

**I henhold til internasjonale bestemmelser skal denne listen offentliggjøres som retningslinjer for hvem som kan få rytterlisens.**

Galopp er en aktivitet som forutsetter at enhver rytter er i stand til å yte fysisk, psykisk og vurderingsmessig på et svært høyt nivå. Redusert yteevne setter ikke bare rytterens eget liv i fare, men kan også utsette andre for risiko for skade, varig mén eller død. Ryttere må umiddelbart informere Øvrevoll Galopp om skader, ulykker, sykdommer eller tilstander som kan påvirke rytterens rideevne.

Medisinsk skikkethet til å ri skal i tilfelle avgjøres av legen i samarbeid med Norsk Jockeyklub der rytteren fikk permanent lisens.

Race riding is an activity that requires each and every rider to exercise physical skills and judgement of an extremely high standard. Any impairment in a rider's performance may not only put his/her life in danger but may also put others at risk of injury, permanent disability or death. Riders must immediately inform the Racing Authority of any injury, accident, condition or illness which may impact on a rider's fitness to ride.

Assessing medical fitness to ride should be done by Doctors in conjunction with the Racing Authority where the rider was last permanently licensed.

**List of contra indications which must be published:**

\* means the jockey as well as the other competitors may be accountable for the risk.

The absence of \* means that the jockey can be solely held responsible.

In the following list, **R.** means licence refused, **D.** means licence deferred subject to consultant's opinion.

**a) Cardiovascular disorders \* :**

Ischaemic heart disease/(with current

Angina) – R

Heart failure – D

Myocardial infarction – D

By-pass grafting – D

Angioplasty – D

Cardiac transplant – R

Dysrhythmias – D  
Defibrillator - R  
Pacemakers – R  
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) – D  
Acute pericarditis – D  
Aneurysm – R

**b) Endocrine and metabolic disorders:**

Diabetes \*

- Controlled insulin dependent – D
- requiring oral medication – D
- controlled by diet – D

Thyroid disease – D  
Diabetes insipidus – R \*

Adrenal Disorders - D

**c) Gastro-intestinal and abdominal disorders: \***

Active peptic ulcer - D  
Acute gastric erosion – D  
Cirrhosis decompensated – R  
Chronic pancreatitis – R  
Cirrhosis – D  
Colitis (ulcerative or Crohns) – D  
Colostomy, ileostomy - D  
Gall stones – D  
Inguinal hernia - D

**d) Genito-urinary and renal disorders:**

Chronic renal failure – R  
Renal transplant – R  
Nephritis – D  
Kidney stones – D  
Single kidney or horseshoe kidney - D

**e) Gynaecological conditions: \***

Pregnancy

- After 11 weeks -R
- last six months – R

**f) Haematology/Vascular:\***

Haemorrhagic disorders – R

Pulmonary embolus/deep venous thrombosis – D

Peripheral vascular disease - D

**g) Hearing: \***

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

Any loss greater than 20 Db (binaurally) is pathological in a jockey.:

- New applicants – D
- Existing licence holders – D
- Bilateral total deafness - R
- One side total deafness with contralateral air and bone conduction loss greater than 20 db - D
- Acute otorrhea – D
- Unilateral uncompensated vestibular areflexia – R
- Bilateral hyporeflexia with directional preponderance - R
- Vertigo - D

Perforated eardrum – D

Chronic suppurating otitis media – D

Otosclerosis – D

Prosthesis e.g cochlear implant – R

**h) Infections disorders:**

- Tuberculosis (active) – R
- Hepatitis – D
- HIV positive – D
- AIDS syndrome – R
- Dermatological – D
- Methicillin Resistant Staph Aureus – D

**i) Medication:**

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

If any of the following statements applies, the Licence/Permit will invariably be refused

1. The therapeutic effect of the medication may put the jockey 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 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.

**j) Musculo-skeletal disorders:**

Amputation of a limb - R

part of a limb – D

(loss of digit(s) will be reviewed on an individual basis - D

Artificial limbs – 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. All riders who suffer a fracture should be cleared by a doctor before returning to race ride.

Fractures of the skull and spine are of particular concern and medical clearance by the Racing Authority Medical Advisor is required in every case.

