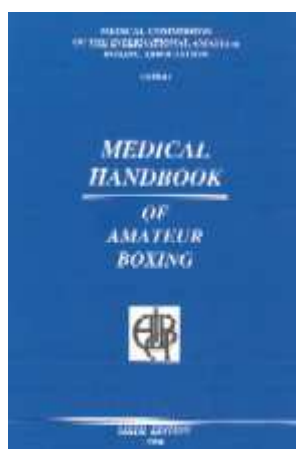


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MEDICAL COMMISSION  
OF THE INTERNATIONAL  
BOXING ASSOCIATION  
(AIBA)

MEDICAL  
HANDBOOK  
  
OF  
AMATEUR  
BOXING

SIXTH EDITION  
2004



Electronic adaptation

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## Preface

It was with great pleasure that I discovered that the Medical Commission of the AIBA is publishing an updated edition of the Medical Handbook.

This handbook will be a great help to doctors, in that it not only summarizes the tasks of doctors involved in the various medical examinations, but also contains detailed information on the medical care of boxers before and after the bout. Typical boxing injuries are also discussed. Apart from the medical aspects of successfully organizing boxing competitions, the book deals with the most up-to-date doping regulations and gives instructions on how to fill in the International Competition Record Book for Boxers and the Medical Proceedings Report which forms a legal document to be prepared on site at the time of the competition.

Yet this book is not only of use to doctors. It is also helpful for coaches and referees in that it gives advice on hygiene in boxing.

I am therefore sure that it will constitute an indispensable source of advice for all those concerned with the sport. I would like to congratulate Prof. Yoshida and Prof. Francone, the former Chairmen, and Dr. Jako, as well as all those involved in the preparation of this handbook.

*Prof. Anwar Chowdhry*  
*President*

## Foreword to the new edition

The last edition of the Medical Handbook was published in 1989. During the last seven years the medical aspects and control of amateur boxing progressively changed and these changes were accepted by the IOC Medical Commission in 1994 when the Special Commission on Boxing chaired by Prince de Merode made the following statement: "....., no apparent scientific evidence of chronic brain dysfunction demonstrated in Olympic Style Boxing ..... Due to the AIBA evolution in its rules, goals and medical controls, Olympic Style Boxing is a completely different sport than professional boxing.... the Commission encourages AIBA to continue its efforts to further improve its rules to protect the health and safety of amateur boxers." Although this edition is a collective production of the Medical Commission, still I have to express my thanks for the brilliant work of Dr. Robert Voy, Dr. Roy Axon, Dr. Odd Syverstad, Dr. Robert Ludwig and Dr. Ed van Wijk for their contributions in the preparation of the manuscript.

*Dr. Peter Jako*

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## Editor's note

Time is running: the last edition of the Medical Handbook was ready for printing in 1996 and it was edited in 1997, nevertheless the opinion of the Medical Commission was that these four years give grounds a revised new edition. President Chowdhry accepted our reasons, for which I have to express our thanks. I wish to acknowledge the help extended by the following colleagues and friends in the preparation of this new edition: Prof. Antonio Francone, Dr. Robert Ludwig, Dr. Vagner Mortensen, Dr. Eduardo Palacios and Dr. Ed van Wijk. The preparation of this book depended on the invaluable input of them.

*Peter Jako, M.D.  
Chairman  
AIBA Medical Commission*

## Foreword to the sixth edition

This new edition retains the basic format though the text was in some places revised and the chapter of doping regulations was completely rewritten. I wish to thank to our colleagues in the Medical Commission their valuable advices and to thank Dr. Ed van Wijk who contributed his time and efforts to the production of AIBA Doping Regulations.

*Peter Jako, M. D.  
Chairman  
AIBA Medical Commission*

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## The Medical Commission and the Medical Jury

The Medical Commission of the International Amateur Boxing Association (AIBA) comprises 18 qualified doctors who are elected at the quadrennial Congress from all six Continental Bureaux. The Medical Commission elects its chairman and honorary secretary from its own ranks. The Chairman is a full member of the Executive Committee. These doctors have wide experience in organizing a Medical Welfare Scheme in their own countries and have specialized in treating boxing injuries. The members of the Commission include general practitioners, surgeons, neurosurgeons, neurologists, sports physicians and orthopaedic surgeons, in order that boxers have the opportunity of consulting specialists in all branches of medicine. The members of the Medical Commission supervise national championships in their respective countries and inform the medical officers in their countries of the details of the International Medical Scheme. At championships at national and continental level, and at world championships and Olympic Games, the members function as members of the Medical Jury. Their task is to assist the referee in deciding whether a boxer is fit to continue, and to provide first aid if a boxer sustains a serious injury or loses consciousness.

The Medical Commission is responsible for enforcing the doping regulations at international, continental and world championships. The head of the Doping Control Subcommittee shall be present at the tests and ensure that the specimen taken is transported to the laboratory by the fastest means possible.

The members of this Subcommittee assist the Medical Commission of the IOC at Olympic Games.

Members of the Medical Commission shall be present at the initial medical examinations and the examinations that take place each morning at international competitions. When necessary, they assist the medical officers from the individual countries and express their opinion on injuries the boxers have sustained in previous fights. In such cases the decision of the Medical Commission is final.

The Medical Commission shall meet at least twice a year, as a rule prior to the Executive Committee meetings. Opinions on various questions and problems related to amateur boxing are exchanged. These meetings are usually accompanied by highly informative medical symposiums on various subjects. On the basis of these discussions the Medical Commission submits recommendations and motions in the interests of the physical and mental welfare of boxers to the Executive Committee and the Congress.

Each affiliated association shall appoint a medical correspondent, who the Medical Commission can correspond with about medical questions.

Doctors working in the field of amateur boxing must always have up-to-date information and be in a position to provide information for others.

## Medical Examinations

**A. Initial Medical Examination.** A boxer should undergo a thorough medical examination when he joins a club. The examining doctor should, if possible, have experience of examining boxers and treating boxing injuries. The doctor is to advise the boxer,

- only to compete when he is in good condition and has been in training, so that the risk of injury is thereby reduced;
- not to compete or train even when only mildly ill;
- always to have injuries treated before training or competing;
- always to fight in a weight class which corresponds to his natural weight, since too great a weight loss can damage the health and reduce physical performance ;
- always to abide by the rules and recommendations laid down to safeguard his health.

The actual form of the examination is up to the doctor, but the following guidelines should be adhered to as far as possible:

### *1. Family history*

Determination of general state of health, in particular the noting of inherited and family diseases. An X-ray or an EEG is necessary if there is a history of tuberculosis or epilepsy respectively in the family.

### *2. Past medical history*

Attention should be paid to conspicuous symptoms, any operations undergone, and to deformities.

The following conditions render the subject unfit to box:

- convulsive seizures in childhood
- a recent history of asthma or migraine
- epilepsy, meningitis, encephalitis,
- diabetes mellitus (poor control)
- renal disease
- bronchial asthma, (poor control), recurrent ptx
- haemorrhagic disease: haemophilia, purpura or other bleeding tendencies, anaemia (severe), sickle cell anaemia (not the trait),
- retinal detachment
- a history of serious head trauma, craniotomy, subdural or epidural bleeds, hydroce-phalus
- previous heart surgery for congenital or acquired heart disease, recent carditis
- malignant tumours
- acute infections
- jaundice
- positive HIV test, infection with Hepatitis B
- hyperthyroidism (not controlled)

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### ***3. Complete clinical examination***

#### Eyes

The following conditions render the subject unfit to box:

- visual acuity less than 20/60 in either eye, blindness in one eye
- myopia more than 3.5 D
- intra ocular and refractive surgery, glaucoma, cataract

The wearing of spectacles in the ring is prohibited, soft contact lenses are permitted.

#### Ears, nose, throat

Attention should be paid to evidence of chronic infection, perforated ear drum, particularly to the occurrence of deafness.

The following conditions render the subject unfit to box:

- deafness in both ears
- deaf-mutism
- untreated otitis media or externa, perforated ear drum
- severe nasal obstruction (large polyp, septum)
- tonsillitis (until resolved)

#### Cardiovascular system

Attention should be paid to any cardiac abnormalities, particularly persistent tachycardia, dysrhythmia, systolic and diastolic murmurs or cardiac enlargement.

The following conditions render the subject unfit to box:

- any kind of valvular or septal defect, mitral valve prolapse (individualized)
- cardiomyopathy (HCM, DCM)
- aortic coarctation
- hypertension (blood pressure above 140 mmHg systolic or 85 mmHg diastolic)
- any kind of obstructive vascular disease
- postthrombotic syndrome.

#### Respiratory system

Attention should be paid to chronic chest infections or abnormalities.

The following conditions render the subject unfit to box:

- tuberculosis (active or under treatment)
- restrictive or obstructive ventilatory insufficiency
- acute or chronic pharyngolaryngotracheobronchitis
- bronchiectasis
- chest deformity (e.g. pronounced kyphosis or scoliosis).

#### Abdomen

Attention should be paid to evidence of hernia, enlarged liver and/or spleen tenderness.

The following conditions render the subject unfit to box:

- hepatomegaly
- splenomegaly
- hernia
- gastroenteritis

- 
- peptic ulcer (active)
  - chronic ulcerative colitis.
  - Crohn disease

#### Genito-urinary system

Attention should be paid to evidence of undescended testicles, unilateral orchidectomy (males) and scars from renal operations. Surgical breast implants (females). Absence of one kidney renders the boxer unfit to box.

The following conditions render the subject unfit to box:

- Males:
- absence of one testicle
  - cryptorchidism
  - hydrocele
- Females:
- pregnancy
  - painful pelvic discomfort
  - abnormal vaginal bleeding
  - recent loss of menstrual period
  - recent breast bleeding
  - recently developed breast mass

#### Joints and muscles

Attention should be paid to any joint or muscle defect, symptomatic abnormalities or inflammations, congenital or acquired functional inadequacy of the musculoskeletal system (e.g. stiff joints or increased mobility). All of these conditions render the subject unfit to box.

#### ***4. Neurological examination***

Attention should be paid to abnormalities of the reflexes or the spinal cord and to mental subnormality.

The following conditions render the subject unfit to box:

- any symptom of neurological disorders or organic brain syndromes (e.g. tremors, locomotor impairment, dysbasia, dysarthria, gait, posture, balance disorders, disorder of deep reflexes, etc.)
- mental retardation
- drug dependence.

#### ***5. Biometrical examination***

It must at least be ascertained that height and weight correspond to age and build. If the boxer's weight lays more than twenty per cent above or below the average then this merits special attention.

#### ***6. Laboratory tests***

The laboratory tests include:

- urinalysis (excluding glycosuria and proteinuria)
- HIV test is recommended

## **7. ECG**

ECG is obligatory even if there is no indication of cardiac abnormality. An exercise tolerance test may be advisable.

Disqualifying conditions:

- third degree heart /AV/ block
- premature contractions (further evaluation)
- WPW and LGL syndrome (further evaluation)
- long QT syndrome
- atrial flutter or fibrillation
- ventricular arrhythmia

## **8. EEG, cranial computerized tomography, MRI**

These examinations are recommended.

**B. Annual Medical Examination** A medical examination should be conducted at least annually. It should include:

- past medical history
- complete clinical examination
- biometrical examination
- neurological examination
- if possible the laboratory tests and resting ECG.

**C. Medical Examination prior to a Boxing Tournament** At the medical examination and weigh-in the boxer shall produce his International Competition Record Book which contains the medical certificate. (For guidance on how to fill in the medical section of the International Competition Record Book see Appendix II)

The boxer must be passed fit before weighing in every day on which he is to fight by a qualified doctor of medicine.

The following examinations are recommended:

1. Examination of the eyes for subconjunctival haemorrhage.
2. Examination of the ears for recent onset of deafness or infection.
3. Examination of the skin for impetigo or other infections. After vaccination the boxer is unfit to box until the vaccination scab has fully healed. The wearing of dressings on the face, head or neck is prohibited during a bout. A boxer with an abrasion is allowed to box provided it is covered by collodion or steri-strip.
4. Checking of the heart and pulse for any recent irregularity.
5. Examination of the throat and lungs for recent or current infection. They should be taken if indicated.
6. Examination of the central nervous system for signs of receipt irregularities.
7. Examination of the hands for receipt injury. It is advisable in every case to ask the boxer if he has recently been ill and, if so, how long it is since he was confined to bed.

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## Medical Responsibilities of the Ringside Physician

Never before in the history of amateur boxing has so much emphasis been placed on the responsibility of the ringside physician. Prevention of injury in boxing is the responsibility of all involved: yet, the physician has the unique role of prevention as well as treatment of acute injury.

Even though amateur boxing is the most medically controlled and supervised sport, more supervision is necessary because of threatened bans by medical and other groups.

Amateur boxers are trained to be highly skilled in their sport. The skills are designed to prevent injury. Nonetheless, all exercise or sport activity bears a certain risk for injury. Athletes in all sports, no matter how skilled, are subject to sudden injury. Coaches, professionals, officials and athletes accept that risk. Therefore, prevention is crucial and must be based on a sound medical plan to cover all aspects of the sport, the facility, equipment and the athlete.

For the ringside physician, the best approach is to systematically and conscientiously prepare for the precompetition phase, the ringside management and the post-bout examination responsibility.

### Pre-competition

On first accepting the assignment, the physician must become familiar with the following points and areas.

1. Gymnasium or arena. A visit to the arena is mandatory. The area designated for the ring and its relationship to the fans must be visualized. The physician needs to make sure that ringside personnel are, safeguarded from fan activity so that 100 percent concentration on the bout is guaranteed. In addition, somewhat removed from the ring, as far back as the hallway to the dressing room, an observation area needs to be identified. This can even be a portion of the locker room or a separate area where the boxer can be examined standing or placed on a bed, cot or stretcher with enough room to perform an adequate neurological test, suture a cut or perform a more thorough exam of the boxer's neurological or physical status.
2. Identify the nearest emergency room or hospital to the arena. An evacuation route from ringside, through the arena and to the hospital should be mapped out. The hospital or emergency room staff should receive a call to inform them of the date and time of the event. They should be reminded of the same on the day of the event. The request should be made to have EMT personnel, ambulance or other emergency transportation immediately available or on hand. If it is impossible to have these services on hand, the physician should select the location of the nearest telephone and secure it either for his/her use or whoever is designated to make an emergency call.  
If phone numbers of the hospital and emergency service are not available, the local fire department personnel needs to be made aware and prepped for availability.

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Where possible, contact needs to be made prior to the event for available neurosurgical services. Ideally, prearrange backup on-call personnel to include neurosurgery, orthopaedics, ophthalmology and oral surgery.

3. Equipment check. The promoter or designated arena personnel responsible for any problems such as loose corner post, ropes or defects in the ringmat should be identified. In addition, the physician needs to check the following. This is in addition to the check made by the officials.
  - a. Appropriate size ring. A ring 4.90 m to 6.10 m square (inside the ropes) adequately padded with a 50 cm apron is recommended.
  - b. No dangerous seams or defects in the ringmat that might cause the boxer to fall.
  - c. The ring floor should consist of at least a one-inch wooden base, covered by foam or an ensolite pad that is 2.5 cm thick. A mat thicker than 2.5 cm may cause the foot of a heavyweight boxer to sink and become immobilized, possibly causing an ankle or knee sprain and a possible fracture.
  - d. The mat is covered by a tight fitting canvas cover.
  - e. The ring posts are adequately padded, and the buckles covered so no sharp edges are exposed.
  - f. There must be three or four covered ring ropes with proper tension. At least two spacer ties should be placed on each side of the ring to prevent laxity that might allow the boxer to fall through the ropes.
  - g. A table big enough for at least two (three is ideal) physicians is placed adjacent to one of the neutral corners. In addition, a set of steps must be placed next to the table to enable the physician to quickly mount the apron without obstruction.(Exhibit A.)
  - h. In summary, all of the above can be reviewed hours or days before the match by a simple meeting or phone call to those responsible. The physician only needs to make a quick check just prior to the match to be sure the official rules have been followed, and all safety precautions have been taken.

### **The pre-competition physical exam**

On the day of the scheduled bouts, the physician needs to be available to do pre-competition physical exams. This should be coordinated with the officials and done in conjunction with the weigh-in.

At club events, the boxers may be seen in the physician's office. The pre-competition physical is the physician's most important activity and responsibility. This is the best opportunity the physician has to circumvent an acute injury in the ring.

The object of the pre-competition exam is to assure that the athlete is fully capable to box, that a complete neurological survey is normal, that there is no evidence of a possible subdural haematoma (history of headaches, previous head injuries or knockouts), no recent illness or fever in the last two weeks, that the boxer is not under any medications (prescribed or over-the-counter) and that he has no complaints of pain anywhere.

The exam can be accomplished in a few minutes. Start first with the above points. Visual inspection of the boxer's responses to these questions will verify intact cranial nerves, level of consciousness and orientation.

