

Responsibilities of coaches and referees (Medical advice for coaches and referees)

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Abstract

This paper addresses two areas of responsibility in the sport of amateur boxing – namely the responsibilities of the coach and the responsibilities of the referees.

The author will look at the two roles, mainly from the medical perspective.

I

The Coach

The person who becomes a coach is usually someone with enthusiasm offering him or herself to a club. Often the individual will have a background as a boxer but this is not necessary.

Personal qualities of leadership, enthusiasm, stamina, charisma, respect for children, willingness to learn, resourcefulness, goal-orientation, ambition, fairness, inclusiveness will be present to varying degrees in any successful coach.

Behaviour of the coach is important. He will be a leader to his boxers. When in close contact with young sports people he should not smell of alcohol or a recent cigarette.

The club rooms should reflect his standards by being clean and tidy. The equipment should be treated with respect. Other colleagues, staff and helpers should be encouraged to adhere to the same high standards.

Fitness to Coach

A thorough knowledge of training and teaching skills of amateur boxing is necessary. National federations will facilitate training courses. No-one should be allowed to coach until he or she has passed a national “fitness to coach” course which should include safety, legal, and medical aspects as well as training, fitness and skills teaching.

Safety is paramount and club rules should reflect its importance.

The aim of a club should be excellence and inclusiveness. All should be made welcome as all can contribute in some way to a successful club. Government grants for premises and equipment are often available to those clubs which can demonstrate this.

The initial medical examination

It is vital that the new members of boxing clubs receive a medical examination by the club or family doctor. The club doctor will be aware of the medical aspects of boxing as described in the **AIBA Medical Handbook of Amateur Boxing**. The family doctor will know intimately the past medical history or the family history of the new club member and ideally this information should be supplied to the Club doctor if the family doctor does not carry out the full medical. Most important are the conditions which automatically debar a person from boxing. These are found on pages 10 to 13.

The annual medical examination to monitor the health of the boxer should be carried out by the club or family doctor.

Protection of children and young persons

Many involved in sport nowadays are aware of legal issues of abuse and molestation to children and young persons. Developing protocols and strict rules to protect children and young people from potential abuse will be the responsibility of club officials. National federations will normally have available such rules for each club. All should familiarise themselves with the rules and strictly adhere to the codes of conduct contained therein.

Injuries

Injuries, although not common in amateur boxing, are best dealt with at the earliest by the appropriate professional.

The commonest injuries are to the soft tissues such as sprains, strains, contusions and bruises. All of which have pain and swelling as the commonest presentation.

Treatment is given according to the mnemonic **RICER**.

Rest the affected part – stop activity immediately. The level of pain usually dictates this.

Ice – apply an ice pack for 20 minutes, repeat every 2-4 hours for 24 hours as required.

Compress by bandage to limit swelling and restrict movements.

Elevate – raise the affected limb or part by a sling or support.

Rehabilitation – begin with gentle movements after 24 hours and gradually increase activity.

Refer to a physiotherapist where possible.

If concerned, or if progress is slower than expected, get professional advice from a physiotherapist or doctor.

Other professionals such as dietician, podiatrist and chiropractor or osteopath will add important care at appropriate times. A sports psychologist will add a significant dimension especially in the preparation for competition.

It is recommended that clubs have **insurance** cover for the boxer as a serious injury acquired in sport could impair his future ability to earn for himself and his family. Many national federations organise an insurance scheme which will be available to all registered clubs.

Bleeding is controlled by pressure with a clean tissue or cloth. In the case of epistaxis (bleeding from the nose) compress the soft fleshy part of the nose and sit the boxer upright but bent slightly forward.

Eye injuries

The doctor is best placed to deal with cuts around the eyes. Steristrips can be used on abrasions or very small lacerations and are allowed as a dressing during competition. A reasonable application of Vaseline may be applied prior to a bout to protect the skin against injury. Eyebrow cuts are usually best treated by suturing to prevent a weakness there in the future.

Dehydration

Fluid loss will lead to significant and rapid loss of performance. Dehydration can lead to dizziness, drowsiness, coma and even death. The human body needs 1-2 litres of fluid per day or injury to the brain, eyes, liver, kidneys or heart can occur. Fluid restriction is not justified in minors, i.e. schoolboys or cadets, and will be perceived as dangerous. The deliberate restriction of food and liquids to young people is to be deplored.

Remember that during training, when sweating occurs, the body loses salt and water. Only drinking water does not replace salt losses and may lead to hyponatraemia (low sodium), a dangerous condition which may result in collapse or death. Sports drinks (isotonic) are a better choice as they contain balanced salt and sugar solutions and are widely available.

Hand injuries usually arise because of ill-fitting gloves and poorly applied bandages. All work involving heavy punching, ie. pads, heavy bag and sparring, should only take place when the hands have been properly bound and protected.