**Dislocated or subluxed shoulder – first occassion – D**

**Dislocated or subluxed shoulder – recurrent – R** until a surgical repair has been completed.

**k) Neoplasia / cancer – D**

**l) Neurological disorders: \***

Chronic migraine – D

Chronic neurological disorders (eg. Parkinson's disease, multiple sclerosis, etc.)

– D Chronic Menieres, vertigo or labyrinthitis – R

Cerebrovascular disease – D

Meningitis or encephalitis – D

Intracranial tumour requiring craniotomy – D

A-V malformation after a bleed – R

Intracranial aneurysm – D

Narcolepsy – R

Pituitary tumour - no visual field defect – D

- with severe visual field defect – 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 following criteria:

-Provide a report from their Consultant Neurologist who has full access to relevant Medical Records confirming that they have been seizure free for at least 1 year prior to being applying for a licence – subject to the exceptions with respect to an Isolated Seizure or change of medication.

This report must include the result of an EEG and an MRI of the brain. An estimate of the risk of seizures should be included by the Consultant Neurologist.

-If a licence is granted the applicant will be required to provide a yearly report from their Neurologist prior to renewal of their licence.

-Provide a detailed report from their G.P. with respect to their Medical History to include the list of medications they are taking and the laboratory reports of two serum levels of any medication where a therapeutic range has been established, taken during the previous 12 months. Some medications can only be judged on therapeutic response and cannot be measured in the blood.

-If granted a licence they will require biannual blood levels of medications where appropriate – these to be submitted with their licence renewal.

-Where appropriate the Regulatory Authority Senior Doctor may request the advice of an independent Neurologist prior to granting a licence.

-Each application will be judged on its merits and the final decision will be made by the Regulatory Authority Senior Doctor taking into consideration all the data provided to him/her.

-Where a rider suffers a seizure, their licence will be immediately suspended, until they have been seizure free on medication for a minimum of 1 year and have been assessed by their Consultant Neurologist.

-Isolated Seizures - A person who has suffered from a single unprovoked epileptic seizure (isolated fit) will qualify for a licence if he or she has been free from further attacks for a 6 month period, provided there are no further clinical factors or investigations that may suggest an

unacceptably high risk of a further seizure occurring in which case it will be 12 months off driving. A full report from the treating Consultant Neurologist will be required.

-Withdrawal - If a seizure occurs as a result of a physician-directed change of/or reduction of anti-epileptic medication a licence is revoked for 1 year but re-application can be accepted earlier once treatment has been reinstated for 6 months and as long as there have been no further seizures in the 6 months period after recommencing medication. A full report from the treating Consultant Neurologist will be required.

Standards of Fitness to Drive or similar standard – Group 1

Single seizure – following acute head injury, intracranial surgery or use of epileptogenic medication (e.g. Tramadol) – D (independent specialist opinion required in every case).

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.

Concussion – as per each Racing Authority's protocol – each Racing Authority should have a concussion protocol. (Ref. 5th Consensus Concussion in Sport Statement)

### **m) 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 – D**

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

### **Mood disorders**

Depression – D (specialist opinion may be required with particular attention to the method of treatment).

Bipolar disorder – RD

### **Anxiety disorders**

Generalised anxiety – D (specialist opinion may be required to review the severity and mode of treatment).

Panic Disorder – D

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

**Antisocial personality disorder also known as Dissocial or Psychopathic – R**

### **Behavioural, Emotional and Developmental disorders**

ADHD (adult form) – D (specialist opinion required)

Autistic spectrum and Aspergers Syndrome – D (specialist opinion required)

### **n) Respiratory disorders: \***

Asthma – D

Chronic obstructive airways disease – D

Traumatic pneumothorax – D (normal recovery 6-8 weeks)

Spontaneous pneumothorax:

- recurrent – R (until the condition has been stabilised by surgical intervention)

Emphysema – D

### **o) Surgery / Operations - D**

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 Advisor may be acceptable.

### **p) Visual acuity: \***

Corrective lenses are acceptable provided that there are in the form of “soft contact lenses”. MINIMUM requirement (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

Monocular vision – D

Significant visual field defect – R (homonymous hemianopia, bilateral glaucoma, bilateral cataract, bilateral retinopathy, etc.)

Diplopia – D

Retinal detachment – D

History of surgery to restore or save eyesight - D

### **5. Appeal mechanism**

Provision should exist for riders to appeal any refusal to grant a licence based on medical grounds.