Next the usual head, eyes, ears, nose and throat exam is made. This should include an otoscopic and a fundoscopic exam.

By checking on symmetry and tone of paracervical, shoulder, biceps, triceps, forearm extensors, interosseous and grip muscles, an adequate examination of all cervical nerves and muscular condition is made. Examine the elbow, wrist and metacarpal joints. Afterward, have the boxer make a fist and palpate for possible metacarpal fractures or tendon injuries. Relax hand and re-check condition of metacarpals, carpals and wrist movement.

Next do a thorough heart and lung exam. While doing so, check for rib pain and possible fractures by pressing on ribs and sternum.

Next perform an abdominal palpation for enlarged abdominal organs, masses or tenderness. Follow this with a check for hernia or testicular masses. Next ask the boxer to bend over and touch toes and remain bent over to allow for exam of the back and hamstring tightness. A quick look for a cyst or external hemorrhoids can be easily ascertained at this point without having to do a rectal. Rectals aren't necessary unless pathology or history indicates the need.

Finally, a quick demonstration of heel and toe walking and tandem walking will indicate normal lower extremity strength, and functioning of the fourth and fifth lumbar and sacral nerves and cerebellar function.

The physician can establish any modification of the above, whatever routine is comfortable, provided all areas mentioned are screened.

Once a routine is used, it can be done quickly and efficiently with the assurance the boxer is mentally and physically capable to box.

### **Suggested list of Items for the ringside physician**

Obviously with emergency medical technician support and ambulance availability, little emergency equipment at ringside is necessary except for the following.

1. Stretcher and headboard available under the ring,
2. Oxygen tank (make sure it is functional and full) also stored under the ring.
3. A physician's emergency bag containing at least an Ambu bag, oral and nasal airway and other supplies for cardio-pulmonary resuscitation and management of unconsciousness.
4. The physician should also carry on his/her person or have laid out on the ringside table the following:
  - a. sterile gauze sponges for wiping cuts and nosebleeds;
  - b. penlight for examining intraoral bleeding, cuts and eye reactions (pupillary reflexes and horizontal nystagmus);
  - c. oral airway and oral screw to pry open mouth in case of uncontrolled seizure or trismus due to spasm and to manage the airway in case of an unconscious boxer.

Blood pressure cuff, stethoscope, cervical collar, otoscope and ophthalmoscope are perfectly acceptable to have handy, but basically items one through four are the essential items to handle a stricken or injured boxer in a ring emergency. These

instruments are generally cumbersome and difficult to use effectively in a corner or ringside exam.

The physician needs to be assured of the following requirements, although the responsibility of assuring the following is that of the referee and judges. The physician must, however, be mindful and in so doing greatly add to strict observance of AIBA rules by all.

### Guidelines for entering the ring

The physician will enter the ring under the following circumstances:

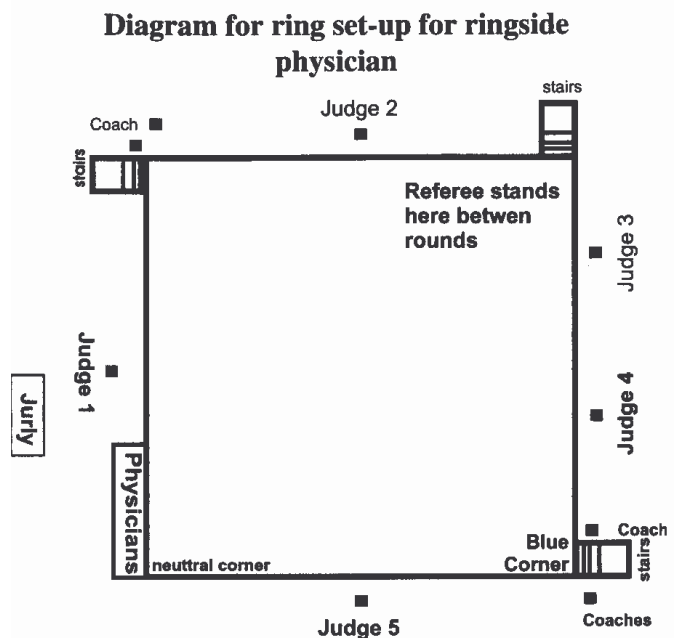
1. Dropped boxer or serious injury the referee requests the physician's evaluation and/or aid.
2. Referee's request during a bout, as following a standing eight count.
3. The physician may, at his own discretion, between rounds indicate to the jury/referee that he wants to examine a boxer. The jury/referee will then signal stop at the beginning of the next round and the boxer will be escorted to ringside for the physician's evaluation.
4. At his discretion the ringside physician may suspend the bout at anytime. If there is a risk of physical injury, he shall notify the jury to terminate the bout. The decision shall take precedence over all other considerations.

When entering the ring, the following advice is given:

1. Enter quickly, but calmly and with authority. Remember, everyone else in the ring is not sophisticated medically and tends to become overly excited.
2. Do not permit the boxer's corner personnel to dictate your evaluation, management or the time you take! They will be escorted to the corner by the referee.
3. Make sure the boxer has an adequate airway. Remove the mouthpiece and watch for vomiting or aspiration.
4. Insist that the boxer lie down until fully reactive; then permit him to sit up; and only when table, may he walk to the corner.
5. When recovery permits, follow the steps mentioned elsewhere in this section to evaluate the boxer's neurological status.

In this instance, the neurological evaluation is done to establish a baseline for further reference because the boxer will require observation.

6. When entering the ring, take sterile gauze pads and a penlight but have airways and resuscitation equipment readily available.



7. The physician must examine the boxer after a period of unconsciousness or other serious injury. Therefore, facilities should be available for continued, close observations under the direct supervision of the ringside physician.
8. If rapid recovery is not as expected, expedite transfer via stretcher and ambulance to the prearranged referral hospital.
9. If recovery progresses satisfactorily, without evidence to suspect a progressive intracranial process, the boxer is released to the care of his coach, family, or other responsible adults. This individual should be given a Head Injury Slip. Additional pertinent information should be provided to facilitate continued observation and to assure proper follow-up care. (Exhibits B and D)

### How to handle cuts at ringside

Since the advent of the headguard, few cuts are seen. Nonetheless the physician must be prepared to handle cuts at ringside. The basic principle of handling cuts around the eye is if a cut causes enough bleeding to impair vision, the bout should be stopped.

Generally cuts, diagrammed "A", rarely cause problems with vision or damage underlying structures. On the other hand, cuts diagrammed "B" (the supraorbital nerve) or "C" that may extend to the nasal lachrymal duct or infraorbital nerve should indicate a need to stop the bout. Cuts "D" on the upper eyelid that might damage the tarsal plate should also indicate need to stop the bout.

Vertical cuts "E" through the vermilion border of the lip should stop the bout because of potential for further tearing the lip from subsequent trauma.

Cuts "F" around or on bridge of the nose must be carefully checked for evidence of compound nasal fracture. (Exhibit C)

No dressing of cuts is allowed except for collodion. If it's obvious in a tournament the cut will not pass a subsequent pre-competition exam, the bout should be stopped.

#### Protocol for head injury follow-up

1. Keep the athlete at rest for 24 hours. No school, practice, competition or work.
2. Clear liquids only for eight hours.
3. You may allow the athlete to sleep, but check his condition every hour while awake, and even, one to two hours while asleep. See that the athlete responds to a pinch or shake, and that his color, pulse and breathing are normal.
4. You may give the athlete one Tylenol tablet, but not aspirin, even - four hours as needed for a headache: nothing stronger should be administered unless you are directed to do so by a physician.
5. Complications that should be brought to the immediate attention of a physician are:
  - a. Severe or prolonged headache that does not subside with a cool wet towel to the head or a Tylenol tablet.
  - b. If the athlete vomits more than two or three times.
  - c. If there is a convulsion (fit or seizure) or involuntary movements of the arms, face or legs.
  - d. If the athlete complains of weakness or is unable to move one or both of his arms or legs.
  - e. If there is difficulty with walking.
  - f. If the athlete cannot be awakened easily or is lethargic.
  - g. If there are peculiar movements of the eyes, difficulty of focus, one pupil is much larger or different than the other or double vision.
  - h. If the athlete displays any kind of repetitive behavior, such as repeating the same word or phrase over and over again, or peculiar behavior.

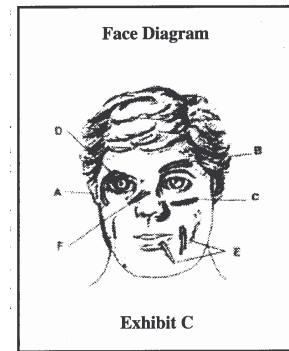
#### Exhibit B

Nosebleeds. The initial evaluation should determine the presence of a fracture. Gentle handling of a nose bleed is necessary so as not to further aggravate or compound a fracture.

If no fracture is felt, the physician must then evaluate the character of the bleeding (i.e. venous vs. brisk arterial gushing).

If the bleeding resembles haemorrhaging or cannot be stopped by simple compression at ringside or by the beginning of the next round, it is best to stop the bout.

Determination of posterior bleeding should also be done by tongue depression and pen light observation. If there are clots in the posterior pharynx or the boxer is spitting clots, the bout should be stopped. Further head blows could cause aspiration of clot and a respiratory emergency.



### Evaluation of the impaired boxer in the ring

A boxer temporarily stunned or knocked down and unconscious is a stricken boxer and a medical emergency. This indicates that a concussion has occurred.

A concussion is a temporarily altered state of motor hypotonus, helplessness and disturbed consciousness.

This includes any one or more of the following:

1. Disorientation,
2. Memory deficit – antegrade and retrograde amnesia,
3. Altered or slow speech,
4. Difficulty processing new information,
5. Impaired motor function – slow, incoordinate.

The following questions are helpful for evaluating the mental status of a boxer whose ability to protect himself is questioned (i.e. in the corner or when brought to ringside by referee):

- What is your name?
  - Where are you?
  - What day and year is it?
  - What is your opponent's name? What round is it?
  - Ask the boxer to repeat four numbers, i.e.7-3-8-2.
6. Note speech – altered, slow, and repetitive?
  7. Observe the eyes:
    - a. Pupils equal, reactive?
    - b. Is there spontaneous nystagmus? The presence of spontaneous horizontal nystagmus indicates the boxer is very vulnerable and should definitely not be permitted to continue...
  8. Look for facial weakness, hemiparesis or other focal signs.

The match should be stopped if the boxer fails to:

1. Answer the questions correctly,
2. Perform the motor tests, or
3. Shows any abnormal focal signs.

To be sure, much of the appraisal is subjective, but the conscientious application of these guidelines will produce decisions that minimize injury and protect the injured boxer.

### How to handle the unconscious boxer

A boxer knocked down and unconscious is considered a stricken boxer and emergency attention by the ringside physician is mandatory. (Exhibit D)

The referee should signal the doctor to enter the ring immediately. If the mouthpiece is partially extruded, the referee can reach down and remove it but otherwise should not in anyway move the boxer. A cervical (neck) fracture must always be a consideration in the initial evaluation.

<b>Guidelines for management of concussion</b>	
<p><b>Grade I</b></p> <ol style="list-style-type: none"> <li>1. Transient confusion</li> <li>2. No loss of consciousness</li> <li>3. Concussion: symptoms or mental status abnormalities on examination resolve in 15 min</li> </ol> <p><b>Symptoms and signs:</b> vacant stare, visual scotoma, tinnitus, delayed verbal and motor responses</p> <p><b>Management:</b></p> <ol style="list-style-type: none"> <li>1. Remove boxer</li> <li>2. Examine immediately and at 5-min intervals for development of mental status abnormalities or postconcussion symptoms at rest</li> </ol> <p><b>Grade II</b></p> <ol style="list-style-type: none"> <li>1. Transient confusion</li> <li>2. No loss of consciousness</li> <li>3. Concussion symptoms or mental status abnormalities (amnesia) on examination last 15 min</li> </ol>	<p><b>Symptoms and signs:</b> Confusion, slurred speech, amnesia, nausea, vomiting, headaches, dizziness, photophobia, mental status changes</p> <p><b>Management:</b></p> <ol style="list-style-type: none"> <li>1. Remove athlete</li> <li>2. Examine often for signs of evolving intracranial pathology</li> <li>3. Transport boxer to hospital to perform neurologic examination</li> </ol> <p><b>Grade III</b></p> <ol style="list-style-type: none"> <li>1. Any loss of consciousness, either brief (sec) or prolonged (min)</li> </ol> <p><b>Management</b></p> <ol style="list-style-type: none"> <li>1. Transport boxer immediately to nearest emergency department by ambulance</li> </ol>
<b>Exhibit D</b>	

The physician needs to promptly secure airway and check for signs of hand and foot movement that will indicate an intact spinal cord. If boxer fails to regain consciousness, continue airway management, immobilize neck in cervical collar, place on stretcher (head board) and remove from ring. Make full use of supplemental oxygen, even if respiration seems adequate. Increasing oxygen concentration to the brain may prevent further injury.

Once the boxer regains consciousness and demonstrates full use of extremities, he may be allowed to sit up. Don't allow him to stand immediately. When satisfied that he has full muscle tone, assist him in standing and move to the corner where he should sit down on the stool until fully capable of being assisted from the ring. Make sure he does not attempt to engage the ropes or manoeuvre down the ringside stairs unassisted.

On returning to the locker room, the physician should perform a thorough medical exam to determine the need and nature of further medical observation and/or hospitalization.

Remember an unconscious boxer is an emergency of the first magnitude.

### **The post-bout exam**

Each boxer must be examined after the bout. The physician should identify an area some distance away from the ring on the way to the locker room where the boxer can be stopped and briefly examined for mental status, head, neck or extremity injury. This can be done rapidly by asking questions as to mental orientation and status while a quick survey of head, face, neck and upper extremities is made.

When two ringside physicians are in attendance, one should be designated to do the post-bout exam and to check, if necessary, any questionable injury in the locker room. The other must remain at ringside for supervision of the next bout.

If only one physician is in attendance, he/she must make the post-bout exam expeditiously and return to ringside before the next bout is allowed to start.

A paramedic or athletic trainer's assistance can be valuable partner in this circumstance. Under appropriate instruction/guidance from the physician and in the case of no obvious injury, the paramedic or athletic trainer may be allowed to do portions of the post-bout exam. In this event, the physician, after completion of all the bouts, must see each boxer to assure that he is responding normally. The boxer may be instructed to present himself at ringside for the exam, after showering and dressing, in case he wishes to leave before the end of the bouts.

Conclusion Following the above recommendations can safeguard the boxer from serious injury and provide confidence to the physician in mastering the responsibilities of the ringside doctor. Always keep first in your mind – boxing safety.

### **Suggested list of items for physicians**

#### **1. Diagnostic**

- Ophthalmoscope
- Otoscope
- Small flashlight or penlight
- Stethoscope
- Sphygmomanometer
- Thermometer
- Nasal speculum

#### **2. Instruments**

- Disposable suture kits
- Forceps
- 'New Skin' or collodion
- Scissors
- Steri-strips
- Sutures
- Scapels (disposable)
- Sterile gloves
- Non-sterile gloves
- (A sterile suture kit is preferred. Disposable kits are available and acceptable.)

### 3. Orthopedic

Finger splints  
Adhesive tape  
Ace bandage  
Soft neck collar  
(An ankle splint is to have,  
but not necessary.)

### 4. Miscellaneous

Betadine and/or alcohol  
sponges  
Syringes  
Needles  
Anesthetic (local), Xylocaine  
1% or 2%  
Airways, at least one large  
one medium  
(adolescent size)  
Oral screw  
Tongue depressors  
Dressings  
Eye patch  
Band-Aids  
Gauze sponge (4x4)  
Roll-type gauze or Kling  
Cotton-tip applicators, sterile  
and non-sterile  
Razors (Boxers must be clean  
shaven)  
Plastik zip-loc bags (for ice  
bags)

### **Team physician's responsibility**

The doctor's responsibility is to also care for the medical needs of the entire delegation during foreign trips. This group will include athletes, referees, coaches, trainers, wives, manager and doctor. It must be remembered that the athletes and referees cannot be given any substance that will alter their ability to compete or affect judgment. The choice of medications should take into consideration the geographic area that will be visited, i.e. intestinal parasites and sanitation considerations. It is recommended that the medication be carried in plastic containers with tamper-proof tops.

Strict adherence will lessen the likelihood of problems at the time of entrance or departure from each country. It is also advised that the doctor take copies of his medical and narcotic licenses as well as any other appropriate medical documents.

