-sports.asp		varied	
MMA Sports Magazine	(can't access, departmental block)		MMA	
Fight News Australia	http://www.fightnewsaustralia.com/ (MMA)		MMA	