Sparring

One area of concern for this writer, who has been involved in amateur boxing for 30 years, is the conduct of sparring, which can be an unregulated activity. Research in New York [1] indicated that brain damage to professional boxers was related to the number of rounds of sparring rather than the number of contests. The safety of the boxer during sparring should be paramount and his/her welfare should be protected at all times. Evenly balanced sparring partners, with proper application of the rules of amateur boxing, should ensure no unnecessary injury or distress. Where possible, sparring sessions involving amateur boxers should be attended by a referee. The KO has almost been completely eliminated from AIBA tournaments and the RSCH is also seen less frequently. Sparring, when properly conducted, should not give rise to such events. When these do occur ensure the protocol in the AIBA Medical Handbook is carried out strictly (see page 21). The suspension period after a knock-out and RSCH must be strictly applied (see page 25).

Whether during a contest or sparring a KO or RSCH is a serious matter. It represents a serious head injury. It is the duty of the coach to ensure the safety of the boxer once he or she has been returned to the care of the coach. It will be possible to transfer responsibility to a near friend or family member. Until such time, the coach has to ensure the welfare of the boxer by keeping him or her under strict observation and noting any change in his or her condition.

An example of the warning signs of a severe head injury are:-

- Vomiting which may be increasingly frequent
- Headache which is increasingly severe (dizziness can also occur)
- Sleepiness or somnolence from which the boxer is hard to rouse.
- Double Vision – seeing a blurred or double image.
- Disability of any sort – e.g. weakness in a limb or numbness

Concealing an injury

Concealment of, or failure to admit to an injury is not in the best interests of a boxer and contravenes the number one rule that the welfare of the boxer is paramount.

Illness

Infections cause distress, high temperature, fast pulse and aches and pains. The strenuous training for amateur boxing delays the onset of distress. A well trained boxer may not show signs of significant illness and may appear only mildly ill. If a boxer reports a mild illness, or vague feeling of being unwell, this may conceal a serious illness e.g. pneumonia. Seek professional medical advice if your boxer is unwell.

Pre-competition preparation is vital for a good performance. This will be both physical and mental. Proper diet to ensure a good source of energy and the use of efficient isotonic rehydration fluids, many of which are available commercially from reputable firms, is a vital part of proper preparation. During competition, the proper maintenance of diet and fluid balance should be individually designed and will be, in many cases, dictated by the scales. The dietician, with knowledge of the needs of amateur boxers, will be an important team member.

Travel

The coach will ensure that the boxers have the basic vaccination and immunisation coverage. This is administered by family doctors or travel clinics. Anti-malarial drugs will be required in certain areas of the world. The information for this is available at travel clinics and on the World Health Organisation website (www.who.int). Planning the number of days to arrive at the venue prior to competition will largely depend on the number of hours of adjustment necessary. It is generally believed that one day for every hour of adjustment is the golden rule. Fluid intake should be maintained during the travel.

Doping and doping control

Increasingly, doping is a problem in our sport of amateur boxing. Coaches should know the WADA anti-doping rules. These are available on the web at www.wada-ama.org . They can also be viewed on the AIBA site www.aiba.net .

- ◇ The whereabouts of a boxer must be known so that, if out-of-competition testing is to be carried out, he/she can be available. (See the WADA website for “whereabouts forms”.)
- ◇ The list of banned substances is on the internet website of WADA and can be checked if the boxer needs medication. Please discuss this with the team doctor.
- ◇ A therapeutic use exemption form (TUE) must be completed and be presented to the national federation for approval if the boxer is taking a banned substance for medical reasons. An abbreviated TUE (ATUE) can be used for some medications e.g. glucocorticosteroids and B2 agonists. The boxer will need WADA approval and must receive a certificate from the TUE committee before competing.
- ◇ Tell the boxer that when he/she is approached by a doping control officer after a contest he/she always must cooperate. He/she must be in the doping control station in not more than 60 minutes. During the intervening period, there will be a chaperone to accompany the boxer at all times. During doping control, a boxer may be accompanied by a representative who may be a coach/doctor/trainer/fellow boxer.

Alcohol has no place or part to play in the lifestyle of a boxer.

Other remarks

Better mouth guards are being developed to reduce the concussive effect of a blow to the chin. They must fit snugly and should be individually fitted.

Good equipment is always important. In the gym or club, during sparring, the use of good quality gloves is strongly recommended.

All coaches carry a big responsibility. With your skills you help to keep our sport safe and free from serious injury. Unfortunately, catastrophes do occur and in the past there have been deaths associated with amateur boxing. I would make additional remarks that, if a coach observes a deterioration in his boxer such as poor performances, an increasing tendency to take punches, symptoms of headaches, lethargy or a change in behaviour, changes in mood such as losing his temper, or not sleeping well, he should be suspicious of a possible brain injury and seek professional medical advice.

II

Referees

Referees have the most public role in amateur boxing apart from the contestants. They represent the public face of the authority or the administration of amateur boxing. They are present to apply the rules as determined by AIBA.

The safety of the boxer is paramount and takes primacy over all other considerations. A fair application of the rules is mandatory and “Force Majeure” will never apply.

Preparation for referring will be focused and planned. Those who choose this demanding and highly responsible role should first know the rule book thoroughly. Through examination and testing they will be able to demonstrate their ability and capacity to apply the rules safely, fairly and properly.