With the above points in mind, the following classes of medication are suggested:

1. **Analgesics** – Tylenol, oral and injectable narcotics (minimize). Narcotics should be safeguarded. Aspirin is not recommended just prior to or after a bout to minimize bleeding potential.
2. **Antihistamines** – straight antihistamines are not banned, but decongestants (Ephedrine and derivatives) are banned. Oxymetozoline (Afrin) nasal sprays are acceptable.
3. **Antiasthma**–medication, i.e. Albuterol inhaler. epinephrine is banned.
4. **Anticonvulsants**
5. **Antibiotics** – for URI's and gastrointestinal infections.
6. **Antidiarrheal** – Imodium is most effective and safe. Caution: do not use four hours prior to bout.
7. **Antacids and antiflatulants**
8. **Antiemetics**
9. **Topical antifungal and antibacterial ointments**
10. **Amylnitrate or ammonia pearls** – should be used only if necessary and if prepared far laryngeal or tracheal spasm.
11. **Antitussive** – Dextromethorphan products are accepted for use if drug testing is planned.
12. **Hemorrhoidal** – suppositories or cream.
13. **Soporifics and sedatives** – Halcion (0.125) is acceptable for sleep, and benadryl is probably safest; Diazepam- type tranquilizers are acceptable.
14. **Muscle relaxants**
15. **Eye preparations**
16. **Ear preparations**
17. **Laxatives**
18. **Diuretics** – these drugs are banned for use in making weight.
19. **Anti-inflammatory medication** – e.g. Piroxicam

### **Minimum Suspension Periods after Knockout and RSCH**

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Single occurrence of knockout or RSCH. If a boxer suffers a knockout as a result of blows to the head or if the bout is stopped by the referee due to the boxer being incapable of defending himself or continuing the bout as a result of heavy blows to the head, then the boxer may not take part in boxing or sparring for a period of at least four weeks afterwards.

### **Double occurrence of knockout or RSCH**

If during a period of three months a boxer is twice knocked out or if two 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 three months after the second occurrence.

### **Triple occurrence of knockout or RSCH**

If during a period of 12 months the boxer suffers three knockouts or if three bouts are stopped by the referee due to the boxer having received heavy blows to the head, then he may not take part in boxing or sparring for a period of one year after the third occurrence. Any boxer, who loses a difficult bout as a result of many blows to the head of who is knocked down in several successive competitions may be barred from taking part in competitive boxing or sparring for a period of four weeks after the last contest if the Jury so decides on the advice of the medical officer. All these protective regulations also apply when the knockout occurs in training.

### **Medical certification after the end of the suspension period**

Before a boxer is allowed to fight after the aforementioned periods have elapsed, he must be passed fit by a neurologist, if possible after a specialist examination has been conducted, a computerized tomography of the brain carried out, or MRI.

## **Boxing Injuries**

**Eyes.** Serious eye injuries are very rare. Corneal abrasions, tearing of the iris and dislocation of the lens may occur. Some cases of retinal detachment have been observed but it has not been proved that such injuries were sustained as a result of a blow to the eye with a boxing glove. In the case of an eye injury the bout must be stopped and the boxer be referred to an ophthalmologist.

### **Abrasions**

Such injuries often occur to the face and skull. Bleeding should be halted by pressure. As a rule a compress with Fibrin foam (e.g. Spongostan) is sufficient. Bathing with a warm saline solution followed by the local application of an antiseptic is also effective.

### **Lacerations**

There is no doubt that most cuts in the region of the eyes are caused by blows to the head. When the wound has been thoroughly cleaned it can be stitched. Smaller cuts can be held together at the edges and taped with plastic material (e.g. Steri-strip), or covered

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with give. If a wound is stitched the stitches should be removed within five days. To guarantee healing of the wound a sufficiently long suspension period should be imposed.

### **Haematomas**

The “black eye”, as it is commonly known, rarely requires treatment, but cold applications and light compression limit the extravasation of blood. A haematoma of the auricle, if detected early, necessitates incision, pressure bandaging and the application of antibiotics. If a blood clot has to be removed then this should be done by a doctor experienced in such matters. Since the wearing of a headguard is compulsory such injuries are rare.

### **Nose**

Fractures of nasal bones are rare. Elevation at an early stage is indicated and a suspension of three months should be imposed. Bleeding in the septum of the nose should be drained with a thick needle. A plug consisting of cotton and vaseline should be applied together with a cold pressure bandage for a period of 30 minutes. Antibiotics should be prescribed.

### **Jaw**

Fractures of the jaw are also rare. The symptoms are: pain, tenderness, trismus and speech difficulties. The boxer should be sent to a specialist unit for facial and jaw surgery. A six-month suspension should be imposed.

### **Hands**

The most common fractures are those of the first metacarpal. They are primarily caused by a poor punching technique, where the thumb is not correctly positioned opposite to the index and middle fingers. If such a fracture is suspected, indicated by localized tenderness, bruising or swelling, the boxer should be immediately sent to hospital for an X-ray.

The fracture should be temporarily supported by a splint. Depending on the nature of the fracture (Bennett’s fracture, fracture of the shaft, spiral fracture of the metacarpals) the period of immobilization should last from 3 to 6 weeks. If a carpal bone fracture is suspected the boxer should be sent to a specialist.

Other injuries apart from bone fractures include dislocation of the metacarpophalangeal, carpo-metacarpal and carpal joints. Articular and periarticular changes may occur in these joints. Local treatment and anti-inflammatory drugs may be useful. Above all it is essential that the boxer improve his technique.

### **Limbs**

Injuries of the upper and lower limb are uncommon in boxing.

### **Abdomen**

Ruptures of the organs in the abdomen (spleen, liver) are uncommon but should be borne in mind due to their serious consequences.

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Traumatic injury of the kidneys is more common. Contusions may lead to massive haematuria even when no anatomic defect appears. In most cases conservative treatment in hospital with confinement to bed should suffice.

### **Physical Fitness of Referees and Judges**

A candidate for inclusion in the international list of AIBA referees and judges must conform to the Articles of Association and Rules for International Competitions and Tournaments, Rule XI.C.7, as follows: “upon reaching the age of 60 all AIBA R/J’s must undergo and pass an annual physical and neurological examination”.

The Medical Commission does not consider age to be an absolute factor in one’s health and physical fitness. Therefore, the examination is designed for, and recommended to be administered to referees and judges of all ages – not just to those over 60 years of age.

The examination shall consist of two parts. The initial part shall be that of an annual exam done at the local level by the National Federation. This shall be documented and presented to the Medical Jury in charge of any International, Continental or World competition. The referee and judge will then be subjected to the second brief, but thorough exam done prior to the event competition at the time of the official weigh-in. These exams shall consist of the following:

#### **The annual examination**

This shall include a history of past and recent illnesses, surgical procedures, allergies, medications, disabilities and family history.

#### **The following conditions render the R/J unfit:**

1. Coronary artery insufficiency, with angina
2. congestive heart failure
3. aortic stenosis
4. left ventricular outflow tract obstructive disease
5. aneurysm
6. myocarditis
7. thrombophlebitis (during the last year)
8. uncontrolled arrhythmias
9. untreated hypertension
10. uncontrolled metabolic disease (diabetes mellitus, thyrotoxicosis, myxoedema)
11. excessive medication (digitalis, diuretics, psychotropic agents)
12. renal, hepatic or other metabolic insufficiency
13. overt psychoneurotic disturbances requiring therapy
14. intermittent claudication
15. moderate to severe pulmonary disease
16. physical disability from neuromuscular, orthopedic or arthritic disorders

17. 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 spectacles in the ring is prohibited, though the wearing of contact lenses is permitted.

**The clinical exam must include the following:**

1. Age, height, weight, and neurological review to include cranial nerve survey, deep tendon reflexes, Romberg and Babinski response.
2. Blood pressure supine, not to exceed 140/90.
3. Body Mass Index (BMI) not greater than 30.  $BMI = wt(kg) : ht(Meters)squared.$
4. Resting heart rate not to exceed 100 min.
5. Peak pulmonary flow rate not less than 300 ml.
6. Laboratory tests: CBC, BUN/Cr, Glucose, cholesterol and urinalysis.
7. Ophthalmologic exam: Visual acuity (Snellen chart) Ishihara Color test, and fundoscopic exam.
8. Internationally standardized-graded exercise Electrocardiogram (ECG). For those above age 40 – every year; for those under age 40 — every three years.  
The referee and/or judge must produce this certificate, signed additionally by the General Secretary or Chief Medical Officer of his/her national federation, at all international championships (continental and world championships, Olympic Games, World Cup).

**Pre-competition exam**

**The second exam done at each competition, prior to, or at the time of the initial weigh-in, shall include the following:**

1. Blood pressure not to exceed 140/90.
2. Resting pulse rate between 50 to 100.
3. Screening Snellen Chart visual acuity test.
4. A normal auscultation of the chest.
5. A temperature of less than 99.2F (37oC).
6. A negative alcohol screening test, (breath analyser, Alco Stick Test, or other)
7. Conditioning test (Step test or Knee Bend) i.e.: Step or knee-bend exercise consists of 30 step-up/step-down or deep knee bends in 45 seconds. Measure the resting pulse (p1), the after exercise pulse (p2), and one minute after exercise pulse (p3)  
(p1 + p2 + p3) minus 200

Result =  $\frac{\text{---}}{10}$

Score:           0-2 athletic,  
                      3-5 well,  
                      6-10 average  
                      > 10 = unfit to officiate as referee

The physician members of the AIBA Jury shall use their best clinical judgement, taking into account all of the above in evaluating the total fitness of each individual referee and

judge. The object being to diminish the risk of coronary heart disease, and to promote the semblance of good health and conditioning of those officials in and about the ring during AIBA events.

## **Medical Aspects of the Organization of International Tournaments**

From a medical point of view the organization of international boxing competitions can be divided into four stages:

### **1. Preliminary measures**

The organizing committee consists of various commissions, including the Medical Commission. At this stage the Medical Commission sets down the medical regulations for the competition.

### **2. Long-term preparation for the competition. This stage begins with the implementation of a detailed plan.**

#### **The Medical Commission**

- arranges rooms for the meeting of the Medical Commission of AIBA
- prepares a medical symposium
- organizes permanent medical care in all hotels, training facilities and in the competition arena
- makes sure that the necessary medical documents are printed (cards for weighing in and for doping protocols)
- arranges rooms for medical examination with the appropriate equipment (couches, lockers, chairs and tables)
- finds a First Aid room in the arena (equipped with the requisite First Aid facilities as well as a direct telephone line. Two ambulances and medical personnel must also be available.)
- finds a well equipped laboratory for doping controls
- finds at least two appropriately equipped rooms for carrying out doping controls
- makes sure that there are at least three seats in the arena for the Medical Jury and at least six for the Medical Commission of AIBA
- makes sure that adequate food supplies are available for the boxers.

### **3. Immediate preparation for the competition. This stage covers the last five days prior to the tournament.**

#### **Particular attention should be paid to the following points:**

- The general medical examination is carried out by the Medical Commission of AIBA or by the appropriate continental federation in cooperation with specialist doctors from the host country.
- The medical examination must take place in a suitable room, meeting certain conditions, e.g.:

1. The competitors must have enough space.
  2. There must be a sufficient number of couches and the doctor must have good working conditions.
  3. There must be direct access to the weighing-in room.
  4. There must be heating (if necessary), sufficient light and good ventilation.
  5. There must be a sufficient number of chairs and desks.
- The examining doctors must know that they are to confirm their examination on the boxer's medical card, certifying his fitness to compete.
  - The members of the Medical Commission must be provided with transport.
  - It must be ensured that everything to do with feeding the boxers is arranged.

The following should be taken care of:

1. The place where the boxers will receive their meals. (This should be the hotel in which they are staying.)
2. The calorie content and nutritional composition (vitamins, minerals, protein, carbohydrate, fat) should meet the standards set down by the Medical Commission of AIBA.
3. The public health authorities must guarantee the maintenance of food hygiene regulations in the respective restaurants and in respect of their staff.
  - The preparations for doping tests should be examined to see that they comply fully with the requirements of the AIBA doping regulations.
  - The preparations for the medical symposium should be completed at this stage.

#### **4. The actual competition**

Special attention should be paid to the following:

- medical examination of the boxers
- ambulances and the First Aid room in the arena
- unhindered execution of the doping tests
- feeding of the boxers
- hygiene in the hotel, training facilities and the arena.

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## Licence for Ringside Physicians

Through all times, the goal of AIBA has been to improve safety in amateur boxing. This has been achieved

through close cooperation with the different Commissions of AIBA. As a result of this hard work, the IOC has accepted amateur boxing. A nice success for AIBA and its Medical Commission. But the EC of HIBA does not stop here. It has now been decided, again with the assistance of the Medical Commission, to introduce the concept of the Ringside Physician in amateur boxing. This will be a medical doctor who has a special licence to work at ringside in boxing competitions, and deal with all kinds of medical matters concerning boxing. The Ringside Physician (RP) will be completely up-to-date and trained, knowing the rules, the medical rules and practice etc., and should thus be able to function as a one man Medical Jury at small competitions, to be a member of any Medical Jury or to function as the Chairman of a Medical Jury, all according to which category of RP he may be qualified for.

This will mean utterly safeguarding of the boxers and the sport, and will be accepted with great satisfaction from the people working for safety in sports. With competent doctors present at all boxing competitions throughout the world, this will be another great step forward.

There will be 3 categories of RPs.

1. **National RP**
2. **Continental RP**
3. **International RP.**

All Associations should educate their own national RPs according to the standard for this category. The training these RPs undergo in their home countries will be the basis for their being ranked in a higher category. This ranking will be done by the Continental Medical Commission, or the AIBA Medical Commission. I will get back to this later.

### 1. National Licence for RP

The training and education of this category of RPs must be done by the national Associations, and should be organized according to the need of doctors. Associations with much boxing will of course need more doctors than small Associations with little boxing. The teaching of the RPs is done in the following way, and could be a guideline for establishing a national system: The Association circulates information about the work of the boxing doctors to the local boxing clubs. It is up to the boxing club to try to get in touch with doctors interested in boxing, to bring the information mentioned to these doctors, and then send them to the courses/seminars organized for educating the RPs. For this information it is recommended to make use of the AIBA Medical Handbook of Amateur Boxing. Having read this material, the doctor will be better prepared for the course/seminar to come.

The course/seminar should be divided in a theoretical part and a practical part.

**A. Theoretical education:**

Tasks of the doctor as a boxing doctor in boxing clubs, as an Association doctor responsible for national teams or as a member of the National Medical Commission.

Boxing rules. It is recommended to work in cooperation with the R/J Commission of the Association. Teaching the AIBA rules and, in addition, the National rules that may differ from the AIBA rules (e.g. for Youth Boxing).

First time medical examination of boxers and annual examination according to AIBA rules. Medical examinations of R/Js, first time and annual follow up.

Knowledge of the national doping rules, the IOC rules for doping and the procedure for dope tests. Dealing with the Medical Book of AIBA.

Ringside work at boxing competitions including cooperation with the referees.

Cooperation with the Jury during boxing competitions

Behaviour and procedure in the ring when a boxer is injured or knocked out.

Post bout examinations.

Typical boxing injuries. Treatment of these. Rest periods after KO or injuries. Injury reports.

**B. Practical Education:**

It is necessary to practise the knowledge acquired during the theoretical course at actual boxing competitions. This may be done, for instance, during the National Championships. At such Championships there will always be a high number of bouts, which will ensure the participating doctors plenty of practical experience and training. The doctors attending the seminar will be seated at ringside together with the Medical Jury or RP in charge.

The attending doctors will have to deal with all the matters that may occur at this boxing event, being supervised by the official RP, who will make corrections when necessary, and guide the doctors through the boxing. This may of course take some seconds extra now and then, but is probably the only way of giving the new doctors a realistic and authentic experience working as a RP, and testing out the knowledge from the theoretical part of the seminar/course.

All the matters that may occur during the boxing will then be evaluated at a joint meeting afterwards, explaining why things were done in this way and not in that way. Open session for questions and discussion. There should be no exams or tests in connection with the training of the RP, but if a National Association decides that such an exam or test should be held, there is of course no objection to that.

Having completed this seminar the attending doctor should be considered a National RP. This means that he is qualified to function as a RP at any boxing event in his country. He can be nominated for and be a member of the National Medical Commission and he is qualified to function as a team doctor for National Team competing at international events. At such events he may be invited to work at ringside, if needed, which is at the discretion of the Medical Jury.

After he has gathered a certain experience, the National Association may recommend that doctor for the next higher level.

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## **2. Continental Licence for RP**

The National Association must then apply to the Continental Medical Commission and submit the CV of the candidate, a guarantee that he is a qualified National RP, and that he has gathered enough experience to be considered a candidate for the Continental category of RPs. The Medical Commission of the Continent will then decide yes or no. There should be no tests for this. The Continental RP is qualified to have the responsibility for any boxing competition taking place in his continent, as the Chairman or member of the Medical Jury. However, at AIBA Tournaments, World or Olympic Championships in his Continent, he can only be a member of the Medical Jury if needed and called upon by the official Medical Jury. He is also qualified to be a member of the Continental Medical Commission.

