

# **Report on 4<sup>th</sup> International Conference for the Health, Safety & Welfare of Jockeys**

The 4<sup>th</sup> International Conference for the Health, Safety and Welfare of Jockeys was held in Monmouth Park, New Jersey, USA on 15<sup>th</sup> and 16<sup>th</sup> September 2012.

The conference was held over a day and a half and was attended by 50 representatives from 11 different countries. The conference also featured a closed session for jockeys with nutritionists and the first ever international meeting of representatives from a number of Jockeys Associations took place on the day before the conference.

## **Day One – Saturday, 15<sup>th</sup> September 2012**

### **Session 1 – Research**

The first session of the conference featured an update on the research being carried out in Ireland by Dr. Giles Warrington and his team at Dublin City University. The research is funded by the Irish Turf Club.

#### **i) Effects of jockeys rapidly losing weight on performance parameters (SarahJane Cullen)**

SarahJane Cullen set out the background as to why jockeys find it necessary to rapidly reduce weight. She said that the average weight of apprentices entering RACE (Racing Academy and Centre of Education) in Ireland had risen from 81 lbs (37 kilos) in 1978 to 119 lbs (54.5 kilos) in 2011. This represented an increase of 47%. However, while the weight structures across the board had increased, the minimum weight had only increased by 6% over the same period. She said the minimum weight in Ireland at present is 52 kilos and the majority of riders cannot ride at this weight.

SarahJane referred to the dehydration levels in Irish racing and the effects of dehydration both in the long term and short term. She said that the short term effects include headaches, dizziness, muscle cramps and increased heart rate. It also affected aerobic work capacity which was reduced. She said the longer term effects were more worrying as continuous dehydration could lead to kidney failure and liver damage.

SarahJane went on to outline the results of a study carried out which compared the effects of dehydration on 12 apprentice jockeys, who lost 4% of their body weight in the preceding 48hrs, with 12 control models who were not expected to lose any weight and acted as normal. She said that while further tests needed to be carried out to come up with more definite conclusions, the test showed that the performance of some of the dehydrated riders did decrease particularly in the area of the cognitive test. She also said that there was disimprovement in the balance of some of the individuals.

#### **ii) Jockeys Dietary Analysis using SenseCam (Gillian O’Loughlin)**

Gillian O’Loughlin outlined the results of a study which had been carried out on apprentice jockeys using a SenseCam to record their food intake. These results were then compared to the food intake recorded by the apprentices in their food diaries. She said that while 17 riders initially took part in the study, only the results from 11 riders were useable as the other riders had not used the equipment correctly. She noted that only 1 of

the 11 riders had accurately recorded the food consumed in his food diary and that there was a difference of between 140 and 600 calories in the other cases between what they recorded in their food diary and what they actually consumed as recorded by the SenseCam. She said that the average calorie intake was 2,348 calories. In conclusion, Gillian said that the SenseCam was important, as it provides an accurate estimate of food intake and exercise, and would be used in future studies which were planned.

**iii) Energy balance in jockeys (Dr. Giles Warrington)**

Dr. Giles Warrington outlined the issues which needed to be considered when setting individual minimum weights for jockeys. He said that the Irish Turf Club had decided that minimum riding weights should be set for all apprentice as soon as possible. He said that any mechanism used to determine weights would have to be scientifically based, open to scrutiny and be able to withstand any legal challenge.

In relation to the procedure which would be used, he said that a jockeys body fat, body weight when hydrated, history of minimum weight ridden over the last year and the individual jockey's perception of what their minimum weight should be would have to be taken into account. He said a pilot study was planned which would set appropriate individual minimum weights for apprentice jockeys to prevent dangerous weight loss practice and to educate the apprentices in good nutrition and exercise practices in order to make weight safely.

**iv) Jockeys pathway model and discussion (Dr. Giles Warrington)**

Dr. Giles Warrington outlined a draft pathway model which had been devised for jockeys. He said the purpose of the model was to identify the demands of the sport and to establish a framework to provide for specific riders capabilities and to align support structures to capabilities along the pathway. He identified 6 specific areas along the pathway namely, fundamental, learning to train, training to train, training to compete, training to win and retirement/retainment. Everyone agreed that the development of a pathway model was vital for the racing industry and welcomed the initiative.

As part of this session, Dr. Michael Turner outlined a new system which would be introduced in the United Kingdom with regard to the setting of a lowest riding weight for UK Jockeys.

