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# WORLD PROFESSIONAL BOXING FEDERATION UNITED STATES BOXING COUNCIL



## MEDICAL AND SAFETY GUIDELINES

### CHAPTER 1. MEDICAL EXAMINATIONS

#### **Section 01. Annual Medical Examination**

In order to protect the safety and health of the boxers, all boxers must submit to a thorough medical examination annually by their corresponding affiliated boxing commission and in order to obtain a boxing license or the renewal of a boxing license, and eligible to be rated in the WPBF Ratings and certify that the boxer is physically fit to participate in any sanctioned WPBF championship contests. It is the sole responsibility of the local boxing commission, in regards to medical matters, to approve or disapprove for issue a boxing license or the renewal of a boxing license. The WPBF and USBC shall have no responsibility, whatsoever, for any consequence or outcome that occur as a result of compliance and non-compliance of these rules by the promoter, boxer, managers, trainers or local commission. Such a thorough medical examination shall include a most complete and detailed medical history and physical examination of the boxers and a necessary laboratory test, with special emphasis a surveys of his/her past or present condition. The medical committee of the local boxing commission must consider the following conditions:

#### **1.1 Medical History:**

(A) Family Medical History: Hereditary or familial diseases such as a history of epilepsy,

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tuberculosis, diabetes mellitus, and blood disorders should be medically assessed;

- (B) **Personal Medical History:** The following conditions shall not be licensed to ring: Gross deformities and major operations (e.g. nephrectomy), deaf mutes; and a history of epilepsy or diabetes requiring insulin. Note also debilitating diseases, operations, deformities, allergies and concurrent maintenance medications. A history of alcoholic intake and the use of drugs should be questioned in detail and carefully assessed;

## 1.2 Medical Examination Requirements:

A comprehensive medical examination shall be conducted by a physician approved by the local boxing commission. In order to obtain a boxing license or the renewal of a boxing license, and eligible to be rated in the WPBF Ratings, the following factors shall be strictly adhered to:

- (A) **Eyes.** Any boxer with the following conditions shall not be permitted to box: Significant astigmatism, myopia greater than five (5) diopters or any variant of optic nerve degeneration; a (pre)retinal detachment, hemorrhage, or gross fundal pathology; and the wearing of spectacles or contact lenses in the ring. Colour blindness or a squint (strabismus) shall not be permitted to box; provided there is no double vision complaint. In the case of a squint or any questionable eye disorder, a certificate of approval for a bout should be obtained from an Ophthalmologist designated by the local boxing commission.
- (B) **Ears.** Any boxer with the following conditions shall not be licensed to ring: a) recurrent ear discharge and persistent tinnitus; b) bilateral deafness of chronic duration; c) deafness of recent onset until an investigation is completed; d) deaf-mute condition; (Unilateral deafness of chronic duration may be permitted to ring).
- (C) **Facial Deformity or Malfunction.** Any boxer with any facial bony configuration resulting in impaired breathing or inadequate retention of the mouthpiece shall not be permitted to box;
- (D) **Heart.** Any boxer with the following cardiac pathology shall not be permitted to box: a) ischemic heart disease; b) rheumatic heart disease (active) with valvular pathology; c) certain cardiac arrhythmias (not benign); d) right or left heart failure;
- (E) **Pulmonary.** Any boxer with the following conditions shall not be permitted to box: a) a history of emphysema, recurrent bronchitis or bronchiectasis; b) active tuberculosis or any neoplasm; c) a history of recurrent pulmonary fulminating infections and/or hemoptysis.
- (F) **Central Nervous System.** Any boxer with the following neurological medical states shall not be permitted to box:

- epilepsy, whether grand mal, petit mal or temporal lobe, or variant thereof;
- recurrent dizzy spells (vertigo);
- known space occupying lesions of the brain (e.g. cysts, tumors, hematomas, pneumatoccles);
- cerebrovascular disease, cerebrovascular insufficiencies, or atrerio-venus malformations;
- focal persistent leg and/or arm tremors;
- degenerative spinal cord disorders (e.g. ALS, multiple sclerosis);
- spinal cord tumors or vascular malformations;
- previous history of syphilis of the nervous system; and
- any boxer with irregularity of the pupils or signs of locomotor impairment;

(G) **Musculoskeletal and Joint Disorders.** Any boxer with the following disorders shall not be permitted to box:

- degenerative disc disease of the spinal column – active;
- bony tumors of the spinal column;
- ankylosing spondylitis;
- diffuse or multifocal arthritic involvement of the joints, including the spinal column, hands, forearms, shoulders and legs;
- myasthenia gravis;
- muscular dystrophy;
- active peripheral neuropathies; and
- osteomalacia and osteoporosis.

