Annual Meeting of AIBA Medical Commission
Agenda and Recommendations

Date: 16 September 2018
Location: Sofia, Bulgaria

Members Present:
Chair: Mike Loosemore
Vice-Chair: David McDonagh
Secretary: Angelika Fischer (GER)
Members:
Armando Sanchez (USA)
Deborah-Ann Stephens Jon (GRD)
Leyla Nasirova (AZE)
Tsuyoshi Yamaguchi (JAP)
Makheta Mosotho (LSO)
Lekhaili Azzeddine (ALG)

Opening Remark: Dr. Loosemore opened the meeting. He introduced himself as the newly appointed Chair of the Medical Commission. Afterwards each member gave a short presentation of themselves.

Agenda and Recommendations

1. TO DEFINE THE ROLE AND CREATE THE MISSION STATEMENT OF THE AIBA MEDICAL COMMISSION.

   Preface:

   Boxing is a physically demanding sport that the medical practices in a boxing event is crucial to ensure the health and safety of the athletes. Therefore, the role, mission and duties of AIBA Medical Commission must be clearly defined.

   After discussion, the AIBA Medical Commission agrees on its role, mission and duties as follow:

   1.1 The Role:
   a. To act as advocates for the boxers in terms of their health and safety, and wellbeing within the sport.
   b. To assist AIBA in its promotion of boxing within the Olympic family and the world in general.
   c. To act as an advisory body to the executive committee of AIBA.
   d. To communicate and interact with the other AIBA commissions.
   e. To strive to practice Evidence Based Medicine, and when not available best medical practice.
   f. To act with good clinical governance within an ethical framework.
To communicate the positive health and social effects of boxing to the medical profession, the boxing and wider community.

To research relevant boxing topics and initiate research into areas of concern.

To strive to obtain international and gender mix in its composition

1.2 The Mission:

The Medical commission shall provide expertise and advices to ensure the Medical Regulations of AIBA and the medical practices in AIBA competitions are able to safeguard the health and safety of the athletes. The commission shall also provide consultation or give medical opinions on specific rules or rule changes.

The Commission members shall be a certified doctor or individuals with medical training and up-to-date knowledge about sport medicine, injury prevention, concussion, etc. Experience in practicing medicine in sports/boxing competitions is highly desirable.

1.3 The Duties

a. To take part in the AIBA projects that require medical/health consultation.
b. To advise on the medical practices in AIBA Competitions
c. To review and update AIBA Medical Regulations’ Handbook
d. To review AIBA Anti-Doping Rules and the Doping Control reports to ensure alignment with the WADA Code and goals
e. To establish the standards to evaluate and certify AIBA Ringside Doctors and Cutmen
f. To create, review and approve the course content for Ringside Doctors and Cutmen
g. To provide the medical personnel in Local Organizing Committee with medical training
h. To appoint Ringside Doctors/Cutmen for AIBA Competitions
i. To introduce medical devises or technology to ameliorate the medical practice for AIBA competitions
j. To produce reports and monitor data on concussions and cuts, or other health and safety indicators for AIBA competitions

The Commission moved on to discuss a number of priority topics which are directly related to the medical practice in AIBA Competitions. The priority topics are highlighted with a * sign. Many of the topics were then entered into the presentation by Dr. Loosemore on Monday 17 September 2018. Many other topics were discussed and were unanimously approved unless stated below.
2. THE OPTIMIZATION OF ON-SITE MEDICAL PRACTICE

2.1 The Head Injury Protection*

**Preface:**
All competition locations must have accessible CT Scan and neurosurgical facilities as it is impossible to exclude a serious brain injury without taking a CT Scan.

**Recommendation:**
It is noted that the provision of accessible CT scan and neurosurgical facilities are not always highlighted or included in the bidding process and hosting city agreement. The Medical Commission strongly recommends all bids for major continental and international AIBA events must enclose details of nearby, accessible, CT scan and neurosurgical facilities. Supply of these services must be defined in the final contract with AIBA. Head injury protection is considered a **High Priority**.