## **Session 2 – Falls and Injuries**

**(i) The association between jockey experience and race-day falls in flat racing in Australia (Dr. Peta Hitchens)**

Dr. Peta Hitchens presented the results of a study in flat racing in Australia which showed that the fall rate of apprentice flat jockeys was 50% higher than their more experienced counterparts. The study was based on data compiled in the years from the 2002/2003 to 2008/2009 race seasons. The data showed that the fall rate varied from 0.79 per 100 rides for riders who had less than 50 rides to 0.28 per 100 rides for riders who had more than 2,000 rides. She also outlined the significant predictors of falls that preferentially contributed to falls by these inexperienced jockeys, including indicators of less accomplished horses. Dr. Hitchens put forward a number of proposals which could address the problem; including the possible imposition of restrictions on in-experienced jockeys, the establishment of minimum standards of performance for jockey licensing,

prior to them commencing a racing career and the provision of better training and conditioning for jockeys.

**(ii) Falls and injuries to jockeys on different track surfaces – turf / synthetic / all weather surfaces (Kevin Ring)**

Kevin Ring said that when a rider falls on synthetic tracks they do not slide the same way as they do on grass. They do not slide at all - they stay where they fall and land hard. He said there is no polytracks in Australia, only cushion, Pro-Ride, Tapeta and Acton (similar to Pro-Ride) tracks. He said not enough is known about the various surfaces as to whether the severity of the falls is heat related or due to a colder climate. He said that some jockeys have refused to ride on particular surfaces in Australia and that injuries received are multiple injuries as compared to grass.

There was a suggestion that jockeys cannot roll as well with safety vests on synthetic surfaces. It was also noted that many jockeys are wearing face masks, as the kick back from certain artificial surfaces can make them sick. Concern was expressed about the long term effects of riding on such surfaces.

Dr. Michael Turner said that the BHA has collected a huge amount of data on this subject and noted that not all polytracks are the same. He said it was difficult to get consistent data and referred to the different artificial surfaces which are in use. He also said that most of the BHA data is surface specific. Dr. Turner also said that toxicology tests are carried out on sample surface material prior to approval being given to use such material. However, he said that while the sample provided to the BHA may pass all tests, there is no guarantee that the actual material used on the track is the same, as the mixture of the material can vary.

**(iii) The epidemiology of raceday falls in California (Dr. Peta Hitchens)**

Dr. Peta Hitchens presented a study on the incidence of falls in flat racing in California. The data presented was preliminary data. She said for the purposes of the study, an injury was defined as a jockey being declared unfit to ride or being transported to hospital following a fall. The data was compiled from 3,350 thoroughbred race meetings, at which 23,500 races were held, with 180,646 runners. The data showed that there were 357 falls, or a fall rate of 0.2 per 100 rides; and 181 injuries, or an injury rate of 0.1 per 100 rides. Data was also presented from Quarter horse race meetings. She said that 51% of falls in thoroughbred racing resulted in an injury to the rider. The thoroughbred data also showed that a jockey had a fall every 455 rides and that 31% of these falls resulted in the jockey being hospitalised. She noted that 57% of all falls took place during a race. The main reason for all falls was because of catastrophic injury or sudden death of the horse. The horse's behaviour was the second highest contributory factor. She said that there were less rider falls and injuries pre-race and that this could be as a result of the use of lead ponies.

**a) Keeneland First Aid (Dr. Barry Schumer)**

Dr. Barry Schumer updated on the first aid facilities available at Keeneland's racetrack. He outlined a list of injuries that the first responders had to deal with and said that injured riders are always transported to the emergency room first and that they are not sent directly to the hospital. He said that the hospital that deals with most of the injuries is the University of Kentucky which is a level one trauma medical facility.

**b) Jockeys Health information systems**

Dr. Schumer gave details of the data which riders are required to complete online with regard to personal details and health related information. The main data input includes known medication or allergies, surgeries, broken bones and treatments. He said the biggest problem with the system, is that riders do not give accurate information. He said it was important that riders regularly update the information, as it is used in the event of an injury to the rider and that there is usage compliance among track first aid staff.

**c) Minimum standards for racetrack emergency medical services**

He said the object of this was to set an industry standard and to share best practices with other tracks and to advise the NTRA Safety and Integrity Alliance on appropriate guidelines to incorporate into racetrack accreditation in the area of rider safety.

**d) Jockeys injury database**

Dr. Schumer said that racing is the only sport that doesn't maintain an injury database and that most data has been obtained retrospectively. He said that a new project was set up on 2012 to introduce such a database and that the project was supported by the Jockeys Guild, Keeneland Racetrack, University of Kentucky, US Racetrack Emergency Medical Staff, NTRA Safety Alliance and the Jockey Club. He said the purpose is to create a database which would improve the understanding of injuries and improve injury prevention. It would also facilitate the introduction of standardised injury reporting. He said that all information provided will be confidential and that jockeys and racetracks will not be identified.