The referee should look reasonably fit and not be significantly overweight. A BMI > 30 will automatically bar him/her from international competition. He/she should have a regular fitness programme. This will ensure a level of fitness for the ring and also cardiovascular fitness for life. Whilst adhering to this regimen he/she will have no difficulty meeting the standard of the AIBA Medical Examination for Referees.

Smoking prior to or during competition is to be strongly discouraged. No-one wishes to be spoken to by someone whose breath smells of tobacco or alcohol.

A referee should be alert and ready when called upon to perform his/her duty

Alcohol should not be consumed for 24 hours prior to competition to ensure clearness of mind and maximum speed of the reflexes. All other drugs, apart from prescribed medication, are to be avoided.

An annual medical examination must be carried out by an authorised doctor of the National Federation and the result entered in the referees’ record book. National Federations should be strongly encouraged to introduce a system for nationally qualified referees similar to the model approved by AIBA.

A referee may wear a soft contact lens but may not wear spectacles.

Equipment

It is the duty of the referee to ensure that the ring and surrounding area are fit and safe for the purpose of amateur boxing. He/she shall also oversee the conduct of the boxers, coaches and seconds. He/she will liaise with other officials at ringside i.e. the time-keeper, judges and doctors and, at large tournaments, the chairman of the jury.

It is the duty of the referee to inspect the bandages and gloves before and after the contest. The bandages should be suitable and stamped with the official stamp of the tournament and the gloves should have the AIBA stamp of approval somewhere on the material. The head guard also should have a stamp of approval from AIBA.

Hair should not be allowed to protrude outside the head guard (this includes ponytails). Clips and metal fastenings are not allowed. A boxer who is not clean shaven must not be allowed to commence a contest. He presents a risk to his opponent as facial hair rubbing may result in damage to his opponent's eyes. Current fashion dictates that referees should check boxers at the beginning of contests for studs and rings. The tongue should be inspected before the insertion of the mouth guard, prior to the contest commencing, as studs or rings are NOT permitted.

In my opinion, the **shaking of hands** is a vital and important action which must always be carried out before the contest, and after the result, to demonstrate to all that this is a strictly sporting contest. Do not allow a cursory or reluctant gesture to replace a proper handshake.

Injuries are an infrequent, but inevitable, consequence of our sport. A whole evening, or session of amateur boxing, can pass without any such event, yet, at other times, it seems that almost every other bout can have a problem, albeit usually a minor one.

Cuts (lacerations) and bleeding noses should result in the contest being stopped immediately to allow the doctor to inspect the injured area and assess the seriousness. If the doctor is an experienced ringside physician, he/she will examine the injury in a calm and unhurried way and will indicate to the referee if the contest may be allowed to continue, or not, by using the words 'box' or 'stop'. No other conversation is allowed.

The standing count

The boxer, who is hurt by a punch or punches and is deemed by the referee as unable to defend him/herself properly, will be stopped immediately and will receive a mandatory count. If, following such a count he/she is not sufficiently recovered, then the contest will be stopped and the decision of RSC given. If head punches have been the cause of the stoppage then RSCH will be given.

My strong advice to referees is look at the eyes of the boxer. A careful, continuous, observation of the alertness of the boxer's eyes, from the beginning of the contest, will give a strong indication as to whether the boxer is so distressed as to require the referee's intervention.

The Knock Down

The boxer who has been knocked down will receive a count. If he/she shows signs of recovering, the count will be continued up to 8 when, if he/she is standing and has recovered, he/she will be allowed to commence boxing again. If, at the count of 8, he/she has not recovered, whether standing or not, then the count proceeds to 10 and a KO is the result. The boxer who will not recover can be given a short count and declared KO immediately. An experienced referee will know when a boxer will not recover quickly and should declare a KO at the earliest possible moment. The next action should be to summon the doctor into the ring. He/she must not, at this point, touch the boxer as the doctor will arrive in a few seconds to make a rapid triage assessment. The referee should now ensure that no-one else enters the ring. Whether to move the stricken boxer or remove the gum shield or head protector will be the decision of the doctor. If the doctor calls for help then the other doctors, if present, or paramedics or first-aid trained personnel may be admitted to the ring. Calm reassurance is the key to allowing a

sustained recovery to take place. This is an opportunity for a referee and a doctor to be seen to act as a team for the benefit the boxer.

The Ringside Doctor

During the bout, the ringside doctor will carefully observe all the events happening in the ring, with particular focus on the punches delivered and the reaction of the boxers. The Doctor is ready to help advise the referee if called on to do so and, through medical knowledge and experience of amateur boxing, will play an important part in ensuring the good health of the boxers.

In this role, by indicating to the chairman of the jury, the Doctor may request a contest to be stopped in order to examine a boxer whom he/she feels is in distress.

Dr. Péter Jáko, Chairman of the Medical Commission of AIBA, has cited *'improvement in refereeing'* as a significant contribution to the increased safety of our sport. The Medical Commission of AIBA congratulates and supports referees as an example to those sitting at ringsides who continue to admire your work.

Dr Seán Donnelly.