

APPENDIX A

BRITISH HORSERACING AUTHORITY
Update from 1 August 2010

**MEDICAL STANDARDS
FOR FITNESS TO RIDE**

1. These Standards apply to all applicants for amateur and professional jockeys' licences and permits (under the Rules of Racing) and riders' qualification certificates (under the Regulations for Point-to-Point Steeple Chases).

PREFACE

2. Race riding is an activity that requires each and every jockey to exercise physical skills and judgement of an extremely high order. Any failure in a jockey's performance may not only put his/her life in danger but may also put others at risk of injury, permanent disability or death.
3. The British Horseracing Authority requires that all jockeys applying for a licence or permit to ride under Rules or Point-to-Point Regulations provide a Declaration of Health and appropriate medical evidence of his/her 'fitness to ride'.
4. Each application is subject to scrutiny by the Chief Medical Adviser who may request additional medical reports or specialist examination as appropriate. All costs incurred in providing this information are the responsibility of the applicant.
5. When sufficient information is available, a medical recommendation regarding each applicant is made to the Licensing Committee or the Point-to-Point Department for their consideration.
6. The final decision to grant or refuse a licence or permit rests solely with the Licensing Committee and such decisions may be subject to a Medical Review Procedure where appropriate.
7. Existing licence or permit holders who, during the period of the licence or permit, suffer a injury (eg. concussion, fracture) or illness (eg. hepatitis) that could in any way affect their fitness to ride, must inform the Chief Medical Adviser at the earliest opportunity. This applies to any illness or injury - regardless of whether or not it resulted from a racing incident (eg. road traffic accident, hacking, eventing, on the gallops, winter sports, etc.).

INTRODUCTION

As a result of the regulator's extensive experience in the field of equestrian sport, it is the racing's longstanding practice to apply strict medical criteria for participation in race riding. These Medical Standards have been compiled to assist jockeys, and their medical advisers, in establishing which conditions are likely to affect the granting of a jockey's licence or permit.

The commonest reason for refusing a licence is the notification that an applicant has recently taken, or is currently taking, regular medication. If an applicant requires, or has required, regular medication to maintain his/her physical or mental wellbeing, a licence may be declined.

If any of the following statements applies, the Licence/Permit will invariably be declined or deferred –

- 1) The therapeutic effect of the medication may put the jockey at risk when s/he rides or falls**
- 2) The side effects, actual or potential, of the medication are such that they could interfere with the jockey's physical capability, judgement, coordination or alertness**
- 3) A voluntary or involuntary adjustment of the dosage, administration or absorption of the medication could interfere with the jockey's physical capability, judgement, coordination or alertness**

Examples

- 1) Individuals taking WARFARIN will not be granted a licence.
- 2) When an applicant requires the short term administration of a psychotropic drug (eg. AMITRIPTYLINE), the application will be deferred until the individual has been "off all medication and symptom free" for an acceptable period of time - normally 1-3 months.
- 3) Applicants who have, or have had, epilepsy will not be granted a licence or permit to ride under the Rules of Racing or the Regulations for Point-to-Point Steeple Chases, save in so far that an individual meets the criteria for epilepsy in the current **DVLA Medical Standards of Fitness to Drive – Group 2** (VOC-LGV/PCV - September 2009)

<http://www.dft.gov.uk/dvla/medical/ataglance.aspx>

The BHA has expert medical opinion to support the use of these criteria in relation to the licensing of jockeys in racing and the BHA Licensing Committee will adopt any relevant changes to the DVLA Group 2 Epilepsy Regulations as may occur from time to time.

These Medical Standards cover the areas of major concern to the British Horseracing Authority but, inevitably, cannot deal with every medical condition seen in practice and for medical conditions not listed, please contact the BHA Chief Medical Adviser.

Each application is considered individually on its merits and further clarification can be obtained from:-

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The BHA Medical Standards for Fitness to Ride are not intended to restrict or limit in any way the discretion of the British Horseracing Authority to adopt a different approach in any particular case or to depart from these Standards where it considers it necessary or desirable to do so.

Key to Classification

A = Normally ACCEPTABLE

D = DEFERRED - specialist opinion will normally be required prior to acceptance or refusal. Examination by the Chief Medical Adviser may also be necessary. (All costs involved in satisfying these criteria are the responsibility of the individual applicant.)

R = Normally REFUSED

AGE

Although no upper age limit exists for race riding, it is unusual for jockeys to continue racing after they reach the age of –

40 - professional Jump jockeys

50 - professional Flat jockeys

60 - amateur jockeys

Any applicant for a Jump Licence whose age is 40, or above, will normally be required to undergo additional investigation, which may include an MRI brain scan. A medical examination by the Chief Medical Adviser is required in every case.

A medical examination by the Chief Medical Adviser may be required for any professional Flat jockey or amateur aged 50 or over.