After he has worked as a Continental RP and gathered the necessary experience, it is possible to apply for his promotion to the highest category of RP:

## **3. International Licence for RP**

Again his Association must bring the necessary documentation of his activities as a Continental RP, and the AIBA Medical Commission will then decide if the candidate is qualified or not. No test should be held.

Being an International RP the doctor can be a member or Chairman of any Medical Jury at any boxing event in the World. He is also qualified to be a member of the AIBA Medical Commission.

The education of the national RP is probably the most important step. If the Association does a good job here, the sport of Boxing will be blessed with competent doctors, to the best of the sport and the athletes.

The National Associations should start this important work now. It will of course cost money, but there are many ways of getting the necessary support from sponsors, pharmaceutical companies, National Confederation of Sports, National Olympic Committee, etc.

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## AIBA's ANTI DOPING RULES

### AIBA ANTI-DOPING RULES

#### INTRODUCTION

##### **Preface**

AIBA accepted the World Anti-Doping *Code* (the "*Code*") on the March 5<sup>th</sup>, 2003. These Anti-Doping Rules are adopted and implemented in conformance with AIBA's responsibilities under the *Code*, and are in furtherance of AIBA's continuing efforts to eradicate doping in the sport of Boxing.

Anti-Doping Rules, like *Competition* rules, are sport rules governing the conditions under which sport is played. *Athletes* accept these rules as a condition of participation. Anti-Doping Rules are not intended to be subject to or limited by the requirements and legal standards applicable to criminal proceedings or employment matters. The policies and minimum standards set forth in the *Code* and implemented in these Anti-Doping Rules represent the consensus of a broad spectrum of stakeholders with an interest in fair sport and should be respected by all courts and adjudicating bodies.

##### **Fundamental Rationale for the Code and AIBA's Anti-Doping Rules**

Anti-doping programs seek to preserve what is intrinsically valuable about sport. This intrinsic value is often referred to as "the spirit of sport"; it is the essence of Olympism; it is how we play true. The spirit of sport is the celebration of the human spirit, body and mind, and is characterized by the following values:

- Ethics, fair play and honesty
- Health
- Excellence in performance
- Character and education
- Fun and joy
- Teamwork
- Dedication and commitment
- Respect for rules and laws
- Respect for self and other participants
- Courage
- Community and solidarity

Doping is fundamentally contrary to the spirit of sport.

The AIBA Doping Control Sub-Commission (DCSC) is responsible for advising the AIBA Medical Commission on anti-doping education and prevention, which includes:

- Reviewing the WADA prohibited list in relation to specific knowledge about all disciplines of Boxing;
- Advising on sport-specific information in regard to the specificity of the sport and the type of performance enhancing substances

- 
- Treat the Therapeutic Use Exemptions in a consistent manner in compliance with the International Standard for TUE's.

The AIBA Medical Commission, advised by the DCSC, is solely responsible for advising the Executive Committee on penalties/suspensions in positive doping cases.

### Scope

These Anti-Doping Rules shall apply to AIBA, each *National Federation* of AIBA, and each *Participant* in the activities of AIBA or any of its *National Federations* by virtue of the *Participant's* membership, accreditation, or participation in AIBA, its *National Federations*, or their activities or *Events*.

It is the responsibility of each *National Federation* to ensure that all national-level *Testing* on the *National Federation's Athletes* complies with these Anti-Doping Rules. In some cases, the *National Federation* itself will be conducting the *Doping Control* described in these Anti-Doping Rules. In other countries, many of the *Doping Control* responsibilities of the *National Federation* have been delegated or assigned by statute to a *National Anti-Doping Organization*. In those countries, references in these Anti-Doping Rules to the *National Federation* shall apply, as applicable, to the *National Federation's National Anti-Doping Organization*.

These Anti-Doping Rules shall apply to all *Doping Controls* over which AIBA and its *National Federations* have jurisdiction.

All athletes shall submit to Doping Control carried out by AIBA IN COMPETITION, OUT OF COMPETITION, announced or unannounced. The athlete shall submit to Doping Control whenever requested by an authorized official.

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## ARTICLE 1 DEFINITION OF DOPING

Doping is defined as the occurrence of one or more of the anti-doping rule violations set forth in Article 2.1 through Article 2.8 of these Anti-Doping Rules.

## ARTICLE 2 ANTI-DOPING RULE VIOLATIONS

The following constitute anti-doping rule violations:

### 2.1 The presence of a *Prohibited Substance* or its *Metabolites* or *Markers* in an *Athlete's* bodily *Specimen*

2.1.1 It is each *Athlete's* personal duty to ensure that no *Prohibited Substance* enters his or her body. *Athletes* are responsible for any *Prohibited Substance* or its *Metabolites* or *Markers* found to be present in their bodily *Specimens*. Accordingly, it is not necessary that intent, fault, negligence or knowing *Use* on the *Athlete's* part be demonstrated in order to establish an anti-doping violation under Article 2.1.

2.1.2 Excepting those substances for which a quantitative reporting threshold is specifically identified in the *Prohibited List*, the detected presence of any quantity of a *Prohibited Substance* or its *Metabolites* or *Markers* in an *Athlete's Sample* shall constitute an anti-doping rule violation.

2.1.3 As an exception to the general rule of Article 2.1, the *Prohibited List* may establish special criteria for the evaluation of *Prohibited Substances* that can also be produced endogenously.

### 2.2 *Use or Attempted Use of a Prohibited Substance or a Prohibited Method*

2.2.1 The success or failure of the *Use* of a *Prohibited Substance* or *Prohibited Method* is not material. It is sufficient that the *Prohibited Substance* or *Prohibited Method* was *Used* or *Attempted* to be *Used* for an anti-doping rule violation to be committed.

2.3 Refusing, or failing without compelling justification, to submit to *Sample* collection after notification as authorized in these Anti-Doping Rules or otherwise evading *Sample* collection.

2.4 Violation of the requirements regarding *Athlete* availability for *Out-of-Competition Testing* including failure to provide required whereabouts information set forth in Article 5.5 (*Athlete* whereabouts requirements) and missed tests, which are declared based on reasonable rules.

2.5 *Tampering, or Attempting to tamper, with any part of Doping Control.*

2.6 ***Possession of Prohibited Substances and Methods***

2.6.1 *Possession by an Athlete at any time or place of a substance that is prohibited in Out-of-Competition Testing or a Prohibited Method unless the Athlete establishes that the Possession is pursuant to a therapeutic use exemption granted in accordance with Article 4.4 (Therapeutic Use) or other acceptable justification.*

2.6.2 *Possession of a Prohibited Substance that is prohibited in Out-of-Competition Testing or a Prohibited Method by Athlete Support Personnel in connection with an Athlete, Event or training, unless the Athlete Support Personnel establishes that the Possession is pursuant to a therapeutic use exemption granted to an Athlete in accordance with Article 4.4 (Therapeutic Use) or other acceptable justification.*

2.7 *Trafficking in any Prohibited Substance or Prohibited Method.*

2.8 *Administration or Attempted administration of a Prohibited Substance or Prohibited Method to any Athlete, or assisting, encouraging, aiding, abetting, covering up or any other type of complicity involving an anti-doping rule violation or any Attempted violation.*

**ARTICLE 3 PROOF OF DOPING**

**3.1 Burdens and Standards of Proof**

AIBA and its *National Federations* shall have the burden of establishing that an anti-doping rule violation has occurred. The standard of proof shall be whether AIBA or its *National Federation* has established an anti-doping rule violation to the comfortable satisfaction of the hearing body bearing in mind the seriousness of the allegation which is made. This standard of proof in all cases is greater than a mere balance of probability but less than proof beyond a reasonable doubt. Where these Rules place the burden of proof upon the *Athlete* or other *Person* alleged to have committed an anti-doping rule violation to rebut a presumption or establish specified facts or circumstances, the standard of proof shall be by a balance of probability.

**3.2 Methods of Establishing Facts and Presumptions**

Facts related to anti-doping rule violations may be established by any reliable means, including admissions. The following rules of proof shall be applicable in doping cases:

3.2.1 *WADA-accredited laboratories are presumed to have conducted Sample analysis and custodial procedures in accordance with the International Standard for laboratory analysis. The Athlete may rebut this presumption by establishing that a departure from the International Standard occurred.*

If the *Athlete* rebuts the preceding presumption by showing that a departure from the *International Standard* occurred, then AIBA or its *National Federation* shall have

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the burden to establish that such departure did not cause the *Adverse Analytical Finding*.

**3.2.2** Departures from the *International Standard for Testing* which did not cause an *Adverse Analytical Finding* or other anti-doping rule violation shall not invalidate such results. If the *Athlete* establishes that departures from the *International Standard* occurred during *Testing* then AIBA or its *National Federation* shall have the burden to establish that such departures did not cause the *Adverse Analytical Finding* or the factual basis for the anti-doping rule violation.

## ARTICLE 4 THE PROHIBITED LIST

### 4.1 Incorporation of the *Prohibited List*

These Anti-Doping Rules incorporate the *Prohibited List* which is published and revised by *WADA* as described in Article 4.1 of the *Code*. AIBA will make the current *Prohibited List* available to each *National Federation*, and each *National Federation* shall ensure that the current *Prohibited List* is available to its members and constituents.<sup>1</sup>

### 4.2 *Prohibited Substances and Prohibited Methods Identified on the Prohibited List*

Unless provided otherwise in the *Prohibited List* and/or a revision, the *Prohibited List* and revisions shall go into effect under these Anti-Doping Rules three months after publication of the *Prohibited List* by *WADA* without requiring any further action by AIBA. As described in Article 4.2 of the *Code*, AIBA may upon the recommendation of its Doping Control Sub Commission (DCSC) request that *WADA* expand the *Prohibited List* for the sport of Boxing or certain disciplines within the sport of Boxing. AIBA may also upon the recommendation of its Medical Commission request that *WADA* include additional substances or methods, which have the potential for abuse in the sport of Boxing, in the monitoring program described in Article 4.5 of the *Code*. As provided in the *Code*, *WADA* shall make the final decision on such requests by AIBA.

### 4.3 Criteria for Including Substances and Methods on the *Prohibited List*

As provided in Article 4.4.3 of the *Code*, *WADA's* determination of the *Prohibited Substances* and *Prohibited Methods* that will be included on the *Prohibited List* shall be final and shall not be subject to challenge by an *Athlete* or other *Person*.

### 4.4 Therapeutic Use

**4.4.1** *Athletes* with a documented medical condition requiring the use of a *Prohibited Substance* or a *Prohibited Method* must first obtain a Therapeutic Use Exemption ("TUE").

**4.4.2** *Athletes* included by AIBA in its *Registered Testing Pool* and other *Athletes* prior to their participation in any *International Event* must obtain a TUE

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(1) The *Prohibited List* in force is available on *WADA's* website at [www.wada-ama.org](http://www.wada-ama.org).

from AIBA (regardless of whether the *Athlete* previously has received a TUE at the national level). TUE's form to be produced by AIBA shall be reported to the *Athlete's National Federation* and to *WADA*. Other *Athletes* subject to *Testing* must obtain a TUE from their *National Anti-Doping Organization* or other body designated by their *National Federation*. *National Federations* shall promptly report any such TUE's to AIBA and *WADA*.

**4.4.3** The AIBA Executive Committee shall appoint a panel of physicians on recommendation of the AIBA Medical Commission to consider requests for TUE's (the "TUE Panel"). Upon AIBA's receipt of a TUE request, the Chair of the TUE Panel shall appoint one or more members of the TUE Panel (which may include the Chair) to consider such request. The TUE Panel member(s) so designated shall promptly evaluate such request in accordance with the *International Standard for Therapeutic Use Exemptions* and render a decision on such request, which shall be the final decision of AIBA.

4.4.3.1 *International-Level Athletes* who are included in the AIBA's *Registered Testing Pool*, must apply to AIBA for the TUE at the same time the *Athlete* first provides whereabouts information to the AIBA and, except in emergency situations, no later than 21 days before the *Athlete's* participation at International Events and the Olympic Games.

4.4.3.2 *Athletes* participating in *International Events* who are not included in the AIBA *Registered Testing Pool* must, except in emergency situations, request a TUE from AIBA no later than 21 days before the *Athlete's* participation at International Events and the Olympic Games.

4.4.3.3 Notification may be by fax or by e-mail but must be confirmed by letter. The AIBA TUE Panel will take a decision within 7 days.

**4.4.4** *WADA*, at the request of an *Athlete* or on its own initiation, may review the granting or denial of any TUE to an *International Level Athlete* or a national level *Athlete* that is included in a *Registered Testing Pool*. If *WADA* determines that the granting or denial of a TUE did not comply with the *International Standard for Therapeutic Use Exemptions* in force at the time then *WADA* may reverse that decision. Decisions on TUE's are subject to further appeal as provided in Article 13.

## ARTICLE 5 *TESTING*

### 5.1 **Authority to Test**

All *Athletes* affiliated with a *National Federation* shall be subject to *In-Competition Testing* by AIBA, the *Athlete's National Federation*, and any other *Anti-Doping Organization* responsible for *Testing* at a *Competition* or *Event* in which they participate. All *Athletes* affiliated with a *National Federation* shall also be subject to *Out-of-Competition Testing* at any time or place, with or without advance notice, by AIBA, *WADA*, the *Athlete's National Federation*, the *National Anti-Doping Organization* of any country where the *Athlete* is present, and the IOC during the Olympic Games

## 5.2 Responsibility for AIBA Testing

The AIBA Medical Commission shall be responsible for overseeing all *Testing* conducted by AIBA. *Testing* may be conducted by members of the AIBA Doping Control Sub-Commission (DCSC) or by other qualified persons so authorized by AIBA.

## 5.3 Testing Standards

*Testing* conducted by AIBA and its *National Federations* shall be in substantial conformity with the *International Standard for Testing* in force at the time of *Testing*.

**5.3.1** Blood *Samples* may be used either to detect *Prohibited Substances* or *Prohibited Methods* or for screening procedure purposes only. If the blood is collected for screening only, it will have no other consequences for the *Athlete* other than to identify him/her for a urine test under these anti-doping rules. In these circumstances, the AIBA may decide at its own discretion which blood parameters are to be measured in the screening *Sample* and what levels of those parameters will be used to indicate that an *Athlete* should be selected for a urine test.

## 5.4 Coordination of Testing

AIBA Medical Commission and *National Federations* shall promptly report completed tests to the *WADA* clearinghouse to avoid unnecessary duplication in *Testing*.

## 5.5 Athlete Whereabouts Requirements

**5.5.1** AIBA has a *Registered Testing Pool* of those *Athletes* who are required to provide up-to-date whereabouts information to AIBA. AIBA may revise its *Registered Testing Pool* from time to time as appropriate. Each *Athlete* in the *Registered Testing Pool* shall file semi-annual reports with AIBA on forms provided by AIBA which specify on a daily basis the locations and times where the *Athlete* will be residing, training and competing. *Athletes* shall update this information as necessary so that it is current at all times. The ultimate responsibility for providing whereabouts information rests with each *Athlete*, however, it shall be the responsibility of each *National Federation* to use its best efforts to assist AIBA in obtaining whereabouts information as requested by AIBA.

**5.5.1.1** Members of the AIBA Registered testing pool are:

- In the Olympic Qualification Period, every athlete who has obtained a quota place for his country, independently if he will be participating in the Olympic Games
- The medal winners of the Previous World & Continental Championships
- The AIBA Medical Commission can include any other Athlete, member of a National team, in the registered testing pool by

written notice to the National Federation and the Athlete concerned.

- If an Athlete no longer fulfils any of the above criteria, he will remain in the registered testing pool until the end of the Calendar year.
- The list of Athletes in the registered testing pool will be available on the AIBA Website.

**5.5.2** Any *Athlete* in the AIBA *Registered Testing Pool* who is unavailable for *Testing* on three attempts during any period of 12 consecutive months shall be considered to have committed an anti-doping rule violation pursuant to Article 2.4. For each attempt, the Doping Control Officer shall visit all locations during the times specified by the *Athlete* for that date and shall stay two hours at each location. Notification shall be sent to the *Athlete* between each attempt which is to be counted as an unavailable test.

**5.5.3** Any *Athlete* in the AIBA *Registered Testing Pool* who fails to timely submit a required semi-annual whereabouts report after receipt of two formal written warnings from AIBA or a *National Federation* to do so in the preceding 12 months shall be considered to have committed an anti-doping rule violation pursuant to Article 2.4.

**5.5.4** Each *National Federation* shall also assist their *National Anti-Doping Organization* in establishing a national level *Registered Testing Pool* of top level national *Athletes* who are not already included in AIBA's *Registered Testing Pool*. The *National Federation/National Anti-Doping Organization* may establish its own whereabouts reporting requirements and criteria for Article 2.4 violations applicable to those *Athletes*.