**iv) Aging riders – risks, international work, research, clinical assessments, determinants and comparisons with other industries (Dr. Caron Jander)**

Dr. Caron Jander outlined the procedures in place in the various jurisdictions with regard to retirement of ageing riders. The information was compiled following the completion of questionnaires in the various racing jurisdictions. She said that 18 of the 21 countries that responded do not have a policy for jockey's retirement. Dr. Jander also outlined what other organisations do with regard to retirement, such as diving, motor racing and master athletes. She also set out the policies in each country with regard to riders returning to race ride from injury.

Dr. Jander also said that only 5 of the 21 countries that responded carry out cardiovascular screening on their jockeys and that only 4 out of the 21 countries require jockeys to do a fitness test at the time of their annual medical.

**Afternoon Session** - Dennis Drazin from Monmouth Park welcomed everybody to the conference.

**Session – 3**

**i) Jockeys Bible for maintaining physical condition (Assoc. Prof. Tuyoshi Matsumoto)**

Associate Professor Tuyoshi Matsumoto outlined the 'Jockeys Conditioning Bible' which had been produced by the Japan Racing Association. He gave details of both the general and specialised fitness tests undertaken. He also said that 80% of JRA licensed jockeys have experienced back pain.

**ii) Health status and health disparities of an embedded rural workforce (Dr. Karin Opacich)**

Dr. Karin Opacich outlined the results of study which had been conducted on back stretch workers in Illinois. She said that there were 7,698 licenses issued to horsemen in 2011 in Illinois and that the majority of the workers covered by the study were high risk/low paid workers (primarily backstretch workers and were largely Hispanic). She said Illinois was unique as children are allowed to live on the back stretch with their parents. She said a lot of energy is put into the care of the horses but little energy is put into the care of the people who work with the horses. She identified the main problems as an invisible embedded rural population, who are poor and uneducated, with very limited resources. She said that some of them were un-insured, undocumented and they were most vulnerable to health disparities. She also said that they had a high exposure to health risks.

Dr. Opacich outlined the research strategies involved. She said that a unit was set up at the Horseman's Health Fair and that in total 408 people took part in the research, of which 84 were children. 69.2% of the participants were Latino and 89.3% resided on the racetrack in migrant seasonal housing which was of a poor standard. 18% of those surveyed admitted using alcohol. This figure was 2% lower than the figure of 20% for the general population. She said that there was less tobacco use than in the general population and this could be due to the fact that the use of tobacco was prohibited on the racecourse. She said there was a high rate of diabetes but that the group researched had better blood pressure than the general population.

One of the surprising findings of the research was that 42.9% of children aged between 3 and 18 years were obese. In relation to oral health in general, she said it was abysmal with 60.7% of participants in difficulty. She said the other surprising finding of the survey was that TB was dormant in quite a number of the participants.

In relation to work related injuries, 30 out of 123 participants who had admitted injury had significant work related injuries. She found that there was underreporting of injuries, as if someone was injured they were generally replaced. She also found that at present there is no consistent accident and injury surveillance required in the industry. She said that the study indentified alcohol, work related injury, gambling and drug related abuse as the main problems and noted that all of these issues have implications for the wellbeing of horses.

**iii) Overview of workman's compensation insurance (John Unick)**

John Unick presented an overview of the various workman's compensation insurance schemes in place in the US. He said that New Jersey, New York, Maryland and California provide workman's compensation insurance for riders and that Delaware have developed a hybrid scheme similar to workman's comp. He said that the cover in other States did not protect the jockey as adequately as the workers compensation, coverage in other States is traditionally set at a limited sum of \$1 million in accident medical expenses. He said this was adequate in most every case except for cases involving paralyzed jockeys or other very serious incidents. Mr. Unick estimated the rate of previous claims per track determines the premium rate and that the cost per mount varies greatly, somewhere between \$35 and \$125. Under the workman's compensation fund medical expenses are covered until infinity. It also covers approximately 2/3rds of a

jockey's average salary capped at anywhere between \$600 and almost a thousand dollars a week in lost wages until they return to work.

**iv) International Jockeys Series (Kevin Ring)**

Kevin Ring outlined the cover in place in the various States in Australia which he said was funded in all cases by the principal racing authority. It was noted that foreign riders are not covered in the United Kingdom or Ireland and that Irish riders are not covered abroad, unless they are riding under an Irish license. Dr. Michael Turner said that foreign riders are not covered if they are riding in an international series in the UK, unless the organiser provides insurance cover.

