

ARP Medical Recommendations to Improve Boxing Safety

Uniform regulations and safety standards are required to protect combat athletes. In any inherently dangerous sport, it is imperative that these recommendations be reviewed, considered and adopted. Evidence based on sound research is always needed to keep any such recommendations relevant and we ask all of our ringside physician experts to continue to investigate and develop protocols to improve combat sports.

Below are the Association of Ringside Physicians' Recommendations:

1. All sparring should take place with oversized gloves to minimize the cumulative forces of the punches during training. (i.e., Heavyweights 20-22 oz gloves...Middleweights 16 oz gloves and lightweights 12 oz gloves, etc.)
2. Minimize head shots during training to decrease the likelihood of pre-existing damage prior to entering the ring for the competition.
3. All states immediately adopt the minimum medical requirements of the ABC and ARP. If these requirements are not adopted, the ARP asks promoters and sanctioning bodies to consider not holding boxing matches in these venues until they comply with these recommendations.
4. Boxers who have not fought for over 12 months should not fight more than 10 rounds. The question of inactivity raises concerns about the likelihood of increased risks of injuries based on inactivity and conditioning.
5. Fighter's not be permitted to lose more than 3% body weight at the weigh-in before a fight. Additionally, no fighter gaining more than 5% body weight should be permitted to compete after the weigh-in.
6. Medical data bank is implemented immediately to follow the medical history during a boxer's career.
7. Promoters, managers, corner men, commissioners are encouraged to anonymously report boxer's whom they believe are showing early changes consistent with brain damage. This information will then be investigated and (if necessary) be utilized to require more tests or to terminate a boxer's career.
8. The ringside physician and EMS personnel should remain at the venue until all the competitors have left the competition/locker area.
9. The ringside physician should notify the local hospital and on-call neurosurgeon that a boxing match will be taking place.
10. No fighter who is Hepatitis C or HIV antibody positive should be permitted to fight even if the virus is undetectable.*
11. Further research (i.e. the medical severity index, the Impact concussion study, rapid HIV/infectious disease testing, etc.) is encouraged and should be utilized to determine those at greater risk for injury.
12. A minimum of two ringside physicians should attend every boxing match.

* The issue regarding Hepatitis C is currently being re-evaluated and a consensus from the American College of Hepatologists is forthcoming. Individual Commission Physicians should make their own informed decisions.