**5.5.5** Whereabouts information provided pursuant to Articles 5.5.1 and 5.5.4 shall be shared with *WADA* and other *Anti-Doping Organizations* having jurisdiction to test an *Athlete* on the strict condition that it be used only for *Doping Control* purposes.

## **5.6 Retirement and Return to Competition**

**5.6.1** An *Athlete* who has been identified by AIBA for inclusion in AIBA's *Registered Testing Pool* shall continue to be subject to these Anti-Doping Rules, including the obligation to be available for *No Advance Notice Out-of-Competition Testing*, unless and until the *Athlete* gives written notice to AIBA that he or she has retired or until he or she no longer satisfies the criteria for inclusion in the AIBA's *Registered Testing Pool* and has been so informed by AIBA.

**5.6.2** An *Athlete* who has given notice of retirement to AIBA may not resume competing unless he or she notifies AIBA at least six months before he or she expects to return to competition and is available for unannounced *Out-of-*

*Competition Testing*, at any time during the period before actual return to competition.

**5.6.3** *National Federations/National Anti-Doping Organizations* may establish similar requirements for retirement and returning to competition for *Athletes* in the national *Registered Testing Pool*.

## **5.7 Selection of *Athletes* to be Tested**

**5.7.1** At *International Events*, the chairman of the AIBA, DCSC/or the representative responsible of DCSC, together with the Chairman of the Medical Commission at International events shall determine the number of finishing placement tests, random tests and target tests to be performed.

5.7.1.1 The following *Athletes* shall be tested at International Events.

Each Individual *Athlete* finishing in one of the top three placements in all disciplines in the *Competition*, plus one other *Athlete* in the *Competition* selected at random... The AIBA Medical Commission shall target a certain number of athletes not necessarily linked to final placements in order to maximize the diversity of athletes tested or based on information provided by the WADA Clearinghouse on previous tests.

- The minimum number of tests for a World Championships shall be 20. The number of tests will be determined by the AIBA Medical Commission in cooperation with the Organizing Committee of the World Championships.

5.7.1.2 At Continental Championships, each Continental Association shall determine the number of Athletes selected for testing in each Continental Championship and shall submit their plan to the AIBA Medical Committee prior to the championship.

**5.7.2** At *National Events*, each *National Federation* shall determine the number of Athletes selected for *Testing* in each *Competition* and the procedures for selecting the *Athletes* for *Testing*.

**5.7.3** In addition to the selection procedures set forth in Articles 5.7.1 and 5.7.2 above, the AIBA Medical Commission at *International Events*, and the *National Federation* at *National Events*, may also select *Athletes* or teams for *Target Testing* so long as such *Target Testing* is not used for any purpose other than legitimate *Doping Control* purposes.

**5.7.4** *Athletes* shall be selected for *Out-of-Competition Testing* by WADA through a process that substantially complies with the *International Standard for Testing* in force at the time of selection.

**5.8** *National Federations* and the organizing committees for *National Federation Events* shall provide access to *Independent Observers* at *Events* as directed by AIBA.

AIBA and their Continental Associations shall provide access to Independent Observers at their respective International Events.

## **ARTICLE 6 ANALYSIS OF *SAMPLES***

*Doping Control Samples* collected under these Anti-Doping Rules shall be analyzed in accordance with the following principles:

### **6.1 Use of Approved Laboratories**

AIBA shall send *Doping Control Samples* for analysis only to *WADA*-accredited laboratories or as otherwise approved by *WADA*. The choice of the *WADA*-accredited laboratory (or other method approved by *WADA*) used for the *Sample* analysis shall be determined exclusively by AIBA.

### **6.2 Substances Subject to Detection**

*Doping Control Samples* shall be analyzed to detect *Prohibited Substances* and *Prohibited Methods* identified on the *Prohibited List* and other substances as may be directed by *WADA* pursuant to the Monitoring Program described in Article 4.5 of the *Code*.

### **6.3 Research on *Samples***

No *Sample* may be used for any purpose other than the detection of substances (or classes of substances) or methods on the *Prohibited List*, or as otherwise identified by *WADA* pursuant to its Monitoring Program, without the *Athlete's* written consent.

### **6.4 Standards for *Sample* Analysis and Reporting**

Laboratories shall analyze *Doping Control Samples* and report results in conformity with the *International Standard* for Laboratory Analysis.

## **ARTICLE 7 RESULTS MANAGEMENT**

### **7.1 Results Management for *Tests* Initiated by AIBA**

Results management for *Tests* initiated by AIBA (including *Tests* performed by *WADA* pursuant to agreement with AIBA) shall proceed as set forth below:

**7.1.1** The results from all analyses must be sent to AIBA, the chairman of AIBA DCSC, and the chairman of AIBA Medical Commission, in encoded form, in a report signed by an authorised representative of the laboratory. All communication must be conducted in such a way that the results of the analyses are confidential.

**7.1.2** Upon receipt of an A *Sample Adverse Analytical Finding*, the AIBA DCSC chairman and AIBA Medical Commission chairman shall conduct a review to determine whether: (a) an applicable therapeutic use exemption has been granted, or (b) there is any apparent departure from the *International Standards* for *Testing* or Laboratory Analysis that undermines the validity of the *Adverse Analytical Finding*.

**7.1.3** If the initial review under Article 7.1.2 does not reveal an applicable therapeutic use exemption or departure from the *International Standard for Testing* or the *International Standard* for laboratory analysis in force at the time of *Testing* or analysis that undermines the validity of the *Adverse Analytical Finding*, AIBA shall promptly notify the *Athlete* of: (a) the *Adverse Analytical Finding*; (b) the anti-doping rule violated, or, in a case under Articles 7.1.8 or 7.1.9, a description of the additional investigation that will be conducted as to whether there is an anti-doping rule violation; (c) the *Athlete's* right to promptly request the analysis of the B *Sample* or, failing such request, that the B *Sample* analysis may be deemed waived; (d) the right of the *Athlete* and/or the *Athlete's* representative to attend the B *Sample* opening and analysis if such analysis is requested; and (e) the *Athlete's* right to request copies of the A and B *Sample* laboratory documentation package which includes information as required by the *International Standard* for Laboratory Analysis.

**7.1.4** Arrangements shall be made for *Testing* the B *Sample* within three weeks of the notification described in Article 7.1.3. An *Athlete* may accept the A *Sample* analytical results by waiving the requirement for B *Sample* analysis. AIBA may nonetheless elect to proceed with the B *Sample* analysis.

**7.1.5** The *Athlete* and/or his representative shall be allowed to be present at the analysis of the B *Sample*. Also a representative of the *Athlete's National Federation* as well as a representative of AIBA DCSC shall be allowed to be present.

**7.1.6** If the B *Sample* proves negative, the entire test shall be considered negative and the *Athlete*, his *National Federation*, and AIBA shall be so informed.

**7.1.7** If a *Prohibited Substance* or the *Use* of a *Prohibited Method* is identified, the findings shall be reported to the *Athlete*, his *National Federation*, AIBA, DCSC chairman, and to *WADA*.

**7.1.8** The AIBA Anti-Doping Administrator shall conduct any follow-up investigation as may be required by the *Prohibited List*. Upon completion of such follow-up investigation, AIBA shall promptly notify the *Athlete* regarding the results of the follow-up investigation and whether or not AIBA asserts that an anti-doping rule was violated.

**7.1.9** For apparent anti-doping rule violations that do not involve *Adverse Analytical Findings*, AIBA shall conduct any necessary follow-up investigation and shall then promptly notify the *Athlete* of the anti-doping rule which appears to have been violated, and the basis of the violation.

## **7.2 Results Management for *Tests* Initiated During Other *International Events***

Results management and the conduct of hearings from a test by the International Olympic Committee, or an International Event Medical Commission, shall be managed, as far as sanctions beyond Disqualification from the Event or the results of the Event, by AIBA Executive Committee.

### **7.3 Results Management for Tests initiated by *National Federations***

Results management conducted by *National Federations* shall be consistent with the general principles for effective and fair results management which underlie the detailed provisions set forth in Article 7.1. Results of all *Doping Controls* shall be reported to AIBA DCSC Chairman and AIBA within 14 days of the conclusion of the *National Federation's* results management process. Any apparent anti-doping rule violation by an *Athlete* who is a member of that *National Federation* shall be promptly referred to an appropriate hearing panel established pursuant to the rules of the *National Federation* or national law. Apparent anti-doping rule violations by *Athletes* who are members of another *National Federation* shall be referred to the *Athlete's National Federation* for hearing.

### **[7.4 *Provisional Suspensions***

The AIBA Executive Committee, after consultation with the AIBA DCSC Chairman and AIBA Medical Commission chairman, may Provisionally Suspend an *Athlete* prior to the opportunity for a full hearing based on an *Adverse Analytical Finding* from the *Athlete's A Sample* or *A and B Samples* and the review described in Article 7.1. If a *Provisional Suspension* is imposed, either the hearing in accordance with Article 8 shall be advanced to a date which avoids substantial prejudice to the *Athlete*, or the *Athlete* shall be given an opportunity for a *Provisional Hearing* before imposition of the *Provisional Suspension* or on a timely basis after imposition of the *Provisional Suspension*. *National Federations* may impose *Provisional Suspensions* in accordance with the principles set forth in this Article 7.3.]

## **ARTICLE 8 RIGHT TO A FAIR HEARING**

### **8.1 Hearings arising out of AIBA *Testing* or *Tests* at an *International Event*, for *sanctioning beyond disqualification*.**

**8.1.1** The AIBA Executive Committee shall appoint a standing panel consisting of a Chair, the AIBA DCSC chairman and four other experts with experience in anti-doping ("AIBA Doping Hearing Panel"). The Chair shall be a lawyer. Each panel member shall be otherwise independent of his National Member Association in so far as he is not an elected officer, employee, consultant or holds a position of responsibility within a Member Association. Each panel member shall serve a term of four years.

**8.1.2** When it appears, following the Results Management process described in Article 7, that these Anti-Doping Rules have been violated in connection with AIBA *Testing* or *Testing* at an *International Event* then the case shall be assigned to the AIBA Doping Hearing Panel for adjudication.

**8.1.3** The Chair of the AIBA Doping Hearing Panel shall appoint three members from the panel (which may include the Chair) to hear each case. At least one appointed member shall be a lawyer. The appointed members shall have had no prior involvement with the case and shall not have the same nationality as the *Athlete* or other *Person* alleged to have violated these Anti-Doping Rules.

**8.1.4** Hearings pursuant to this Article shall be completed expeditiously following the completion of the results management process described in Article 7. Hearings held in connection with *Events* may be conducted on an expedited basis.

**8.1.5** The *National Federation* of the *Athlete* or other *Person* alleged to have violated these Anti-Doping Rules may attend the hearing as an observer.

**8.1.6** AIBA shall keep WADA fully apprised as to the status of pending cases and the result of all hearings.

**8.1.7** An *Athlete* or other *Person* may forego a hearing by acknowledging the Anti-Doping Rule violation and accepting *Consequences* consistent with Articles 9 and 10 as proposed by AIBA.

**8.1.8** Decisions of the AIBA Doping Hearing Panel may be appealed to the Court of Arbitration for Sport as provided in Article 13.

## **8.2 Hearings Arising Out of National Testing**

**8.2.1** When it appears, following the Results Management process described in Article 7, that these Anti-Doping Rules have been violated in connection with *Testing* other than in connection with AIBA *Testing* or *Testing* at an *International Event*, the *Athlete* or other *Person* involved shall be brought before a disciplinary panel of the *Athlete* or other *Person's National Federation* for a hearing to adjudicate whether a violation of these Anti-Doping Rules occurred and if so what *Consequences* should be imposed.

**8.2.2** Hearings pursuant to this Article 8.2 shall be completed expeditiously and in all cases within three months of the completion of the Results Management process described in Article 7. Hearings held in connection with *Events* may be conducted by an expedited process. If the completion of the hearing is delayed beyond three months, AIBA may elect to bring the case directly before the AIBA Doping Hearing Panel at the responsibility and at the expense of the *National Federation*.

**8.2.3** *National Federations* shall keep AIBA, DCSC chairman, AIBA Medical Commission chairman, AIBA and WADA fully apprised as to the status of pending cases and the results of all hearings.

**8.2.4** AIBA, DCSC chairman, AIBA Medical Commission Chairman, AIBA and WADA shall have the right to attend hearings as an observer.

**8.2.5** The *Athlete* or other *Person* may forego a hearing by acknowledging the violation of these Anti-Doping Rules and accepting *Consequences* consistent with Articles 9 and 10 as proposed by the *National Federation*.

**8.2.6** Decisions by *National Federations*, whether as the result of a hearing or the *Athlete* or other *Person's* acceptance of *Consequences*, may be appealed as provided in Article 13.

**8.2.7** Hearing decisions by the *National Federation* shall not be subject to further administrative review at the national level except as provided in Article 13 or required by applicable national law.

**8.3 Principles for a Fair Hearing** All hearings pursuant to either Article 8.1 or 8.2 shall respect the following principles:

- a timely hearing;
- fair and impartial hearing body;
- the right to be represented by counsel at the *Person's* own expense;
- the right to be fairly and timely informed of the asserted anti-doping rule violation;
- the right to respond to the asserted anti-doping rule violation and resulting *Consequences*;
- the right of each party to present evidence, including the right to call and question witnesses (subject to the hearing body's discretion to accept testimony by telephone or written submission);
- the *Person's* right to an interpreter at the hearing, with the Doping Panel to determine the identity, and responsibility for the cost of the interpreter; and a timely, written, reasoned decision.

## ARTICLE 9 AUTOMATIC *DISQUALIFICATION* OF INDIVIDUAL RESULTS

A violation of these Anti-Doping Rules in connection with an *In-Competition* test automatically leads to *Disqualification* of the individual result obtained in that *Competition* with all resulting consequences, including forfeiture of any medals, points and prizes.

## ARTICLE 10 SANCTIONS ON INDIVIDUALS

### 10.1 *Disqualification* of Results in *Event* During which an *Anti-Doping Rule Violation* Occurs

An *Anti-Doping Rule* violation occurring during or in connection with an *Event* may lead to *Disqualification* of all of the *Athlete's* individual results obtained in that *Event* with all consequences, including forfeiture of all medals, points and prizes, except as provided in Article 10.1.1.

**10.1.1** If the *Athlete* establishes that he or she bears *No Fault or Negligence* for the violation, the *Athlete's* individual results in the other *Competition* shall not be

*Disqualified* unless the *Athlete's* results in *Competition* other than the *Competition* in which the anti-doping rule violation occurred were likely to have been affected by the *Athlete's* anti-doping rule violation.

## **10.2 Imposition of *Ineligibility* for *Prohibited Substances* and *Prohibited Methods***

Except for the specified substances identified in Article 10.3, the period of *Ineligibility* imposed for a violation of Article 2.1 (presence of *Prohibited Substance* or its *Metabolites* or *Markers*), Article 2.2 (*Use* or *Attempted Use* of *Prohibited Substance* or *Prohibited Method*) and Article 2.6 (*Possession* of *Prohibited Substances* and *Methods*) shall be:

First violation: Two (2) years' *Ineligibility*.

Second violation: Lifetime *Ineligibility*.

However, the *Athlete* or other *Person* shall have the opportunity in each case, before a period of *Ineligibility* is imposed, to establish the basis for eliminating or reducing this sanction as provided in Article 10.5.

## **10.3 Specified Substances**

The *Prohibited List* may identify specified substances which are particularly susceptible to unintentional anti-doping rules violations because of their general availability in medicinal products or which are less likely to be successfully abused as doping agents. Where an *Athlete* can establish that the *Use* of such a specified substance was not intended to enhance sport performance, the period of *Ineligibility* found in Article 10.2 shall be replaced with the following:

First violation: One (1) year's *Ineligibility*.

Second violation: Two (2) years' *Ineligibility*.

Third violation: Lifetime *Ineligibility*.

However, the *Athlete* or other *Person* shall have the opportunity in each case, before a period of *Ineligibility* is imposed, to establish the basis for eliminating or reducing this sanction as provided in Article 10.5.

## **10.4 *Ineligibility* for Other *Anti-Doping Rule* Violations**

The period of *Ineligibility* for other violations of these Anti-Doping Rules shall be:

**10.4.1** For violations of Article 2.3 (refusing or failing to submit to *Sample* collection) or Article 2.5 (*Tampering* with *Doping Control*), the *Ineligibility* periods set forth in Article 10.2 shall apply.

**10.4.2** For violations of Article 2.7 (*Trafficking*) or Article 2.8 (administration of *Prohibited Substance* or *Prohibited Method*), the period of *Ineligibility* imposed shall be a minimum of four (4) years up to lifetime *Ineligibility*. An anti-doping rule violation involving a *Minor* shall be considered a particularly serious

violation, and, if committed by *Athlete Support Personnel* for violations other than specified substances referenced in Article 10.3, shall result in lifetime *Ineligibility* for such *Athlete Support Personnel*. In addition, violations of such Articles which also violate non-sporting laws and regulations may be reported to the competent administrative, professional or judicial authorities.