2.2 The Protection of Boxers from Being Exposed To, and Infected By, HIV Or Hepatitis Contaminated Blood*

**Preface:**
Unlike many other sports having Blood Rules requiring athlete with an open wound, is bleeding, or who has blood on them or their clothes, must immediately leave the FOP to receive medical attention, boxing allows athletes to continue boxing under the same circumstances. Therefore, measures in place to prevent boxers from being exposed to health risks related to blood/bleeding is necessary.

**Recommendation:**
In an effort to ensure continuous and forceful vigilance in this area we will require that original laboratory documentation for Hepatitis B&C and HIV not older than 3 months must be presented at the Sports Entry Check.

2.3 Post-Bout Examination: The Protection Of A Possibly Concussed Athletes*

**Preface:**
Due to the limited number of AIBA Medical Jury members at an event, they do not have the time to take proper post-bout medical head injury and concussion assessments of boxers.

**Recommendation:**
LOCs must contractually agree to train local medical staff to conduct the post-bout medical examination. The chair of the medical jury needs to travel to the event one day early to evaluate the level of training and if necessary train the local doctor(s).
2.4 Electronic Medical Record*

**Preface:**
Can we imagine a hospital or clinic today that does not have an electronic record? It is essential for the effective working of the medical commission, without which we will be unable to monitor the health of our boxers. The Medical Commission and medical staff working for AIBA competitions in general will not function optimally unless a proper electronic medical record system is in place.

**Recommendations:**
The Medical Commission requests AIBA Headquarters to explore options with regard to having the medical data centralized in a database where the ringside doctors can monitor the health of the boxers, input data on-site and extract data when further research needed. This program must have government approved data protection firewalls in whatever jurisdiction it is located.

These topics 2.1, 2.2, 2.3, 2.4 were deemed to be of critical importance and had the unanimous approval of all Commission members.

2.5 Medical Emergency Protocol

**Preface:**
The removal of seriously injured boxers from the ring should follow recognised international protocols. It is essential that we have best practice-based routines that are standardized and used by all RSDs.

**Recommendations:**
Medical emergency protocol to be included in the pre-competition medical training conducted by the chair of Medical Jury with the LOC.

2.6 Other Topics
- A list of medical equipment to be supplied by the LOC is also to be included in the Host City Agreement contract.
- Doctors, referees and corner staff must wear gloves during. This must be made obligatory for health safety reasons. Medical Regulations

3. EDUCATION, RECRUTMENT AND ASSIGNMENT OF RINGSIDE DOCTORS

**Recommendations:**
3.1 Implementing ringside physician education based on current best practice by developing a standard course (see Course Proposal by McDonagh attached) to ensure that the medical treatment of boxers is standardized and based on best medical practice. This could be enhanced by developing an online training course to be combined with practical course.

3.2 In many countries, RSDs work free of charge. To ensure the continued survival of our sport at club and national level, AIBA should support the training and recruitment of RSDs.
3.3 Introduce new doctors to the sport by bringing more new doctors to events and competitions
3.4 Ring Side Doctors (RSD’s) should be notified a minimum of 3 months before competition that they are expected to attend.
3.5 There is a lack of WSB doctors. The Commission members all expressed their wish to participate at these events.

4. AMMENDMENT TO AIBA MEDICAL REGULATIONS

Recommendation:

4.1 Declaration Of Non-Pregnancy:
To be signed only once in the Athlete’s Record Book confirming that they understand that a woman should not box if pregnant. This model has already been introduced in Germany. (Change of Competition Rules required?)

4.2 Laser eye surgery will be accepted if accompanied by a letter from the practitioner carrying out the surgery stating that it is safe to box.

