

MEDICAL STANDARDS FOR FITNESS TO RIDE

These Standards apply to all applicants for amateur and professional jockeys' licenses and permits (under the Rules of Racing) and Riders' Qualification Certificates (under the Regulations for Point-to-Point Steeple Chases).

PREFACE

Race riding is an activity that requires each and every jockey to exercise physical skills and judgment 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.

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'.

Each application is subject to scrutiny by our 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.

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.

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.

Existing licence or permit holders who, during the period of the licence or permit, suffer a significant injury (e.g. concussion, fracture) or significant illness (e.g. 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 significant illness or injury - regardless of whether or not it resulted from a racing incident (e.g. road traffic accident, hacking, eventing, on the gallops, winter sports, hang gliding, etc.).

Chief Medical Adviser

INTRODUCTION

As a result of the regulator's extensive experience in the field of equestrian sport, it is the BHA'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 rider's licence or permit.

MEDICATION

If an applicant requires, or has required, regular medication to maintain his/her physical or mental wellbeing, it must be declared as soon as possible ideally before commencing any medication.

If any of the following statements apply, the licence / permit will invariably be declined or deferred -

- 1) The therapeutic effect of the medication may put a rider at risk when he/she rides or falls.
- 2) The side effects, actual or potential, of the medication are such that they could interfere with the rider's physical capability, judgment, co-ordination or alertness.

- 3) A voluntary or involuntary adjustment of the dosage, administration or absorption of the medication may interfere with the rider's physical capability, judgement, co-ordination or alertness.

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.

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

Each application is considered individually on its merits and further clarification can be obtained by contacting -

Chief Medical Adviser
The British Horseracing Authority
75 High Holborn
London
WC1V 6LS

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 - Amateur jockeys

50 - Professional Flat 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 may be required.

Any applicant for an Amateur Permit, Flat Jockey's Licence or Point-to-Point Permit whose age is 50 or above, will normally be required to undergo additional investigation which may include Specialist Assessments (e.g. cardiology) and/or MRI brain scan. A medical examination by the Chief Medical Adviser may be required.

CARDIOVASCULAR DISORDERS

Ischaemic heart disease/Angina	D
Heart failure	D
Myocardial infarction	D
By-pass 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	D

ENDOCRINE AND METABOLIC DISORDERS

Diabetes- Insulin Dependent	D
Diabetes- Requiring Oral Medication	D
Diabetes- Controlled by Diet	D
<p>Applicants with Diabetes will need to demonstrate evidence of good control of blood sugars at rest and with exercise and have clear protocols on how to react when blood sugars are outside of prescribed parameters. Uses of continuous blood sugar monitoring devices are preferred and the applicant must have the full support of their normal Diabetic Consultant and be free of significant diabetic complications. An assessment by an independent Diabetologist with specific experience in the management of athletes will be required to draw up a Raceday Diabetic Protocol. Periodic follow up may be required.</p> <p>If licenced the applicant must present to the on-site Medical Team at every race meeting and present their Raceday Diabetic Protocol plus emergency medical kit including oral glucose solution and glucagon injection.</p>	
Diabetes Insipidus	R
Thyroid disease	D
Adrenal disorders	D

GASTRO-INTESTINAL AND ABDOMINAL DISORDERS

Acute gastric erosion	R
Chronic gastritis	D
Gall stones	D
Active peptic ulcer	R

Hiatus hernia	A
Inguinal hernia	D
Haemorrhoids, anal fissure, fistulae	A
Cirrhosis	R
Chronic pancreatitis	R
Colostomy, ileostomy	D
Colitis (ulcerative or Crohn's)	D

GENITO-URINARY AND RENAL DISORDERS

Chronic Renal Failure	D
Renal transplant	R
Nephritis	D
Kidney stones	A
Prostatitis	A
Single kidney or horseshoe kidney	D

GYNAECOLOGICAL CONDITIONS

Pregnancy	D
Caesarian section - (see Surgery below)	D
Hysterectomy - (see Surgery below)	D

HEARING

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

Deafness- (hearing loss greater than 35dBA in either ear over the normal vocal range 500-2000 c/sec)	D
Perforated eardrum	D
Chronic suppurating otitis media	D
Otosclerosis	D

INFECTIOUS DISEASES

The facilities in Jockeys changing rooms can be cramped and poorly ventilated. Jockeys should be advised to discontinue race riding whilst there is any risk of contagion.