**10.4.3** For violations of Article 2.4 (Whereabouts Violations or Missed *Tests*), the period of *Ineligibility* shall be:

First violation: Three (3) months to one (1) year *Ineligibility*.

Second and subsequent violations: Two (2) years' *Ineligibility*.

## **10.5 Elimination or Reduction of Period of *Ineligibility* Based on Exceptional Circumstances**

**10.5.1** If the *Athlete* establishes in an individual case involving an anti-doping rule violation under Article 2.1 (presence of *Prohibited Substance* or its *Metabolites* or *Markers*) or *Use of a Prohibited Substance* or *Prohibited Method* under Article 2.2 that he or she bears *No Fault or Negligence* for the violation, the otherwise applicable period of *Ineligibility* shall be eliminated. When a *Prohibited Substance* or its *Markers* or *Metabolites* is detected in an *Athlete's Specimen* in violation of Article 2.1 (presence of *Prohibited Substance*), the *Athlete* must also establish how the *Prohibited Substance* entered his or her system in order to have the period of *Ineligibility* eliminated. In the event this Article is applied and the period of *Ineligibility* otherwise applicable is eliminated, the anti-doping rule violation shall not be considered a violation for the limited purpose of determining the period of *Ineligibility* for multiple violations under Article 10.2, 10.3 and 10.6.

**10.5.2** This Article 10.5.2 applies only to anti-doping rule violations involving Article 2.1 (presence of *Prohibited Substance* or its *Metabolites* or *Markers*), *Use of a Prohibited Substance* or *Prohibited Method* under Article 2.2, failing to submit to *Sample* collection under Article 2.3, or administration of a *Prohibited Substance* or *Prohibited Method* under Article 2.8. If an *Athlete* establishes in an individual case involving such violations that he or she bears *No Significant Fault or Negligence*, then the period of *Ineligibility* may be reduced, but the reduced period of *Ineligibility* may not be less than one-half of the minimum period of *Ineligibility* otherwise applicable. If the otherwise applicable period of *Ineligibility* is a lifetime, the reduced period under this section may be no less than 8 years. When a *Prohibited Substance* or its *Markers* or *Metabolites* is detected in an *Athlete's Specimen* in violation of Article 2.1 (presence of *Prohibited Substance*), the *Athlete* must also establish how the *Prohibited Substance* entered his or her system in order to have the period of *Ineligibility* reduced.

**10.5.3** The AIBA Executive Committee may also reduce the period of *Ineligibility* in an individual case where the *Athlete* has provided substantial assistance to AIBA which results in AIBA discovering or establishing an anti-

doping rule violation by another *Person* involving *Possession* under Article 2.6.2 (*Possession* by *Athlete Support Personnel*), Article 2.7 (*Trafficking*), or Article 2.8 (administration to an *Athlete*). The reduced period of *Ineligibility* may not, however, be less than one-half of the minimum period of *Ineligibility* otherwise applicable. If the otherwise applicable period of *Ineligibility* is a lifetime, the reduced period under this Article may be no less than 8 years.

## 10.6 Rules for Certain Potential Multiple Violations

**10.6.1** For purposes of imposing sanctions under Article 10.2, 10.3 and 10.4, a second anti-doping rule violation may be considered for purposes of imposing sanctions only if the AIBA (or its *National Federation*) can establish that the *Athlete* or other *Person* committed the second anti-doping rule violation after the *Athlete* or other *Person* received notice, or after AIBA (or its *National Federation*) made a reasonable attempt to give notice, of the first anti-doping rule violation; If the AIBA (or its *National Federation*) cannot establish this, the violations shall be considered as one single first violation, and the sanction imposed shall be based on the violation that carries the more severe sanction.

**10.6.2** Where an *Athlete*, based on the same *Doping Control*, is found to have committed an anti-doping rule violation involving both a specified substance under Article 10.3 and another *Prohibited Substance* or *Prohibited Method*, the *Athlete* shall be considered to have committed a single anti-doping rule violation, but the sanction imposed shall be based on the *Prohibited Substance* or *Prohibited Method* that carries the most severe sanction.

**10.6.3** Where an *Athlete* is found to have committed two separate anti-doping rule violations, one involving a specified substance governed by the sanctions set forth in Article 10.3 (specified substances) and the other involving a *Prohibited Substance* or *Prohibited Method* governed by the sanctions set forth in Article 10.2 or a violation governed by the sanctions in Article 10.4.1, the period of *Ineligibility* imposed for the second offence shall be at a minimum two years' *Ineligibility* and at a maximum three years' *Ineligibility*. Any *Athlete* found to have committed a third anti-doping rule violation involving any combination of specified substances under Article 10.3 and any other anti-doping rule violation under Article 10.2 or 10.4.1 shall receive a sanction of lifetime *Ineligibility*.

## 10.7 *Disqualification* of Results in *Competitions* Subsequent to *Sample* Collection

In addition to the automatic *Disqualification* of the results in the *Competition* which produced the positive *Sample* under Article 9 (Automatic *Disqualification* of Individual Results), all other competitive results obtained from the date a positive *Sample* was collected (whether *In-Competition* or *Out-of-Competition*), or other doping violation occurred, through the commencement of any *Provisional Suspension* or *Ineligibility* period, shall, unless fairness requires otherwise, be *Disqualified* with all of the resulting consequences including forfeiture of any medals, points and prizes.

## 10.8 Commencement of *Ineligibility* Period

The period of *Ineligibility* shall start on the date of the hearing decision providing for *Ineligibility* or, if the hearing is waived, on the date *Ineligibility* is accepted or otherwise imposed. Any period of *Provisional Suspension* (whether imposed or voluntarily accepted) shall be credited against the total period of *Ineligibility* to be served. Where required by fairness, such as delays in the hearing process or other aspects of *Doping Control* not attributable to the *Athlete*, the *AIBA* or *Anti-Doping Organization* imposing the sanction may start the period of *Ineligibility* at an earlier date commencing as early as the date of *Sample* collection.

#### **10.9 Status During *Ineligibility***

No *Person* who has been declared *Ineligible* may, during the period of *Ineligibility*, participate in any capacity in an *Event* or activity (other than authorized anti-doping education or rehabilitation programs) authorized or organized by AIBA or any *National Federation*. In addition, for any anti-doping rule violation not involving specified substances described in Article 10.3, some or all sport-related financial support or other sport-related benefits received by such *Person* will be withheld by AIBA and its *National Federations*. A *Person* subject to a period of *Ineligibility* longer than four years may, after completing four years of the period of *Ineligibility*, participate in local sport events in a sport other than sports subject to the jurisdictions of AIBA and its *National Federations*, but only so long as the local sport event is not at a level that could otherwise qualify such *Person* directly or indirectly to compete in (or accumulate points toward) a national championship or *International Event*.

#### **10.10 Reinstatement *Testing***

As a condition to regaining eligibility at the end of a specified period of *Ineligibility*, an *Athlete* must, during any period of *Provisional Suspension* or *Ineligibility*, make him or herself available for *Out-of-Competition Testing* by AIBA, the applicable *National Federation*, and any other *Anti-Doping Organization* having *Testing* jurisdiction, and must provide current and accurate whereabouts information as provided in Article 5.5. If an *Athlete* subject to a period of *Ineligibility* retires from sport and is removed from *Out-of-Competition Testing* pools and later seeks reinstatement, the *Athlete* shall not be eligible for reinstatement until the *Athlete* has notified AIBA and the applicable *National Federation* and has been subject to *Out-of-Competition Testing* for a period of time equal to the longer of the period set forth in Article 5.6 or the period of *Ineligibility* remaining as of the date the *Athlete* had retired. During such remaining period of *Ineligibility*, a minimum of 2 tests must be conducted on the *Athlete* with at least three months between each test. The *National Federation* shall be responsible for conducting the necessary tests, but tests by any *Anti-Doping Organization* may be used to satisfy the requirement. The results of such tests shall be reported to AIBA. Once the period of an *Athlete's* suspension has expired, and the *Athlete* has fulfilled the conditions of reinstatement, then the *Athlete* will become automatically re-eligible and no application by the *Athlete* or by the *Athlete's National Federation* will then be necessary.

### **ARTICLE 11 CONSEQUENCES TO TEAMS**

### **ARTICLE 12 SANCTIONS AND COSTS ASSESSED AGAINST NATIONAL**

## **FEDERATIONS**

**12.1** The AIBA Executive Committee has the authority to withhold some or all funding or other non financial support to *National Federations* that are not in compliance with these Anti-Doping Rules.

**12.2** *National Federations* may be obligated by the AIBA Executive Committee to reimburse AIBA for all costs (including but not limited to laboratory fees, hearing expenses and travel) related to a violation of these Anti-Doping Rules committed by an *Athlete* or other *Person* affiliated with that *National Federation*.

**12.3** The AIBA Executive Committee may elect to take additional disciplinary action against National Federations with respect to recognition, the eligibility of its officials and athletes to participate in International Events and fines based on the following:

**12.3.1** Four or more violations of these Anti-Doping Rules (other than violations involving Articles 2.4 and 10.3) are committed by *Athletes* or other *Persons* affiliated with a *National Federation* within a 12-month period in testing conducted by AIBA or Anti-Doping Organizations other than the *National Federation* or its *National Anti-Doping Organization*.

**12.3.2** More than one *Athlete* or other *Person* from a *National Federation* commits an *Anti-Doping Rule* violation during an *International Event*.

**12.3.3** A *National Federation* has failed to make diligent efforts to keep AIBA informed about an *Athlete's* whereabouts after receiving a request for that information from AIBA.

## **ARTICLE 13 APPEALS**

### **13.1 Decisions Subject to Appeal**

Decisions made under these Anti-Doping Rules may be appealed as set forth below in Article 13.2 through 13.4. Such decisions shall remain in effect while under appeal unless the appellate body orders otherwise. Before an appeal is commenced, any post-decision review authorized in Article [8.7] [8.2.7] must be exhausted.

### **13.2 Appeals from Decisions Regarding *Anti-Doping Rule* Violations, Consequences, and *Provisional Suspensions***

A decision that an anti-doping rule violation was committed, a decision imposing *Consequences* for an anti-doping rule violation, a decision that no anti-doping rule violation was committed, a decision that the *AIBA* or its *National Federation* lacks jurisdiction to rule on an alleged anti-doping rule violation or its *Consequences*, and a decision to impose a *Provisional Suspension* as a result of a *Provisional Hearing* or otherwise in violation of Article 7.4 may be appealed exclusively as provided in this Article 13.2. Notwithstanding any other provision herein, the only *Person* that may appeal from a *Provisional Suspension* is the *Athlete* or other *Person* upon whom the *Provisional Suspension* is imposed.

**13.2.1** In cases arising from competition in an *International Event* or in cases involving *International-Level Athletes*, the decision may be appealed exclusively to the Court of Arbitration for Sport ("CAS") in accordance with the provisions applicable before such court.

**13.2.2** In cases involving *Athletes* that do not have a right to appeal under Article 13.2.1, each *National Federation* shall have in place an appeal procedure that respects the following principles: a timely hearing, a fair and impartial hearing body; the right to be represented by a counsel at the person's expense; and a timely, written, reasoned decision. AIBA's rights of appeal with respect to these cases are set forth in Article 13.2.3 below.

**13.2.3** In cases under Article 13.2.1, the following parties shall have the right to appeal to CAS: (a) the *Athlete* or other *Person* who is the subject of the decision being appealed; (b) the other party to the case in which the decision was rendered; (c) AIBA and any other *Anti-Doping Organization* under whose rules a sanction could have been imposed; (d) the International Olympic Committee where the decision may have an effect in relation to the Olympic Games including decisions affecting eligibility for the Olympic Games; and (e) *WADA*. In cases under Article 13.2.2, the parties having the right to appeal to the national-level reviewing body shall be as provided in the *National Federation's* rules but, at a minimum, shall include: (a) the *Athlete* or other *Person* who is the subject of the decision being appealed; (b) the other party to the case in which the decision was rendered; (c) AIBA; and (d) *WADA*. For cases under Article 13.2.2, *WADA* and AIBA shall also have the right to appeal to CAS with respect to the decision of the national-level reviewing body.

### **13.3 Appeals from Decisions Granting or Denying a Therapeutic Use Exemption**

Decisions by *WADA* reversing the grant or denial of a TUE exemption may be appealed exclusively to CAS by the *Athlete*, AIBA, or *National Anti-Doping Organization* or other body designated by a *National Federation* which granted or denied the exemption. Decisions to deny therapeutic use exemptions, and which are not reversed by *WADA*, may be appealed by *International-Level Athletes* to CAS and by other *Athletes* to the national level reviewing body described in Article 13.2.2. If the national level reviewing body reverses the decision to deny a therapeutic use exemption, that decision may be appealed to CAS by *WADA*.

### **13.4 Appeal from Decisions Pursuant to Article 12**

Decisions by AIBA pursuant to Article 12 may be appealed exclusively to CAS by the *National Federation*.

### **13.5 Time for Filing Appeals**

The time to file an appeal to CAS shall be twenty-one (21) days from the date of receipt of the decision by the appealing party. The above notwithstanding, the following shall apply in

connection with appeals filed by a party entitled to appeal but which was not a party to the proceedings having lead to the decision subject to appeal:

- a) Within ten (10) days from notice of the decision, such party/ies shall have the right to request from the body having issued the decision a copy of the file on which such body relied;
- b) If such a request is made within the ten-day period, then the party making such request shall have twenty-one (21) days from receipt of the file to file an appeal to CAS.

## **ARTICLE 14 NATIONAL FEDERATIONS INCORPORATION OF AIBA RULES, REPORTING AND RECOGNITION**

### **14.1 Incorporation of AIBA Anti-Doping Rules**

All *National Federations* shall comply with these Anti-Doping Rules. These Anti-Doping Rules shall also be incorporated either directly or by reference into each *National Federation* Rules. All *National Federations* shall include in their regulations the procedural rules necessary to effectively implement these Anti-Doping Rules. Each *National Federation* shall obtain the written acknowledgement and agreement, in the form attached as Appendix 2, of all National Team Member *Athletes* subject to *Doping Control* and *Athlete Support Personnel* for such *Athletes*. Notwithstanding whether or not the required form has been signed, the Rules of each *National Federation* shall specifically provide that all *Athletes*, *Athlete Support Personnel* and other *Persons* under the jurisdiction of the *National Federation* shall be bound by these Anti-Doping Rules.

### **14.2 Statistical Reporting**

*National Federations* shall report to AIBA at the end of every year results of all *Doping Controls* within their jurisdiction sorted by *Athlete* and identifying each date on which the *Athlete* was tested, the entity conducting the test, and whether the test was *In-Competition* or *Out-of-Competition*. AIBA may periodically publish *Testing* data received from *National Federations* as well as comparable data from *Testing* under AIBA's jurisdiction.

### **14.3 Doping Control Information Clearing House**

When a *National Federation* has received an *Adverse Analytical Finding* on one of its *Athletes* it shall report the following information to AIBA and WADA within fourteen (14) days of the process described in Article 7.1.2 and 7.1.3: the *Athlete's* name, country, sport and discipline within the sport, whether the test was *In-Competition* or *Out-of-Competition*, the date of *Sample* collection and the analytical result reported by the laboratory. The *National Federation* shall also regularly update AIBA and WADA on the status and findings of any review or proceedings conducted pursuant to Article 7 (*Results Management*), Article 8 (*Right to a Fair Hearing*) or Article 13 (*Appeals*), and comparable information shall be provided to AIBA and WADA within 14 days of the notification described in Article 7.1.9, with respect to other violations of these Anti-Doping Rules. In any case in which the period of *Ineligibility* is eliminated under Article 10.5.1 (*No Fault or Negligence*) or reduced under Article 10.5.2 (*No Significant Fault or Negligence*), AIBA and WADA shall be provided with a written reasoned decision explaining the basis for the elimination or reduction. Neither

AIBA nor WADA shall disclose this information beyond those persons within their organisations with a need to know until the *National Federation* has made public disclosure or has failed to make public disclosure as required in Article 14.4 below.

#### **14.4 Public Disclosure**

Neither AIBA nor its *National Federation* shall publicly identify *Athletes* whose *Samples* have resulted in *Adverse Analytical Findings*, or who were alleged to have violated other Articles of these Anti-Doping Rules until it has been determined in a hearing in accordance with Article 8 that an anti-doping rule violation has occurred, or such hearing has been waived, or the assertion of an anti-doping rule violation has not been timely challenged or the *Athlete* has been *Provisionally Suspended*. Once a violation of these Anti-Doping Rules has been established, it shall be publicly reported within 20 days.

#### **14.5 Recognition of Decisions by AIBA and *National Federations***

Any decision of AIBA or a *National Federation* regarding a violation of these Anti-Doping Rules shall be recognized by all *National Federations*, which shall take all necessary action to render such decisions effective.