(H) **Inguinal Hernia.** A hernia, per se, does not preclude from boxing; provided that it does not protrude into the scrotum. If exquisite tenderness exists, the boxer shall not be permitted to box until the hernia is satisfactorily repaired. Boxers with an inguinal hernia should be advised to consult their personal physician;

(I) **Abdominal.** Boxer with the following disorders shall not be permitted to box:

- certain forms of organomegaly(e.g.enlarged liver or spleen);
- active inflammatory visceral states (e.g. colitis, gastritis, pancreatitis, active hiatal hernia);
- active gastric or duodenal ulcers;
- persistent recurrent rectal bleeding;
- jaundiced states;
- acute surgical abdomen.

(J) **Genito-Urinary.** Regular routing and microscopic urinalysis shall be completed in all cases. Any boxer with the following conditions shall not be permitted to box, unless allowed by a urologist:

- chronic renal inflammations;

- previous renal and/or urinary bladder neoplasms;
  - previous testicular neoplasms;
  - previous scrotal neoplasms;
  - presence of one kidney;
  - undescended testicle, unless assessed by a physician or repaired;
- (K) **Endocrine.** Any boxer with following conditions shall not be permitted to box:
- thyroid dysfunction, if untreated;
  - hypoglycemic attacks;
  - pituitary and adrenal gland dysfunctions, if uncorrected;
  - diabetes, if untreated;
- (L) **Dermatological.** Systemic skin allergies or other skin lesions may be permitted to ring, unless the physician so decides;
- (M) **Hematological and Lymphatic.** History of persistent anemias, lymphomas, leukemias, thrombocytopenias, hemophilia, christmas disease, or any other blood clotting disorder shall not be permitted to box;
- (N) **Blood Pressure.** To be average for age. Any boxer with a systolic pressure over one hundred fifty (150) or a diastolic pressure above ninety (90) is suspect and should have a special investigation;
- (O) **Weight Loss.** The Ringside Physician shall pay particular attention to the presence of debilitating effects resulting from a strenuous weight loss program, both by foods or fluid reducing drugs, which might weaken the boxer to the extent he shall not be permitted to box in that particular event.

### 1.3 Laboratory Test Requirements

The local boxing commission shall have sole responsibility for the following laboratory tests and diagnostic procedures for Annual Medical Examinations of a boxer:

- (a) Chest X-ray PA View;
- (b) Electrocardiogram (EKG) and Treadmill Stress ECG Test;
- (c) Serological test for HIV/AIDS, HBV (Hepatitis "B") and HCV (Hepatitis "C") ;
- (d) Drug test-Cannabis/Amphetamines\*
- (e) Complete Blood Count (CBC),SMA 12/60 and blood typing;
- (f) Complete urinalysis;
- (g) MRA for arterial abnormalities;
- (h) Brain CT-scan or MRI/MRA
- (i) Ultrasound (Whole Abdomen)
- (j) Any other test or survey which might be indicated by the past or present condition of the

boxer.

- (k) Serum Pregnancy Test and Mammogram Examination shall be mandatory for all female boxers, Boxers who tested positive for any of these tests shall not be permitted to box;



### **Section 02. Medical Examination for High Risk Boxers**

The following boxers must be considered as high risk boxers:

- a) Boxers over 35 years of age;
- b) Boxers who has competed in over 200 professional rounds;
- c) Boxers who has been inactive for the past 24 months;
- d) Boxers who has suffered a severe concussion or injury in the past six (6) months;
- e) Boxers who has a history of drug abuse;
- f) Boxers who has three (3) consecutive losses or TKO/KO or six (6) consecutive losses, according to the boxer's official ring record compiled and maintained by fightfax;

Any boxers have been identified as high risk boxers in accordance with the above criteria, such boxers must pass a thorough medical examination by the Ringside Physician designated by the local boxing commission, such a thorough medical examination shall include:

- (a) General physical examination
- (b) Neurological exam by a neurologist or neurosurgeon
- (c) Stress EKG and Echocardiogram if cardiac risk factors are present (family history of heart attack under the age of 50, hypertension, hypercholesterolemia, a stress ECG (EKG).
- (d) Evidence of no injury on annual MRI
- (e) Screen for age-related diseases
- (f) Ophthalmological exam including dilated funduscopy,
- (g) Evidence of NO deterioration on annual neuropsychiatric testing.