Any applicant for an Amateur Permit or Point-to-Point Permit whose age is 60 or above, will normally be required to undergo additional investigation which may include an exercise stress test and/or MRI brain scan.

CARDIOVASCULAR DISORDERS

Disorder	Classification
Ischaemic heart disease with current angina	R
Heart failure	R
Myocardial infarction	D
Bypass grafting	D
Angioplasty	D
Cardiac transplant	R
Dysrhythmias	D
Pacemakers	D
Cardiac valvular disease	D
Hypertension	D
Cardiomyopathies	D
Congenital heart disease	D
Marfan's Syndrome	R
Treatment with anticoagulants	R
Peripheral vascular disease with claudication	R

ENDOCRINE AND METABOLIC DISORDERS

Disorder	Classification
Diabetes - insulin dependent - requiring oral medication - controlled by diet alone	D (BHA Diabetes Protocol applies) D D
Thyroid disease	D
Diabetes insipidus	R
Adrenal disorders	D

GASTRO-INTESTINAL AND ABDOMINAL DISORDERS

Disorder	Classification
Acute gastric erosion	D
Chronic gastritis	D
Gall stones	D
Active peptic ulcer	D
Hiatus hernia	A
Inguinal hernia	D
Haemorrhoids, anal fissure, fistulae	D
Cirrhosis	D
Chronic pancreatitis	R
Colostomy, ileostomy	D
Colitis (ulcerative or Crohns)	D

GENITO-URINARY AND RENAL DISORDERS

Disorder	Classification
Chronic renal failure	R
Renal transplant	R
Nephritis	D
Kidney stones	D
Prostatitis	A
Single kidney or horseshoe kidney	D

GYNAECOLOGICAL CONDITIONS

Condition	Classification
Pregnancy	D
Caesarian section	D (see Surgery on p.10)
Hysterectomy	D (see Surgery on p.10)

HEARING

Hearing must be adequate for the jockey to hear instructions and to ensure that the safety of other jockeys is not put at risk.

Deafness is defined as any hearing loss greater than 35dBA in either ear over the normal vocal range 500/2000c/sec).

Existing licence holders - D
New applicants - R

Disorder	Classification
Benign Paroxysmal Positional Vertigo	D (following a head injury or without evidence of head injury – no symptoms for a minimum of 6 months)
Perforated eardrum	D
Chronic suppurating otitis media	D
Otosclerosis	D
Mastoid cavity disorders	R
Sudden onset vertigo or Labyrinthitis	D (no symptoms for a minimum of 3 months and no evidence of hypolabyrinthine state in either ear)
Menière's Disease	D (free from vertiginous attacks for at least 1 year after any intervention or 1 year off all medication. No evidence of hypolabyrinthine state in either ear)

INFECTIOUS DISORDERS

The facilities in Jockeys changing rooms can be cramped and poorly ventilated (by choice, not by design). Jockeys should be advised to discontinue race riding whilst there is any risk of contagion.

Disorder	Classification
Tuberculosis (active)	R
Hepatitis	D
HIV positive	D
AIDS syndrome	R

MEDICATION

If an applicant requires, or has required, regular medication to maintain his/her physical or mental wellbeing, a licence may be declined.

If any of the following statements applies, the Licence/Permit will invariably be declined or deferred –

- 1) **The therapeutic effect of the medication may put the jockey at risk when s/he rides or falls**
- 2) **The side effects, actual or potential, of the medication are such that they could interfere with the jockey's physical capability, judgement, coordination or alertness**

- 3) **A voluntary or involuntary adjustment of the dosage, administration or absorption of the medication could interfere with the jockey's physical capability, judgement, coordination or alertness**

MUSCULO-SKELETAL DISORDERS

Disorder	Classification
Amputation of a limb or part of a limb	R (loss of digit(s) will be reviewed on an individual basis - D)
Fracture	D (see below)

Fractures - Before applying to return to race riding after any fracture or dislocation, the jockey should have an appropriate range of pain free movement and be able to show that his/her ability to ride is unaffected. No jockey may race wearing a plaster cast, backslab, fibre-glass support, prosthesis or similar appliance.

Fractures of the skull and spine are of particular concern and medical clearance by the Medical Adviser is required in every case. This will normally involve an examination by the Chief Medical Adviser.