### **ARTICLE 15 RECOGNITION OF DECISIONS BY OTHER ORGANISATIONS**

Subject to the right to appeal provided in Article 13, the *Testing*, therapeutic use exemptions and hearing results or other final adjudications of any *Signatory* to the *Code* which are consistent with the *Code* and are within the *Signatory's* authority, shall be recognised and respected by AIBA and its *National Federations*. AIBA and its *National Federations* may recognize the same actions of other bodies which have not accepted the *Code* if the rules of those bodies are otherwise consistent with the *Code*.

### **ARTICLE 16 STATUTE OF LIMITATIONS**

No action may be commenced under these Anti-Doping Rules against an *Athlete* or other *Person* for a violation of an anti-doping rule contained in these Anti-Doping Rules unless such action is commenced within eight years from the date the violation occurred.

### **ARTICLE 17 AIBA COMPLIANCE REPORTS TO WADA**

The AIBA will report to WADA on the AIBA's compliance with the *Code* every second year and shall explain reasons for any non-compliance.

### **ARTICLE 18 AMENDMENT AND INTERPRETATION OF ANTI-DOPING RULES**

**18.1** These Anti-Doping Rules are by-laws under the AIBA Articles and Rules and may be amended from time to time by the *AIBA* Executive Committee.

**18.2** Except as provided in Article 18.5, these Anti-Doping Rules shall be interpreted as an independent and autonomous text and not by reference to existing law or statutes.

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**18.3** The headings used for the various Parts and Articles of these Anti-Doping Rules are for convenience only and shall not be deemed part of the substance of these Anti-Doping Rules or to affect in any way the language of the provisions to which they refer.

**18.4** The INTRODUCTION and the APPENDIX 1 DEFINITIONS shall be considered integral parts of these Anti-Doping Rules.

**18.5** These Anti-Doping Rules have been adopted pursuant to the applicable provisions of the *Code* and shall be interpreted in a manner that is consistent with applicable provisions of the *Code*. The comments annotating various provisions of the *Code* may, where applicable, assist in the understanding and interpretation of these Anti-Doping Rules.

**18.6** Notice to an *Athlete* or other *Person* who is a member of a *National Federation* may be accomplished by delivery of the notice to the *National Federation* by registered post or courier mail.

**18.7** These Anti-Doping Rules shall not apply retrospectively to matters pending before the date these Anti-Doping Rules came into effect.

## APPENDIX 1 - DEFINITIONS

*Adverse Analytical Finding.* A report from a laboratory or other approved *Testing* entity that identifies in a *Specimen* the presence of a *Prohibited Substance* or its *Metabolites* or *Markers* (including elevated quantities of endogenous substances) or evidence of the *Use* of a *Prohibited Method*.

*AIBA Doping Control Sub Commission (DCSC)*

The sub-commission appointed by AIBA Medical Commission to be responsible for all world anti-doping code violations.

*AIBA Medical Commission.*

The relevant commission formed by AIBA to be responsible for all Medical Matters.

*Anti-Doping Organization.* A *Signatory* that is responsible for adopting rules for initiating, implementing or enforcing any part of the *Doping Control* process. This includes, for example, the International Olympic Committee, the International Paralympic Committee, other *Major Event Organizations* that conduct *Testing* at their *Events*, WADA, International Federations, and *National Anti-Doping Organizations*.

*Athlete.* For purposes of *Doping Control*, any *Person* who participates in sport at the international level (as defined by each International Federation) or national level (as defined by each *National Anti-Doping Organization*) and any additional *Person* who participates in sport at a lower level if designated by the *Person's National Anti-Doping Organization*. For purposes of anti-doping information and education, any *Person* who participates in sport under the authority of any *Signatory*, government, or other sports organization accepting the *Code*.

*Athlete Support Personnel.* Any coach, trainer, manager, agent, team staff, official, medical or para-medical personnel working with or treating *Athletes* participating in or preparing for sports competition.

*Attempt.* Purposely engaging in conduct that constitutes a substantial step in a course of conduct planned to culminate in the commission of an anti-doping rule violation. Provided, however, there shall be no anti-doping rule violation based solely on an *Attempt* to commit a violation IF the *Person* renounces the attempt prior to it being discovered by a third party not involved in the *Attempt*.

*Code.* The World Anti-Doping *Code*.

*Competition.* A single race, match, game or singular athletic contest. For example, the finals of the Olympic 100-meter dash. For stage races and other athletic contests where prizes are awarded on a daily or other interim basis the distinction between a *Competition* and an *Event* will be as provided in the rules of the applicable International Federation.

*Consequences of Anti-Doping Rules Violations.* An *Athlete's* or other *Person's* violation of an anti-doping rule may result in one or more of the following: (a) *Disqualification* means the

*Athlete's* results in a particular *Competition* or *Event* are invalidated, with all resulting consequences including forfeiture of any medals, points and prizes; (b) *Ineligibility* means the *Athlete* or other *Person* is barred for a specified period of time from participating in any *Competition* or other activity or funding as provided in Article 10.9; [and (c) *Provisional Suspension* means the *Athlete* or other *Person* is barred temporarily from participating in any *Competition* prior to the final decision at a hearing conducted under Article 8 (Right to a Fair Hearing).]

*Disqualification.* See *Consequences of Anti-Doping Rules Violations* above.

*Doping Control.* The process including test distribution planning, *Sample* collection and handling, laboratory analysis, results management, hearings and appeals.

*Event.* A series of individual *Competitions* conducted together under one ruling body (e.g., the Olympic Games, FINA World Championships, or Pan American Games).

*In-Competition.* For purposes of differentiating between *In-Competition* and *Out-of-Competition* Testing, unless provided otherwise in the rules of an International Federation or other relevant *Anti-Doping Organization*, an *In-Competition* test is a test where an *Athlete* is selected for testing in connection with a specific *Competition*.

*Independent Observer Program.* A team of observers, under the supervision of *WADA*, who observe the *Doping Control* process at certain *Events* and report on observations. IF *WADA* is testing *In-Competition* at an *Event*, the observers shall be supervised by an independent organization.

*Ineligibility.* See *Consequences of Anti-Doping Rules Violations* above.

*International Event.* An *Event* where the International Olympic Committee, the International Paralympic Committee, an International Federation, a *Major Event Organization*, or another international sport organization is the ruling body for the *Event* or appoints the technical officials for the *Event*.

*International-Level Athlete.* *Athletes* designated by one or more International Federations as being within the *Registered Testing Pool* for an International Federation.

*International Standard.* A standard adopted by *WADA* in support of the *Code*. Compliance with an *International Standard* (as opposed to another alternative standard, practice or procedure) shall be sufficient to conclude that the procedures addressed by the *International Standard* were performed properly.

*Major Event Organizations.* This term refers to the continental associations of *National Olympic Committees* and other international multi-sport organizations that function as the ruling body for any continental, regional or other *International Event*.

*Marker.* A compound, group of compounds or biological parameters that indicates the *Use* of a *Prohibited Substance* or *Prohibited Method*.

Metabolite. Any substance produced by a biotransformation process.

Minor. A natural *Person* who has not reached the age of majority as established by the applicable laws of his or her country of residence.

National Anti-Doping Organization. The entity(ies) designated by each country as possessing the primary authority and responsibility to adopt and implement anti-doping rules, direct the collection of *Samples*, the management of test results, and the conduct of hearings, all at the national level. IF this designation has not been made by the competent public authority(ies), the entity shall be the country's *National Olympic Committee* or its designee.

National Event. A sport *Event* involving international or national-level Athletes that is not an *International Event*.

National Federation. A national or regional entity which is a member of or is recognized by AIBA as the entity governing Boxing in that nation or region.

National Olympic Committee. The organization recognized by the International Olympic Committee. The term *National Olympic Committee* shall also include the National Sport Confederation in those countries where the National Sport Confederation assumes typical *National Olympic Committee* responsibilities in the anti-doping area.

No Advance Notice. A *Doping Control* which takes place with no advance warning to the *Athlete* and where the *Athlete* is continuously chaperoned from the moment of notification through *Sample* provision.

No Fault or Negligence. The *Athlete's* establishing that he or she did not know or suspect, and could not reasonably have known or suspected even with the exercise of utmost caution, that he or she had *Used* or been administered the *Prohibited Substance* or *Prohibited Method*.

No Significant Fault or Negligence. The *Athlete's* establishing that his or her fault or negligence, when viewed in the totality of the circumstances and taking into account the criteria for *No Fault or Negligence*, was not significant in relationship to the anti-doping rule violation.

Out-of-Competition. Any *Doping Control* which is not *In-Competition*.

Participant. Any *Athlete* or *Athlete Support Personnel*.

Person. A natural *Person* or an organization or other entity.

Possession. The actual, physical possession, or the constructive possession (which shall be found only IF the person has exclusive control over the *Prohibited Substance/Method* or the premises in which a *Prohibited Substance/Method* exists); provided, however, that IF the person does not have exclusive control over the *Prohibited Substance/Method* or the premises in which a *Prohibited Substance/Method* exists, constructive possession shall only be found if the person knew about the presence of the *Prohibited Substance/Method* and intended to exercise control over it. Provided, however, there shall be no anti-doping rule violation based solely on possession IF, prior to receiving notification of any kind that the *Person* has committed an anti-doping rule

violation, the *Person* has taken concrete action demonstrating that the *Person* no longer intends to have *Possession* and has renounced the *Person's* previous *Possession*.

*Prohibited List*. The List identifying the *Prohibited Substances* and *Prohibited Methods*.

*Prohibited Method*. Any method so described on the *Prohibited List*.

*Prohibited Substance*. Any substance so described on the *Prohibited List*.

*Provisional Hearing*. For purposes of Article 7.5, an expedited abbreviated hearing occurring prior to a hearing under Article 8 (Right to a Fair Hearing) that provides the *Athlete* with notice and an opportunity to be heard in either written or oral form.

*Provisional Suspension*. See *Consequences* above.

*Publicly Disclose or Publicly Report*. To disseminate or distribute information to the general public or persons beyond those persons entitled to earlier notification in accordance with Article 14.

*Registered Testing Pool*. The pool of top level *Athletes* established separately by each International Federation and *National Anti-Doping Organization* who are subject to both *In-Competition* and *Out-of-Competition Testing* as part of that International Federation's or Organization's test distribution plan.

*Sample/Specimen*. Any biological material collected for the purposes of *Doping Control*.

*Signatories*. Those entities signing the *Code* and agreeing to comply with the *Code*, including the International Olympic Committee, International Federations, International Paralympic Committee, *National Olympic Committees*, National Paralympic Committees, *Major Event Organizations*, *National Anti-Doping Organizations*, and WADA.

*Tampering*. Altering for an improper purpose or in an improper way; bringing improper influence to bear; interfering improperly to alter results or prevent normal procedures from occurring.

*Target Testing*. Selection of *Athletes* for *Testing* where specific *Athletes* or groups of *Athletes* are selected on a non-random basis for *Testing* at a specified time.

*Team Sport*. A sport in which the substitution of players is permitted during a *Competition*.

*Testing*. The parts of the *Doping Control* process involving test distribution planning, *Sample* collection, *Sample* handling, and *Sample* transport to the laboratory.

*Trafficking*. To sell, give, administer, transport, send, deliver or distribute a *Prohibited Substance* or *Prohibited Method* to an *Athlete* either directly or through one or more third parties, but

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excluding the sale or distribution (by medical personnel or by *Persons* other than an *Athlete's Support Personnel*) of a *Prohibited Substance* for genuine and legal therapeutic purposes.

Use. The application, ingestion, injection or consumption by any means whatsoever of any *Prohibited Substance* or *Prohibited Method*.

WADA. The World Anti-Doping Agency.

## APPENDIX 2 - Acknowledgment and Agreement

I, as a member of a National Federation and/or a participant in an AIBA authorized or recognized event, hereby acknowledge and agree as follows:

1. I have received and had an opportunity to review the AIBA Anti-Doping Rules.
2. I consent and agree to comply with and be bound by all of the provisions of the AIBA Anti-Doping Rules, including but not limited to, all amendments to the Anti-Doping Rules and all International Standards incorporated in the Anti-Doping Rules.
3. I acknowledge and agree that [National Federations and AIBA] have jurisdiction to impose sanctions as provided in the AIBA Anti-Doping Rules.
4. I also acknowledge and agree that any dispute arising out of a decision made pursuant to the AIBA Anti-Doping Rules, after exhaustion of the process expressly provided for in the AIBA Anti-Doping Rules, may be appealed exclusively as provided in Article 13 of the AIBA Anti-Doping Rules to an appellate body for final and binding arbitration, which in the case of International-Level Athletes is the Court of Arbitration for Sport.
5. I acknowledge and agree that the decisions of the arbitral appellate body referenced above shall be final and enforceable, and that I will not bring any claim, arbitration, lawsuit or litigation in any other court or tribunal.
6. I have read and understand this Acknowledgement and Agreement.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (Last Name, First Name)

\_\_\_\_\_  
Date of Birth  
(Day/Month/Year)

\_\_\_\_\_  
Signature (or, if a minor, signature of  
legal guardian)

## Appendix I AIBA Articles and Rules concerning medical subjects

### Article X/III. Medical commission and medical jury

A. Composition. The Medical Commission shall be composed of its Chairman, one Vice-Chairman, one Secretary and fifteen members all of whom shall be qualified Doctors of Medicine, nominated by Affiliated Associations and appointed by the executive Committee.

National Federations that do not have any representative within the Medical Commission may appoint 'correspondent doctors'. In order that any doctor may be elected to hold such an office, he must first submit his curriculum vitae and then an application to the General Secretary.

B. Meetings. The Medical Commission shall arrange their own meetings (working group), at least twice each year. The National Associations shall under take to ensure the participation of their Commission members in the meetings. Those members who do not participate in two consecutive meetings without a valid reason will be excluded from the Commission.

C. Medical Correspondents. Each Affiliated Association shall nominate a Medical Correspondent who shall be a qualified Doctor of Medicine with whom the Medical Commission may correspond on medical matters.

D. Medical Jury. At the Olympic Games, World Championships, the World Cup Championships and Challenge Matches, there shall be a neutral Medical Commission of three to five Doctors nominated by the Executive Committee of A.I.B.A. When bouts are hold on two rings, the number of Medical Jury members will have to be increased from 3 to 5. Continental Bureaux shall nominate similar Commissions for Continental Championships. The decision of this neutral Commission shall be final and without appeal. A member of the Medical Commission of A.I.B.A. may act as a member of the neutral Medical Jury in any Championship under the auspices of A.I.B.A.

**E. Defence of AIBA Boxing.** The Medical Commission organizer scientific conferences and symposia on the medical aspects of boxing. Members of the Medical Commission take part in these events and publish articles in medical journals in the defence of boxing. The Medical Commission coordinates and initiales medical research projects for the better understauding of physiological and medical aspects of boxing.

**F. Duties.** The Medical Commission shall make recommendations in the first place to the Executive Committee with regard to the physical well-being of amateur boxers and collect information on medical matters relating to amateur boxing.

**Article XXVIII/C. Doping.**

1. A boxer testing positive for a prohibited substance (s) (or prohibited methods), or committing any other doping violation as defined in the World Anti-Doping Code, will be suspended in accordance with the World Anti-Doping Code.
2. If in the investigation into a doping violation, officials are also found guilty, sanctions will be administered in accordance with the World Anti-Doping Code.
3. In case of doping being proved, the result of the competition shall be declared invalid. The defeated boxer shall go on to the next round and competes unless medically ineligible.
4. The chairman of the Medical Commission/Medical Jury and the AIBA office shall be informed of the result of the analysis of sample „A” within 24 hours.
5. The testing procedure in case of a positive „A” sample shall be conducted according to the procedure listed in the Medical Handbook.
6. Any boxer testing positive for banned substances or any Association having several boxers test positive more than once may be subject to disciplinary action, or suspension, if deemed appropriate, by the Executive Committee.

**Rule VI: Medical examination and weigh-in for international competitions****A. Medical Examination.**

1. In the time fixed for the weigh-in, a competitor must be passed as fit to compete by the Doctor appointed by the Executive Committee before being weighed-in. With a view to ensure a smooth running of the weigh-in, the Executive Committee may decide to begin the medical examination at an earlier time.
2. At the medical examination and weigh-in the boxer shall produce his International Competition Record Book which must be signed by the Secretary or Executive Director of his National Association, where the requisite entries shall be made by the officials in charge.

If a boxer fails to produce his Record Book at the medical examination and the weigh-in, he shall not be allowed to box.

3. In order to be eligible to compete, a woman boxer must produce an International Record Book. In addition, a female boxer shall answer to the best of her knowledge, any questions posed by the Medical Officer and shall confirm in writing that to the best of her knowledge she is not pregnant.

The organizers of mixed events where both males and females compete, shall arrange for separate rooms where, medicals and weigh- in may be carried out separately for males and females.