4.3 Implanted Electrical Devices should be allowed if approved by the surgeon/physician who implanted the device.

4.4 There are no medical reasons for Prohibiting Beards (T&R Commission review)

4.5 Pre-bout examination must be on the same day as competition

4.6 Boxers with Epilepsy and on medication will be prohibited from boxing. Boxers with epilepsy and not on medication require a letter from a neurologist stating that they are fit to box (Change of Medical Regulations required)

4.7 Breast Protectors should be confined to the natural contours of the breast so as not to provide extra protection to surrounding structures. (Change of Medical Regulations required)

4.8 Nose Bleeds can be managed using a correctly placed nasal tampon. (addition to Medical Regulations, list of medical equipment supplied by the LOC)

4.9 RSD must be able to treat cuts and nose bleeds during a bout up to a maximum of 1 minute. (Change of Competition Rules, Medical Regulations required)

4.10 Fingers
A rule change proposal was made to redefine the number and position of fingers and toes required to box. The thumb is essential to support the thumb piece while the index finger and either the ring or middle finger are essential to ensure a proper grab of the bar/seam between the knuckle and palm aspects of the glove. (addition to Medical Regulations).

4.11 Hair
As long as hair does not limit vision and is appropriately tied to allow this there will be no restriction on hair length.

4.12 Administration of drugs during a bout is forbidden. (revise of Medical Regulation)

4.13 Dental Braces
Boxers can box with braces if they are wearing an appropriate mouth guard and approval from the practitioner who fitted the brace. NB with braces on the upper and lower set of teeth, often an upper mouth guard is required.

4.14 Concussion Rest Protocol

All boxers given a suspension for RSC(H), excessive blows to the head or KO must follow the return to play protocol as outlined in the Berlin International Concussion Consensus.
- Single occurrence of RSC(H), excessive blows to the head or KO – 30 days minimum
- Second occurrence within 3 months – 30 days minimum
- Third occurrence within a period of 12 months – 1 year.

*There was not unanimous agreement here. McDonagh and Sanchez wanted to keep a minimum of 90 days suspension for Second Concussion Occurrence. The changes should strengthen our suspension policies as they now require boxers to follow approved Return to Play protocols as stipulated by the Berlin Concussion Consensus Group.*

5. MEDICAL DATA COLLECTION

**Preface:**
It is important to adopt an evidence-based approach to back each recommendation made to ensure the highest level of safety for AIBA competitions.

**Recommendations:**
5.1 At a competition, a standardized *daily report* must be made by the Medical Jury Chair to the Technical Delegate on cuts, concussions and medical issues.
5.2 Medical data from events should initially be sent to AIBA HQs and then distributed to relevant people on the Medical commission.

6. ANTI-DOPING

The Medical Commission has no longer responsibility for Antidoping activities. This function has now been out-sourced to the International Testing Agency. A annul report on Doping control activities will be presented to the Medical Commission.

7. Disabled Boxers: To be followed up by Dr. McDonagh with IPC.
8. Yearly renewal and publication of the AIBA Medical Handbook

9. GENDER TESTING.

AIBA Rules currently state that Gender Testing is allowed. How these tests are to be carried out or what types of tests should be conducted are not defined. Nor are sanctions mentioned. AIBA Medical Commission and the AIBA EC need to establish a working group to address this issue. This is not really a “medical” issue per se - it is just as much a social/legal/ethical/sports political issue that will require some sort of medical testing to “classify” the boxer. McDonagh also suggested that we approach Prof. McEntee from the University of Swansea to possibly write a scientific paper on this topic. He is one of the world’s leading sports philosophers. This will give us an
ethical base for our further examination of the topic and hopefully cast light over issues to be addressed such as the right of any individual to define their own sex; the unfair physical advantage that an individual with male body attributes would have over female opponents; which laws are relevant and how they are weighted etc. etc! This would be a lot cheaper than hiring legal counsel at this stage of discussion.

The meeting was conducted in a very positive manner with all participants contributing actively. Vice chair David McDonagh will finalize the meeting minutes and recommendations. AIBA HQs will review the recommendations and updated rules, and then present to EC for approval.