

Excerpt from the USA Boxing Medical Handbook

2. Disqualifying Conditions

- 2.1 The examining physician at the Initial Medical Certification or any subsequent Annual Exam or a designated ringside doctor at any sanctioned event may declare a boxer unfit to box for any condition which would endanger that boxer, his opponent or the officials.
- 2.2 The most important consideration for all of us in this sport is the Safety of the Boxer. It is our goal as doctors, however, to allow as many candidates as possible to compete in boxing as their health and disabilities allow. The Disqualifications listed in previous documents were intentionally left quite open to allow each individual to be judged on his own merits. We have been asked to add more examples which we have done. Conditions specifically noted below are considered virtually absolute. Other abnormalities are to be judged according to each individual's capabilities. Questions and requests for review may be referred to the Medical Boards by calling the USA Boxing's national office (or directly to either Medical Board/College President, if needed).
- 2.3 USAB Medical Guidelines for disqualifying conditions are "evidence of or disclosed history of the following conditions in an initial, annual or pre-bout medical examination":
 - 2.3.1 Acute and chronic infections including those conditions, but not limited to fever, chest infection, untreated tuberculosis, intestinal infection with potential dehydration/malabsorption, hepatitis, open infected skin lesions (including H. Simplex, MRSA, impetigo, untreated fungal infections, etc.), mononucleosis within the past month, etc.
 - 2.3.2 Severe blood dyscrasias and clotting disorders which include therapeutic anticoagulation
 - 2.3.3 Sickle cell disease
 - 2.3.4 History of Hepatitis B, Hepatitis C or HIV infection
 - 2.3.5 Refractive (Lasik) and intraocular surgery, cataract, retinal detachment
 - 2.3.6 Myopia of more than -3.50 diopters in one or both eyes
 - 2.3.7 Recorded visual acuity in one or both eyes of: uncorrected worse than 20/200; corrected worse than 20/60
 - 2.3.8 Significant congenital or acquired cardiovascular and pulmonary abnormalities including, but not limited to, severe COPD, uncontrolled asthma with potential for hypoxemia, pulmonary hypertension, severe aortic or pulmonary stenosis, myocarditis or pericarditis, recent embolic disease, 3rd degree heart block, atrial or ventricular tachycardia, coarctation of the aorta, unclosed significant patent ductus arteriosus, aortic aneurysm and any of these conditions that have undergone corrective surgery or ablation unless specifically released by a cardiothoracic physician to return to contact/combat sports. Resting BP over 160/100 is

considered uncontrolled and a disqualification; however, if the resting BP is over 140/90, the boxer may participate if previous recorded blood pressures have been controlled. Any boxer with persistent BP over 135/85 should be recommended for follow-up with their own personal physician.

- 2.3.9 Significant congenital or acquired musculoskeletal deficiencies including, but not limited to, spinal fractures, spondylolysis, atlantoaxial instability, and the following conditions if they inhibit the boxer's defense, balance or ability to use the authorized headgear/gloves: loss of thumb or great toe, unstable/subluxing joints
 - 2.3.10 Unresolved post-concussion symptoms, which will need clearance from a qualified licensed physician
 - 2.3.11 Significant neuropsychiatric disturbances or drug abuse
 - 2.3.12 Significant congenital or acquired intracranial mass lesions or bleeding, (benign smaller CNS lesions require the clearance by a neurologist or neurosurgeon regarding participation in a contact/combat sport), history of craniotomy, cerebral palsy or hypoxic brain injuries, significant neuropathies which affect balance, sensation, and ability to provide adequate defense
 - 2.3.13 Any seizure activity within the last 3 years
 - 2.3.14 Hepatomegaly, splenomegaly, ascites
 - 2.3.15 Pregnancy
 - 2.3.16 Uncontrolled diabetes mellitus or uncontrolled thyroid disease
 - 2.3.17 Any implantable device which can alter any physiologic process or enhance performance
 - 2.3.18 Women's breast protector which protects anything other than the breast protuberance itself
- 2.4 Conditions that are not disqualifying to box:
- 2.4.1 Deafness (but referee/judges must be made aware and the Referee may tap the deaf boxer on the shoulder if necessary to signal "break" or "stop.")
 - 2.4.2 Boxers with dental braces or other orthodontic appliances as long as there is Permission to Box with Braces or Orthodontic Appliances form attached to the boxer's passbook. Note that this includes the newer permanent retainers in use.
 - 2.4.3 Boxers with non-incarcerated hernias or absence of one testicle or an undescended testicle may participate as long as a protective cup is in use at all times (competition and training).
 - 2.4.4 Boxers with breast implants may participate as long as there is a Permission to Box with Breast Implants form attached to her passbook.

2.4.5 Sex reassignment (in accordance with IOC regulations): Any “individuals undergoing sex reassignment of male to female before puberty should be regarded as girls and women” (female). This also applies to individuals undergoing female to male reassignment, who should be regarded as boys and men (male).

Individuals undergoing sex reassignment from male to female after puberty (and vice versa) be eligible for participation in female or male competitions, respectively, under the following conditions:

- Surgical anatomical changes have been completed, including external genitalia changes and gonadectomy
- Legal recognition of their assigned sex has been conferred by the appropriate official authorities
- Hormonal therapy appropriate for the assigned sex has been administered in a verifiable manner and for a sufficient length of time to minimize gender-related advantages in sport competitions

Eligibility should begin no sooner than two years after gonadectomy. It is understood that a confidential case-by-case evaluation will occur. In the event that the gender of a competing athlete is questioned, the medical commission (ACRP/ABRM) shall have the authority to take all appropriate measures for the determination of the gender of a competitor.