The medicals of female boxers shall be carried out according to the special sports medical guidelines to be included in the Medical Handbook of AIBA.

**Rule XVI: Decisions****A. Types. Decisions shall be as follows:**

1. Win on Points. At the end of a contest, the boxer who has been awarded the decision by a majority of the Judges shall be declared the winner. If both boxers are injured, or are knocked-out simultaneously, and cannot continue the contest, the Judges shall record the

points gained by each boxer up to its termination, and the boxer who was leading on points up to termination, or the actual end of the contest, shall be declared the winner.

2. Win by Retirement. If a boxer retires voluntarily owing to injury or other cause, or if he fails to resume boxing immediately after the rest between rounds, his opponent shall be declared the winner.

3. Win by Referee Stopping Contest:

a. Outclassed. RSC is a term used to stop a bout when a boxer is outclassed or is unfit to continue. If a boxer, in the opinion of the Referee is being outclassed or is receiving excessive punishment, the bout shall be stopped and his opponent declared the winner.

### **B. Injury.**

1) If a boxer, in the opinion of the Referee, is unfit to continue because of injury sustained from correct blows or other action or is incapacitated for any other physical reasons, the bout shall be stopped and his opponent declared the winner. The right to make this decision rests with the Referee, who may consult the Doctor. Having consulted the Doctor, the Referee must follow his advice. It is recommended that the Referee checks the other boxer for injury also before he makes this decision.

The Ringside Medical Officer has the right to request that the bout be suspended if he thinks, for medical reasons, the bout should not be allowed to continue. He must first inform the Jury President and the latter shall inform the Referee that bout shall be suspended.

The suspension shall last a maximum of one minute by the Referee for examining the fitness of a boxer by the Medical Officer.

(Medical Officer usually means President of the Medical Jury or a Medical Doctor placed in charge of medical responsibility for a bout.)

2) In the event of an injury occurring in the final bout of an A.I.B.A. championship or the Olympic boxing tournament, international tournaments or dual matches that has gone beyond the first round, the points to the time of the injury shall be totalled by each Judge and the decision given to the man who has earned the most total points to that time. In case of an injury in the first round of a Championship or a Tournament, the uninjured boxer will be declared the Champion. In a Dual Match, such an injury in the first round may result in a draw.

3) When a Referee calls a Doctor into the ring to examine a boxer, only these two officials should be present. No seconds should be allowed into the ring, nor on the apron.

### **Rule XX: Procedure after knock-owts and R.S.C.H.**

A. Unconscious Boxer. If a boxer is rendered unconscious, then only the Referee and the Doctor summoned should remain in the ring, unless the Doctor needs extra help. In the case of unconsciousness the boxer must be transported to the nearest hospital with a neurosurgery department by an ambulance, independently from the duration (seconds or minutes) of the unconsciousness.

B. Medical Attention In the case of a knock out without unconsciousness or in the case of R: S. C. H., the boxer shall be examined by a Doctor immediately afterwards in the locker room to determine the need and nature of further medical observation and/or hospitalization.

### C. Probation Periods.

1. One Knock-out or R.S.C.H. A boxer who has been-knocked out as a result of a head blow during a contest or wherein the Referee has stopped the contest due to the boxer having received hard blows to the head making him defenseless or incapable of continuing, shall not be permitted to take part in competitive boxing or sparring for a period of at least 4 weeks after he has been knocked out.

2. Two Knock-outs or R.S.C.H. A boxer who has been knocked out as a result of head blows or wherein the Referee has stopped the contest due to a boxer having received hard blows to the head making him defenseless or incapable of continuing twice in a period of three months shall not be permitted to take part in competitive boxing or sparring during a period of three months from the second knock-out or R.S.C.(H).

3. Three Knock-outs or R.S.C.H. A boxer who has been knocked out as a result of head blows or wherein the Referee has stopped the contest due to the boxer having received hard blows to the head making him defenseless or incapable of continuing three times in a period of 12 months, shall not be allowed to take part in competitive boxing or sparring for a period of one year from the third knock-out or R.S.C.(H).

4. Each Knock-out suffered as a result of head blows and each R.S.C.H. must be recorded in the boxer's International competitions Record Book.

D. Medical Certification Following Probation Periods. Before resuming boxing after any of the periods of rest prescribed in the three preceding paragraphs, a boxer must be certified by a neurologist as fit to take part in competitive boxing following, if possible, a special examination, EEG and, if necessary, CCT or MRI. The results of that examination as well as the permission to resume boxing shall be entered in the International Competition Record Book.

E. R.S.C.H. The Referee will indicate to the Jury and Judges to annotate the score card "R.S.C.H." when he has stopped the Contest as a result of a boxer being unable to continue following blows to the head. RSCH is a term to be used only when a boxer is being saved from a knockout after having received hard head blows making him defenseless and incapable of continuing. (The term RSCH is not to be used when a boxer is simply outclassed and is receiving too many scoring hits without scoring himself!)

F. Protective Measures. Every boxer having lost a hard bout with many hits to the head or having been knocked down several times in some consecutive contests, may not be permitted to take part in competitive boxing or boxing training for a period of at least four weeks after the last contest if the Jury, on the advice of the Medical Officer, decides that it would be necessary. This decision must be recorded in the boxer's International Competitions Record Book. After the period of rest the same medical certification shall be applied as is detailed in Rule XX, Paragraph DF. All protective measures should also apply if a knock-out occurs during training.

### **Rule XXII: Administration of drugs, etc.**

A. Doping. The use by a boxer of any prohibited substances (or prohibited methods), which are on the WADA list, is prohibited. The AIBA doping regulations are referred to

in in the Medical Handbook and they conform with those of the World Anti-Doping Code.

B. Penalties. Any boxer or official infringing this prohibition shall be liable to disqualification or suspension by the A.I.B.A. A boxer refusing „in competition” or „out of competition” testing shall be liable to disqualification and/or suspension. The same shall apply to any official encouraging such a refusal or failing to cooperate with the doping control officers. Member National Associations shall be obliged to submit the whereabouts of boxers requested by AIBA.

C. Local Anaesthetics. The use of local anaesthetics is permitted according to the discretion of a Doctor of the Medical Commission.

D. Prohibited Drugs. The World Anti-Doping Agency list of prohibited substances shall constitute AIBA’s list of banned substances. Any boxer taking such substances or any official administering such substances shall be subject to the penalties, based on the World Anti-Doping Code and the Doping regulations.

### **Rule XXIII: Medical aptitude**

**A. Medical Certification.** A competitor shall not be allowed to compete in an International competition unless he produces his International Competition Record Book in which he must be certified as fit to box by a qualified Doctor of Medicine. The International Competition Record Book is valid if it is completely filled in and up to date and the annual medical examination is not older than one year.

On each day he will be required to box, the competitor shall be certified as fit to compete by a qualified Doctor of Medicine who shall be approved by the Association under whose jurisdiction the competition is taking place, or in the Olympic Games, World Championships, World Cup competition and A.I.B.A. Challenge Matches, by the Medical Commission of A.I.B.A.

**B. Medical Certificate.** Every boxer competing outside his own country must have in his possession, a certificate signed by an authorized Doctor of Medicine, stating that prior to leaving his country he was in good physical condition and not suffering from any injury, infection or disability liable to affect his capacity to box in the country being visited. Such certificate must be incorporated in his International Competition Record Book of Boxers which must be produced at the Medical Examination before the General Weigh-in.

Every boxer, also those boxing on a national level, will be required to have an official AIBA Competition Record Book.

**C. Prohibited Conditions.** The prohibited conditions are referred to in the Medical Handbook.

**D. Cuts and Abrasions.** No boxer shall be allowed to take part in any contest if he wears a dressing on a cut, wound, abrasion, laceration or blood swelling on his scalp or face including the nose and ears. A boxer is allowed to box if an abrasion is covered with collodion or Steri-Strip. The decision should be made by the Doctor examining the boxer on the day of his competing.

**E. Medical Handbook.** Other Medical Rules are referred to in the Medical Handbook.

**F. Medical Aptitude.** No boxer shall be allowed to start boxing without having his medical aptitude certified in his Competition Record Book which may only be done by an approved doctor.

The medical aptitude test should, if possible, include the following exams, or their equivalent:

1. A complete clinical examination with particular attention to the organs of sight and hearing, the sense of balance and the nervous system.
2. A biometrical examination including measurement of height and weight, at least.
3. A biological examination including blood and urine tests.
4. A neurological examination including an electroencephalogram.
5. A skull x-ray.
6. A cardiological examination, including an electrocardiogram.
7. An examination by cranial computerized tomography, if possible.

A medical examination should be repeated at least once a year and should include the points 1, 2 and 4 above.

#### **Rule XXIV: Attendance of doctor**

**A. Required Attendance.** A qualified Doctor of Medicine, so approved, shall be in attendance throughout the competition and should not leave the place where it is held before the end of the last bout and until he has seen the two boxers who participated in such bout. He may use surgical gloves in the bouts.

A licence for Ringside Physicians shall be introduced.

**B. Seating Arrangements.** The officiating Doctor should be seated next to the Jury and if he believes the bout should be stopped because of severe punches, he shall advise the Jury Chairman who shall press a bell or raise a flag indicating to the referee to stop the bout. The Doctor will then mount the ring to examine the said boxer and advise the referee as to whether the bout should be stopped or allowed to continue.

#### **Rule XXV: Minimum and maximum age limit for boxers**

**A. Minimum Age.** A boxer who is under the age of 17 years shall not take part in the Olympic Games, World or Continental Championships or International Matches.

**B. Maximum Age.** The upper age limit for boxers to compete in the Olympic Games, World or Continental Championships or International Matches is 34 years (date of birth).

**C. A boxer's age is determined on the first day of competition.** This age will be effective throughout the tournament if a boxer has a birthday during the competition.

#### **D. Age Specifications.**

1. In Cadet Championships the minimum age is 15 and the boxer must also be under 17 years of age.
2. In Junior Championships (under 19) The minimum age is 17 and the boxer must also be under 19 years of age.

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## **Appendix II Instructions for Filling in the Medical Section of the International Competition Record Book for Boxers**

### A. General Medical Remarks and Medical Examination

To be filled in by the medical officer of the national boxing association at the time of the issue of the International Competition Record Book.

The short but comprehensive physical examination form is especially useful in assessing a boxers physical fitness. The laboratory tests include a blood count, urinalysis (to exclude glycosuria and proteinuria) and blood serology (complement fixation test for syphilis). A resting ECG is compulsory and an EEG, skull X-ray and CCT are recommended.

### B. Medical Examination prior to Olympic Games, World Championships, World Cup and Continental Championships

The “pre-game” passage is filled in by the examining doctor before weighing-in on each day that the competitor boxes. The “game” passage is filled in by the Medical Jury during the bout.

### C. Annual Medical Examination

To be filled in by the examining doctor. A thorough medical examination is compulsory at least once a year. This examination serves several purposes:

1. To check the physical fitness of the boxer.
2. To discover latent diseases and consequences of earlier injuries.
3. To obtain a basic view of the state of the boxer’s health.

The examining doctor must indicate whether he considers the state of the boxer’s health to have changed since the first general examination and must declare the boxer either fit or unfit to box.

### D. Certification of Fitness to box before each bout

To be filled in by the examining doctor every day the competitor is to fight, before weighing in. The examining doctor declares whether the boxer is fit to box or not.

### E. Medical Examination following the expiry of the suspension period in the case of a knockout or RSCH

To be filled in by the examining neurologist.

Before resuming boxing after the expiry of a recovery period as prescribed by AIBA rule XXLC. The boxer must be declared fit to take part in competitive boxing after a neurological examination, preparation of an EEG and, if possible, computerized tomography of the brain.

The neurologist must decide whether or not the boxer is fit to box.

## Appendix III Boxing Hygiene

Sports hygiene is an important component of sports medicine. Some aspects have been determined by appropriate regulations on the part of some countries and international federations. In this appendix we present a synopsis of boxing hygiene regulations for doctors, coaches and referees.

1. Long hair. Hair must not grow past the nape of the neck, the ear lobes and the eyebrows. Long hair over the forehead limits vision and can cause injuries to the lining of the eyes.
2. Beards. Beards are a potential danger and are therefore prohibited. During clinches the beard can get into the opponent's eye and can cause corneal abrasion and scarring of the conjunctive and cornea. Moustaches and facial stubble are likewise dangerous and an unshaven boxer must be carefully watched.
3. Dehydration. A boxer needs to consume one and a half litres of liquid a day. A reduction in fluid intake for the purpose of weight loss is dangerous to the health and reduces the boxer's performance. Dehydration can lead to liver and kidney damage and diminishes the boxers aerobic capacity. Reductions in fluid intake and sweating before the bout are therefore inadvisable and should be avoided, because sweating involves the loss of body fluids and salt, which can lead to physical weakness and cramps.
4. Vaseline. The use pure vaseline rubbed into the forehead and eyebrow to prevent an injury is permitted.
5. Embrocation. The use of embrocation or surgical spirit immediately prior to the contest is forbidden. When the body warms up during clinches, there is the danger that the embrocation mixed with sweat may get into the boxer's eyes and cause damage. There are also people to whom the smell of embrocation is offensive or for whom it causes breathing difficulties.
6. Gum shields. A boxer should never use a borrowed gum shield. The gum shield should fit exactly and comfortably. A poorly fitting gum shield is useless and can cause buccal irritation or nausea. A shield knocked out of the mouth should be thoroughly washed before replacing. No boxer should be permitted to wear dentures during a Contest.
7. Headguard. It is advisable that each boxer has his own headguard. In this way it can be properly fitted and also a borrowed headguard can be a cause of infection.
8. Sponges and towels. Each boxer must have his own sponge, towel and clean water. The practice of wiping the opponent's face after a bout should be discontinued. It is not only unhygienic but can also lead to serious infection; above all there is the possibility of contracting AIDS. 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 always have a supply of sterile gauze to examine a cut or laceration.
9. Bleeding. The most frequent boxing injuries are cuts and lacerations. Since the wearing of head guards became compulsory the number of such injuries has gone down. On the other hand bleeding noses have become more common. It must always be emphasized that the immunodeficiency disease AIDS is primarily 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 the following infection control guidelines should be adhered to:

- a) Coaches and referees must use sterile gauze when examining cuts or lacerations. The used gauze should be burned or possibly flushed down a toilet.
  - b) In the case of bleeding it is recommended that the referee consult the Medical Jury.
  - c) The use of disposable gloves is advisable when examining an injured boxer.
  - d) Splashes of blood on the skin should immediately be washed away with soap and water.
  - e) Splashes of blood in the eyes or mouth should immediately be rinsed away with plenty of water.
  - f) If other surfaces are accidentally contaminated (e.g. the floor of the ring) they should be cleaned with fresh solution of 1 part household bleach to 10 parts water. Such solutions must not come into contact with the skin.
10. Stimulants. The AIBA forbids the use of stimulants apart from water. Smelling salts contain ammonia, which is a stimulant and can worsen nasal haemorrhaging; for this reason it must not be applied between rounds.

### **Appendix IV Competition rules for female boxers**

1. Principle: The Articles and Rules of AIBA shall apply to the training and competition of female boxers in lieu of or in addition to the special provisions contained in this document.

2. Special Provisions: Addition to Rule IV - DRESS

- Female Boxers must wear a short-sleeved T-shirt beneath their vest.
- Females may wear a well-fitting breast protector not interfering with the boxer's ability to compete. Such breast protectors must not be manufactured in any material that might be harmful to the opponent.
- Hairnets, barrets, head cloths, rubber bands or other banding devices may be used to secure hair beneath the head guard. Hair pins or clips or any device made of metal, plastic or any other hard material are not permitted.
- Addition to **Rule VI - MEDICAL, EXAMINATION AND WEIGH-IN FOR COMPETITION**

• A special International Record Book shall be devised for female boxers where all relevant findings of the special physical exam they are required to undergo, shall be recorded.

In addition, female boxers shall furnish, prior to any competition, all the information required as to their physical condition and confirm with their signature the correctness of these statements. In the event of incorrect statements being made, the female boxer shall be held responsible for any consequences resulting therefrom.

- The organisers of mixed events where both males and females compete shall arrange for separate rooms for the medicals and weigh-in for males and females.
- Female boxers shall have weightmistresses attending the scales at weigh-in.
- The medicals for female boxers shall be carried out according to special sports medical guidelines included in the Handbook of AIBA.

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**Rule VIII - Rounds**

The duration of bouts for female boxers shall be 3 rounds of 2 minutes each. In national contests it is possible to agree on a shorter duration of bouts.

**Rule X - Referees and judges**

Female boxing contests shall be controlled by female or male Referees.

As for the panel of judges, it may consist of both females and males. However, the judge in place No. 1 shall always be a female.

**Rule XII –The jury**

The Jury at female boxing competitions shall be composed of female and/or male officials.