### **Section 03. Pre-Bout Medical Examination**

In order to protect the safety and health of the boxer, to ensure that each boxer is physically fit to participate in any sanctioned WPBF championship contests, all boxers must submit to a thorough medical examination by the Ringside Physician designated by the local boxing commission after the weigh-in a day before sanctioned WPBF championship contests. The local boxing commission shall have sole responsibility to conduct medical and physical examination. These exams shall include:

- ▶ General System: Eyes, ears, throat, hernial orifices, conditioning.
- ▶ Circulatory System: heart rate, pulse, blood pressure.
- ▶ Respiratory System: lungs.
- ▶ Locomotive System: tendon reflexes, Romberg.
- ▶ Skeletal System: Upper extremities: Hands, Wrists, Elbows, Shoulders, Ribs.
- ▶ Neurology System Test.

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- ▶ Questionnaire on medicines or drugs or any artificial means for weight loss, that have been used, or other symptoms.
  - ▶ Questionnaire on any recent symptoms such as headaches, visual disturbances, loss of concentration, general fatigue or other symptoms.

### **Section 04. Post-Bout Medical Examination**

In order to protect the safety and health of the boxer after the fight, the local ringside physician must follow the contestants back to the dressing rooms, and both boxers shall submit to a post-bout examination before leaving the dressing room. In the event of any serious injury, the local ringside physician shall immediately render emergency treatment, recommend further treatment or hospitalization.

## CHAPTER 2. SAFETY GUIDELINES

### **Section 01. Medical Suspension**

#### **A. Knockout and Technical Knockout - Head Blows:**

- (1) Boxers who suffer a knockout (KO) or a technical knockout (TKO) from blows to the head (TKO-H) shall be suspended for not less than thirty (30) days.
- (2) Boxers who suffer two (2) consecutive or a combination of two (2) knockouts or technical knockouts from blows to the head (TKO-H) within a six (6) month period shall be suspended for not less than one hundred eighty (180) days.
- (3) Boxers who suffer three (3) consecutive or a combination of three (3) knockouts (KO) or technical knockouts from blows to the head (TKO-H) within a one (1) year period shall be suspended for not less than (1) one year.

#### **B. Technical Knockouts – Cuts:**

Boxers who suffer a technical knockout as the result of cuts (TKO-C) shall be suspended for not less than thirty (30) days.

#### **C. Technical Knockouts – Body Blows:**

Boxers who suffer a technical knockout as the result of blows to the body (TKO-B) shall be suspended for such duration as recommended by a physician approved by the local commission.

#### **D. Required Physical Examination:**

The Boxer who is suspended shall immediately surrender their licenses to the local

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commission and shall not be re-instated until successfully passing a comprehensive physical examination as follows:



- (1) For knockout and technical knockout from blows to the head, a comprehensive physical examination shall be strict examined by the Physician appointed by the local commission.
- (2) For technical knockouts from cuts or blows to the body, a physical examination shall be strict examined by the Physician appointed by the local commission.

**E. Allowed Training:**

In all cases the boxer shall refrain from contact training until at least one-half (1/2) of the suspension period has expired and shall not partake in said contact training until the necessary physical examination has been passed.

**F. General Suspensions:**

Any boxer may be suspended by the local commission if he deems said suspension necessary for the protection of the boxer's health and life. The suspended boxers may be re-instated after successfully passing a comprehensive physical examination. In the case of repeated knockouts or severe beatings the boxer shall be ordered retired for his own protection.

**Section 02. Injury Report**

- A. In the event a boxer has been treated for any injury or illness by a physician or been hospitalized, he or his manager shall promptly submit to the local commission a full report from the physician or hospital.
- B. Any illness or injury to a boxer before a scheduled contest shall be reported to the local commission within twenty-four (24) hours by the boxer or his manager. The boxer shall be examined by a physician approved by the local commission and a full report filed with the local commission.

**Section 03. Safety Weight Loss**

- A. No boxer shall be permitted to lose more than three (3%) percent of his body weight on the day of the bout in order to make a stipulated weight.
- B. No boxer shall be permitted to lose more than seven (7%) percent of his body weight in the seven (7) days prior to a contest. The local commission of the boxer will conduct a weigh-in seven (7) days prior to the contest to determine the weight of the boxer, and forward that information to the local commission of the Championship contest.
- C. In the event that the boxer exceeds the stipulated weight, the WPBF/USBC may in order to the safety of the boxer refuse to sanction the Championship contest.