Dislocated Acromio-Clavicular (A/C) joint - A

Dislocated or subluxed shoulder - first occasion – D unless the jockey is under the age of 25, when a surgical repair should be completed (as for 'recurrent' – below)

Dislocated or subluxed shoulder - recurrent - R until a surgical repair has been completed

Disorder	Classification
Rheumatoid Arthritis	D
Spondylolisthesis	D
Slipped Disc	D (normally R for a minimum of 6 months)
Joint replacement or internal metal fixation	D

NEOPLASIA/CANCER – D

NEUROLOGICAL DISORDERS

Disorder	Classification
Chronic migraine	D
Chronic neurological disorders	R (eg. Parkinson's Disease, Multiple Sclerosis etc.)
Cerebrovascular disease	R
Meningitis or encephalitis	D
Intracranial tumour requiring craniotomy	D
AV Malformation – asymptomatic - after a bleed	D R
Intracranial aneurysm	R
Pituitary tumour - no visual field defect - with visual field defect	D R
Narcolepsy	R
Unexplained loss of consciousness	D
Subarachnoid haemorrhage	D - see epilepsy/single seizure below
Intracranial haematoma	D - see epilepsy/single seizure below
Serious head injury	D - see epilepsy/single seizure below
Craniotomy/Burr hole surgery	D - see epilepsy/single seizure below
Epilepsy	R - unless the applicant can meet the criteria relating to epilepsy in the current <u>DVLA Medical Standards of Fitness to Drive–Group 2</u> (VOC-LGV/PCV-September 2009)
Single seizure - following acute head injury, intracranial surgery or use of epileptogenic medication (e.g. Tramadol)	D (independent specialist opinion required in every case)
Single seizure immediately following a concussion - this is not considered to be an epileptic phenomenon and will not normally result in any medical suspension from riding	A
Benign Epilepsy of Childhood (benign Rolandic epilepsy) may also be subject to special consideration	D (independent specialist opinion required in every case)

PLEASE NOTE - following any cranial fracture or surgery, the integrity and/or strength of the skull must not be significantly compromised.

PSYCHIATRIC DISORDERS

Most mental illness affects the ability of the person to exercise **sound judgment** (due to the illness), or affects their ability **to co-ordinate** and **remain alert** (due to the side effects of the medication, which are frequently of a sedative nature). Either feature may endanger the well being of both the individual and other jockeys.

Organic disorders - R

(Including: all forms of dementia; delirium; organic brain disorders as a result of brain damage, neurological, metabolic or endocrine dysfunction)

Any diagnosis under psychoactive substance use – R

(Including: states of acute intoxication; dependence; withdrawal; side effects – for alcohol, recreational drugs or solvent use)

Residual damage from substance use or abuse – D

Schizophrenia and Delusional disorders - R

(Including: all types of schizophrenia, schizoaffective disorders and acute and transient psychotic disorders)

Mood disorders

Disorder	Classification
Depression	D (specialist opinion will be required with particular attention to the method of treatment. A significant number of the drugs used to treat depression will have sedative side-effects and affect co-ordination and / or physical capabilities)
Mania	R
Bipolar disorder	R

Anxiety disorders

Disorder	Classification
Generalised anxiety	D (specialist opinion required to review the severity and mode of treatment).
Panic Disorder	R

Personality disorders – D (specialist opinion required in every case)

Antisocial personality disorder also known as Dissocial or Psychopathic - R

Behavioural, Emotional and Developmental disorders

Disorder	Classification
ADHD (adult form)	D (specialist opinion required)
Autistic spectrum and Aspergers Syndrome	D (specialist opinion required)

RESPIRATORY DISORDERS

Disorder	Classification
Asthma	A
Chronic obstructive airways disease	D
Traumatic pneumothorax	D (normal recovery 6-8 weeks)
Spontaneous pneumothorax - single episode - recurrent	A R (until the condition has been stabilised by surgical intervention)
Emphysema	D
Hay fever	A
Respiratory insufficiency or significant shortness of breath	R

SURGERY/OPERATIONS

Following any form of surgery, an applicant must obtain clearance from the specialist carrying out the procedure and, in the case of open abdominal surgery, must have waited a minimum of 6 to 8 weeks from the date of the operation before applying. The specialist will normally be required to provide a written report but, in certain circumstances, direct discussion with the Chief Medical Adviser may be acceptable.

Cases involving laparoscopic surgery will normally return to race riding more rapidly than those where open procedures have taken place

Disorder	Classification
Appendicectomy	D
Hernia repair	D
Cholecystectomy	D
Caesarian Section	D
Hysterectomy	D

VISION and VISUAL ACUITY

Corrective lenses are acceptable provided that these are in the form of "soft contact lenses". **MINIMUM** requirements (with or without corrective lenses) –

Distance vision – the “good” eye must be 6/9 or better
- “the “worse” eye must be 6/18 or better

Disorder	Classification
Monocular vision	D
Significant visual field defect	R (homonomous hemianopia, bilateral glaucoma, bilateral cataract, bilateral retinopathy, etc)
Diplopia	D
Colour Blindness	A
Retinal detachment	D
History of surgery to restore or save eyesight	D

PLEASE NOTE – some medications can affect vision as a side-effect and this may impact any application (e.g. systemic steroids).

Further information or clarification can be obtained by contacting:-

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