



# PRE-PARTICIPATION PHYSICAL EXAM

Must be done yearly by the boxer's primary physician

# PRE-PARTICIPATION PHYSICAL EXAM

- Should be done 4 to 6 weeks prior to participation
- The exam should be comprehensive and is intended to
  1. detect conditions that may predispose to injury
  2. detect conditions that may be life-threatening or disabling
  3. Meet legal insurance requirements.
- The purpose of this section is to provide health care providers with guidelines for performing and documenting the pre-participation evaluation.

# PRE-BOUT PHYSICAL EXAM



This Photo by Unknown Author is licensed under [CC BY-NC-ND](https://creativecommons.org/licenses/by-nc-nd/4.0/)

- This exam is not as thorough as the Pre-participation Physical Exam
- Choose a comfortable and quiet area to do an exam
- Check vital signs and look for disqualifying conditions (i.e. rapid heart rate, uncontrolled hypertension, fever, etc.)
- Obtain pertinent questions from the boxer to obtain a good medical history

# BOXING DISQUALIFYING CONDITIONS

- General:
  - 1. Acute Infections: HIV, Hep.B&C, Boils, impetigo, herpes simplex lesions, pediculosis.
  - 2. Cardiovascular: uncontrolled hypertension, Significant arrhythmia, thromboembolic disease, hypertrophic cardiomyopathy.
  - 3. Abdomen: Jaundice, active mononucleosis, active ulcer disease or rectal bleeding.
  - 4. Respiratory: Asthma-uncontrolled, hemoptysis, Tb
  - 5. Central Nervous System: History of intracranial bleeds, seizure disorder, prior craniotomy, hydrocephalus, previous head trauma or concussions.
  - 6. Musculoskeletal system: Muscular dystrophy, swollen joints, fractures, recurrent dislocations, spondylosis with pain.

# DISQUALIFYING CONDITIONS

- 1. Vital Signs: systolic  $> 140$  & diastolic  $>90$
- 2. Fevers: 100.5 or greater
- 3. Ocular problems: Congenital anisocoria or nystagmus is not contraindicated for boxing. However, acquired anisocoria requires further investigation prior to allowing to participate
- 4. Detached retina, uncorrected vision worse than 20/400
- Any suspected ocular abnormalities should be evaluated by an ophthalmologist.
- 4. Nose & Mouth: loose or broken teeth and the presence of dental prosthesis. Tender facial areas.
- 5. Ears: previous radical mastoid surgery is disqualifying and athletes with a history of cochlear implants as well. Ruptured ear drums as well

# PRE BOUT PHYSICAL EXAM

## Cardiovascular

Family history  
Heart murmur  
History of sudden death  
Hypertension  
Exertional syncope  
Excessive fatigue

Auscultation should identify abnormal heart sounds, rhythm disturbances, murmurs, snaps or clicks. Any murmurs grade 3/6 or higher, any diastolic murmurs and any murmur that increases with Valsalva should be further evaluated.

## Pulmonary

History of pneumothorax, asthma, chronic lung infections ( Tb) or hemoptysis.

Sternal abnormalities such as pectus excavatum are not disqualifying but should be noted and prompt a search for other potential stigmata of Marfan Syndrome.

## Musculoskeletal

History should address past injuries  
ROM & General Strength assessed

Upper extremities should be assessed for pain, dislocations and even fractures. Metacarpal tenderness should arouse suspicion of fractures

Neck pain, crepitus or decreased ROM suggest need for x-rays.

# PRE-BOUT PHYSICAL EXAM

## Abdomen EXAM

- Check for history of mononucleosis infection, ulcer disease, rectal bleeding, absence of a kidney or prior abdominal surgery
- Check for surgical scars and organomegaly.
- Check for abdominal tenderness

## NEURO EXAM

- The boxer should be asked about prior seizure history, frequency, etiology and if they are well controlled.
- Ask about any neurosurgery, head trauma or concussions.
- Cranial nerve evaluation and thorough evaluation of gait, sensory and cerebellar function.

# POST BOUT EXAM

## Brief physical exam



## Things to look for

- Check gait and see how the boxer walks down the steps.
- Ask questions to assess any signs of concussion. Keep in mind that the boxer who did not win may not be cooperative
- Do a quick but thorough assessment of the boxer keeping in mind that you still have to examine the other boxer if you are a solo ringside physician.

# POST BOUT EXAM

- Exam itself:
- Assess pupils, nose, mouth and jaw
- Chest and abdomen assessed for injuries
- Examine hands without gloves. Wraps ok to be in place
- Ask appropriate questions if needed.
- May request additional time with the boxer for more in depth exam.
- If a boxer leaves the Field of Play, do not go after the boxer, but rather, ask the coach to bring him/her back.
- If the boxer does not return, hold on to the passbook and administer the appropriate time restriction. Do Not Return the Passbook to the boxer or his or her coach.

## PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam \_\_\_\_\_  
 Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

Do you have any allergies?  Yes  No. If yes, please identify specific allergy below.  
 Medicines  Pollens  Food  Stinging insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (male), your spleen, or any other organ?		
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>	<b>Yes</b>	<b>No</b>	30. Do you have joint pain or a painful bulge or bumps in the joint area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, lightheaded, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MGA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>	<b>Yes</b>	<b>No</b>	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
<b>BONE AND JOINT QUESTIONS</b>	<b>Yes</b>	<b>No</b>	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or abnormal instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, hot, warm, or look red?			<b>FEMALES ONLY</b>		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

## PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

### PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever used cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 3-14).

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP	/	/	Pulse
			Voices 0 20V
			L 20V
			Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance • Marfan stigmata (pectus excavatus, high-arched palate, pectus excarvatus, arachnoidycty, arm span > height, hyperlaxity, myopia, MVI) aortic insufficiency			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart <sup>1</sup> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Palms • Simultaneous humeral and radial pulses			
Lungs			
Abdomen			
Cardiothoracic (male only)			
Skin • HEV lesions suggestive of MESA, flea bites			
Neurology: <sup>2</sup>			
MUSCULOSKELETAL			
Neck			
Back			
Shoulders			
Elbows/Wrists			
Wrist/Hand/Fingers			
Hip/Knee			
Lower			
Leg/Ankle			
Foot/Ankle			
Functional • Duck-walk, single leg hop			

<sup>1</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
<sup>2</sup>Consider EM exam if in private writing. Using hand goniometry is recommended.  
<sup>3</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussions.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_
- Not cleared
- Pending further evaluation
- For any sports
- For certain sports \_\_\_\_\_
- Reason \_\_\_\_\_
- Recommendations \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parent(s). If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Signature of physician \_\_\_\_\_, MD or DO



Albany Medical College

Sports Medicine  
Interest Group