**Section 04. Extended Rest Periods**

- A. In the event of a required physical examination of a boxer between rounds, the inter-round rest period may be extended beyond sixty (60) seconds by the Physician who shall signal a "time-out" if it is apparent more than sixty (60) seconds is required. If the inter-round rest period is extended beyond ninety (90) seconds, under such circumstances, the contest shall be automatically terminated.

### **Section 05. Retinal Detachment**

- A. No boxer diagnosed as have a detached retina shall be authorized licensed to ring, unless he has received treatment and is authorized by an ophthalmologist the boxer is safe to ring.

### **Section 06. Mandatory Rest Periods**

A mandatory rest period shall be imposed upon all boxers as follows:

- (a) Sixty (60) days rest for boxers who have actually competed in twelve (12) rounds;
- (b) Thirty (30) days rest for boxers who have actually competed in ten (10) rounds;
- (c) Twenty (20) days rest for boxers who have actually competed in six (6) to nine (8) rounds;
- (d) Fifteen (15) days rest for boxers who have actually competed in one (1) to four (4) rounds.

### **Section 07. Infectious Diseases**

- A. All boxers shall be tested at least every twelve (12) months for infectious diseases, specifically HIV (Human Immune Deficiency), HBV (Hepatitis "B"), and HBC (Hepatitis "C"). Boxers who test positive shall not be licensed to ring.
- B. After each bout, where blood is present, the ring shall be disinfected before the next bout is licensed to begin.

### **Section 08. Drugs and Stimulants**

- A. The use of prohibited drugs, stimulants either before or during a bout to or by any boxer is absolutely prohibited. Any of the contestants violating this rule shall be subject to disqualification. Any substance other than plain water or an electrolyte solution approved by the ringside physician shall be given to a contestant during the course of a bout is absolutely prohibited. The discretionary use of Vaseline around the eyes is permitted, however, the use of Vaseline, grease or any other substance on the arms, legs and body is prohibited.
- B. The use of coagulants, such as Adrenaline 1/1000, Avitene or Thrombin shall be allowed between rounds to stop the bleeding of minor cuts and lacerations sustained by a contestant. The use of "iron type" coagulants, such as Monsel's solution is absolutely prohibited, and the use of such coagulants to or by any contestant shall be considered a violation and shall be cause for immediate disqualification.
- C. In all WPBF sanctioned bout, the Anti-Doping Tests must be mandatory, each boxer is



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required to take a urinalysis before and/or after the fight. The specimen must be taken with a ringside physician and commission inspector on hand. The specimens should be taken in a plastic container and clearly marked by the physician and boxer.

**D. Forbidden Items During A Contest:** The following items are forbidden and shall not be worn or applied during a bout:

**A. Forbidden General Items:**

- Spectacles (contact lenses);
- Dentures;
- Individual removable false teeth;
- Rings;
- Watches, charms, bracelets, or necklaces of any description;
- Head bands and hair nets;
- Earrings;
- Hearing aids; and
- Any plastic or metallic attachments to the trunks of a boxer;
- Any gauze, band-aides, dressings to the facial, scalp, neck, arms, back, or chest areas;
- Plaster or fibreglass casts;
- Butterfly or steristrip sutures on the facial, neck, ear, scalp, chest, arm or back areas;
- Suture material of any kind in the skin of a boxer's face, ears, neck, scalp or chest;
- Sub-cuticular suture in the face, neck, ear or chest;
- Beards or facial hair of more than forty-eight (48) hours growth are not permitted. (Note: a mustache is permitted; provided the ends do not extend below the upper lip and mouth area and the hairs are less than three-quarter (3/4) inches in length);
- Hair length of the frontal scalp area should not interfere with the vision of the boxer; If the physician feels that the frontal hair length poses a danger to the eyes and hence the vision of the boxer, the physician may order the frontal hair cut to a shorter length. If the posterior hair length is such that its swishing effect may harm a boxer's opponent, the physician may order the posterior hair to be knotted.

**B. Forbidden Medical Items:**

- Stimulants (amphetamine, fencamfamine, cocaine, etc.)
- Narcotic analgesics (heroin, morphine, etc.)
- Diuretics (furosemide, thalazide, etc.)
- Sedative hypnotics (barbiturates, phenobarbital, secobarbital, etc.)

- Hallucinogens (marijuana, LSD, mescaline, etc.)
- A trace of 100 up to 200 nanograms will result in a warning and severe fine.
- A trace of 200 or more nanograms will result in disqualification or suspension.