Tuberculosis (active)	R
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2. The side effects, actual or potential, of the medication are such that they could interfere with the rider's physical capability, judgement, co-ordination or alertness.
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MUSCULO-SKELETAL DISORDERS

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

Before applying to return to race riding, the jockey should have an appropriate range of pain-free movement, radiological evidence of a sound bony union, clearance from a Consultant Orthopaedic surgeon and be able to show that his/her ability to ride is unaffected as judged by an assessment by an experienced Racing Physiotherapist. No jockey may race wearing a plaster cast, backslab, fibre-glass support, or similar appliance.

Fractures of the skull and spine are of particular concern and medical clearance by the Chief Medical Adviser is required in every case.

Clavicle Fracture	D
Dislocated Acromio-Clavicular (A/C) joint Before applying to return to race riding, the jockey should have an appropriate range of pain-free movement and be able to show that his/her ability to ride is unaffected.	D
Dislocated or Subluxed Shoulder - First occasion Before applying to return to race riding, the jockey should have an appropriate range of pain-free movement and be able to show that his/her ability to ride is unaffected.	D
Dislocated or Subluxed Shoulder - Recurrent Before returning to race riding, the jockey must have an appropriate surgical opinion. After rehabilitation, the jockey should have an appropriate range of pain-free movement and be able to show that his/her ability to ride is unaffected.	D
Rheumatoid Arthritis	D
Spondylolisthesis	D
Slipped Disc	D
Joint replacement or internal metal fixation	D

NEOPLASIA/CANCER	D
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NEUROLOGICAL DISORDERS

Chronic migraine	D
Chronic neurological disorders (e.g. Parkinson's Disease, Multiple Sclerosis etc.)	D
Chronic Meniere's Disease, vertigo or labyrinthitis which is not controlled	R
Cerebrovascular disease	D
Meningitis or encephalitis	D
Intracranial tumour requiring craniotomy	D
A-V Malformation- Asymptomatic	D
A-V Malformation- After a Bleed	R
Intracranial aneurysm	R
Pituitary tumour with no Visual Field Defect	D
Pituitary tumour with Visual Field Defect	R
Narcolepsy	R
Unexplained loss of consciousness	D
Subarachnoid haemorrhage- see epilepsy/single seizure	D
Intracranial haematoma- see epilepsy/single seizure	D
Serious Head Injury - see epilepsy/single seizure	D
Craniotomy/Burr hole surgery see epilepsy/single seizure	D
Epilepsy and other Seizures Unless the applicant can meet ALL the following criteria - a) Complies with the current UK DVLA criteria for Group 1 drivers b) Is under regular medical review and on application has supporting evidence from the Consultant Neurologist responsible for their care c) Whose medication is stable and does not interfere with reaction time and other cognitive functioning which may be subject to periodic testing d) The applicant must declare any changes in medication or epileptic activity	R

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

MENTAL HEALTH DISORDERS

During acute episodes of Mental Health Illness applicants will be stood down until their Consultant declares them to be fit for a return to race riding.

Medication must be stable and not interfere with reaction time and other cognitive functioning which may be subject to periodic testing. The applicant must declare any changes in medication and may be stood down until settled on any new drug or dose increase for a minimum of two weeks.

Neuroses (e.g. Anxiety state, depression)	D
Psychoses (e.g. Bipolar Disorder, Schizophrenia)	D
Schizo-affective disorders	D
Dementia (e.g. Alzheimer's Disease)	R
Personality disorder (e.g. Post head injury syndrome, psychopathic disorders)	D
Dependence (or chronic abuse) - alcohol or drugs	R
Chronic solvent misuse	R

RESPIRATORY DISORDERS

Asthma	A
Chronic obstructive airways disease	D
Spontaneous pneumothorax- Single episode	A
Spontaneous pneumothorax- Recurrent	D (until the condition has been stabilised by surgical intervention)
Emphysema	D
Hay fever	A

SURGERY/OPERATIONS

Following any form of surgery, an applicant must obtain clearance from the specialist carrying out the procedure. 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.

VISUAL ACUITY

Corrective lenses are acceptable provided that these are in the form of "soft contact lenses".

MINIMUM requirements with or without corrective lenses	"good" eye 6/9 "worse" eye 6/18
Distance Vision	
Monocular vision	D
Visual field defect	D
Diplopia	R
Colour Blindness	A
Retinal detachment	D