**E. Permissible Items During A Contest:** The Boxer shall be restricted to the use of materials during a bout issued to them or approved by the local boxing commission's physician, as follows:

- Thrombin, Avetine, Thrombin soaked pads;
- Adrenalin 1/1000 solution, restricted for topical haemostasis of cuts and nosebleeds only;
- Vaseline or petroleum jelly;
- Gauze pads;
- Cotton swabs;
- Adhesive surgeon's tape;
- Clean towels;
- Clean water;
- Ice;
- Bandage scissors;
- Electrolyte solution prior approval by the local commission's physician;
- Any other items or substances that have been approved by the local commission's physician.

### **Section 09. Instructions of Cerebral Injury Observation**

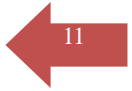
Although no evidence of any serious injury is found after contest immediately, careful attention for the next twenty-four (24) hours is advised.

- \* Patients should return to the Hospital Emergency Room at once, day or night, if there is:
  - \* Increasing drowsiness; or
  - \* Difficulty in rousing the patient (the patient should be awakened every hour during the first night); or
  - \* Vomiting; or
  - \* Slowing of pulse; or
  - \* Continued headache; or
  - \* Stiffness of neck; or
  - \* Bleeding or clear fluid dripping from the ears or nose; or
  - \* Weakness of either leg or arm; or
  - \* Convulsions (fits).

### **Section 10. Emergency Equipment and Personnel**

The ring and seating configurations should account for the requirement to have an unobstructed, clear path to the ring for emergency purposes. This path should be wide enough to allow paramedics access to the ring with an ambulance stretcher and any necessary medical equipment.

No bout shall begin or continue unless such personnel and equipment are on the premises in a state of readiness. The local commission is responsible for ensure that the following emergency medical equipment and personnel must be in place at all times during the event:



- a) An ambulance with at least two (2) licensed EMT's or paramedics, arrangements should be made to allow the ambulance to park as close to the boxing arena as possible with easy access to the main floor/ring.
- b) A portable resuscitator with all additional equipment necessary for its operation;
- c) Portable oxygen supply (put at the Commission table/ringside and one in each dressing room (total of three required).
- d) A clean stretcher and clean blanket to be located along with the ambulance attendants, at a location determined by the local commission.

### **Section 11. Size of Ring**

The rings to be used for any WPBF sanctioned bouts shall measure no less than eighteen (18) feet (5.5m) and no more than twenty-four (24) feet (7.3m) long for each side between the ropes. All boxing rings must be equipped with four (4) parallel ring ropes each no less than one inch (25.4 mm) thick in diameter, all the ropes shall be covered with a soft material.

### **Section 12. Selection of Gloves**

The gloves may not be twisted, manipulated or altered in any manner, if the Gloves found to be twisted, manipulated, altered, unfit or ill-fitting shall be replaced. The weight of the gloves to be used in any WPBF sanctioned bouts shall be based on the weight division of sanctioned contests, as follows:

- a) **Eight (8) Ounce gloves** shall be used for the Minimumweight (105Lbs/47.63Kg) up to Welterweight (147Lbs/66.68Kg) division;
- b) **Ten (10) Ounce gloves** shall be used for the Super Welterweight (154Lbs/69.85Kg) up to Heavyweight (Over 200Lbs/90.71Kg) division;

### **Section 13. Bandages**

In all weight division the bandages shall be restricted to no more than twelve (12) yards of soft gauze, no more than two (2) inches wide. The gauze shall be held in place by no more than eight (8) feet of adhesive tape, no more than one and one (1) inch wide for each hand. The adhesive tape shall not cover any part of the knuckles when the hand is clenched to make a fist. The use of water or any other liquid or material on the tape is strictly prohibited. The Bandages shall be applied in the dressing room in the presence of an inspector and if requested, an opponent's representative. The each boxer's bandages shall be signed by the inspector of local commission.

### **Section 14. Protective Equipment**

The use of a mouthpiece and groin protectors is compulsory for all boxers participating in any WPBF sanctioned bouts. All boxers must be prepared two (2) mouthpieces at the start of the bout, the round cannot begin without the mouthpiece. When a boxer loses his mouthpiece during a round, the Referee will call time and have another clean mouthpiece replaced at the first opportune moment, without interfering with the immediate action. Points may be deducted by the referee if the Referee feels the mouthpiece is being purposely spit out.