**v) The Mental Skills Inventory of South African Jockeys (Dr. Richard Albrecht)**

Dr. Richard Albrecht outlined the results of a study carried out in South Africa involving 69 jockeys. He said the critical link between a rider's ability and his performance is his mental skills. He said the study concluded that jockeys can benefit from a mental skills training programme.

**Session – 4**

**i) Weight loss practices of professional racehorse jockeys (Prof. Dan Benardot)**

Prof. Dan Benardot outlined the results of a study which had been funded by the California Racing Commission. It involved 47 jockeys who rode at three racetracks in California. He said the results showed that 90% of jockeys use a weight loss method daily, other than exercise. He said the study also found that bulimia and height are closely related and there was a greater likelihood that taller, leaner jockeys would resort to flipping. He also said that bulimia is associated with laxative and diuretic use. Dr. Benardot said the study found that many of the practiced weight loss strategies could increase health risk. He said that only four jockeys had a urine specific gravity which was suggestive of dehydration and that the urine specific gravity values may suggest that jockeys have learned to rehydrate well after a days racing. It also found that taller jockeys may be more likely to practice dangerous weight loss strategies. He concluded by saying that the reported frequency of the use of potentially dangerous weight loss strategies, should encourage the development of workplace rules, and that would reduce the necessity for these practices, perhaps by changing the current weight standards.

**ii) Update on meeting with USA jockeys (Dr. Giles Warrington)**

Gillian O'Loughlin updated on the closed session which took place earlier on this morning in the jockey room. She said it was attended by 10 jockeys which was about 50% of the number of jockeys riding at Monmouth Park today. She said that the other 10 riders were in the sauna which was unfortunate as they were probably the riders who would have benefited most from the session. The 10 riders were made up of 9 male riders and 1 female rider. Only one of the riders at the session said he saw a dietician and exercised. All the riders said that there was no support provided to them in these areas.

Sue Snider said that one of the main problems with jockeys is that they have developed habits with regard to weight loss which have been passed from one group to another. All agreed that funding was the major issue which needed to be addressed to put appropriate strategies in place.

## **Session 5 – Country updates**

### **i) South Africa (Dr. Richard Albrecht)**

Dr. Richard Albrecht outlined details of the concussion protocol that had been introduced. He said there were problems with the introduction of the protocols as a result of the inability of some riders to read or write. He said there was also an issue with regard to who would pay for the tests. He also said that there were difficulties in South Africa as there were three jurisdictions which operate independently and that each contracts different doctors. He said that they were hoping to introduce some form of a protocol without the use of Cogsport and that he hoped to produce a jockey concussion advice card.

### **ii) New Zealand (Dr. Phil White)**

Dr. White said he worked as a part-time medical adviser to New Zealand Racing. He said there were 220 licensed jockeys in New Zealand which had reduced by 20% in the last decade. 25% of the jockeys were apprentices and 36% of the jockeys ride 91% of all horses. He said that 50% are aged between 21 and 30 years and that one third of riders are female and that they win 25% of all races staged in New Zealand. He also referred to the 2012/2014 NZTR Business Plan which established a number of actions for training and development. He outlined concerns which had been raised by senior jockeys who believed that some vests exposed them to an increase in the possibility of neck injuries.

### **iii) Australia (Dr. Caron Jander)**

Dr. Caron Jander said that it had been possible to introduce a concussion protocol through the use of Axon which is a web based model. She said that all riders must do a baseline test annually. She noted that more educated riders were less likely to report any symptoms of concussion. She referred to health issues associated with race riding and in particular a survey which showed that 48% of jockeys were at least 6% dehydrated on race days. She said that the minimum riding weight had increased on 1<sup>st</sup> January from 53kilos to 54kilos (with the exception of the Melbourne Cup) and that the median and maximum weights had also gone up by 1 kg. She referred to jockeys wellbeing, critical incident management and a review of personal protective equipment. One of the surprising facts she mentioned was that between 17 and 18 riders per day have altered body protectors which are confiscated.

### **iv) Japan (Aki Akitani)**

Aki Akitani said that the JRA were in good shape for health and welfare of jockeys. He said their main goal was to maintain this status.

Aki referred to what occurred last year as a result of the nuclear disaster at Fukushima, he said the JRA had abandoned all races that weekend and that the facilities were badly damaged with the result that a major clean up had to take place. He said they changed all surfaces on the track and that racing had returned there earlier on this year. He expressed his gratitude to all the Racing Authorities who had expressed condolence to the Japan Racing Association following the tragedy.

### **v) Hong Kong (Steve Railton)**

Steve Railton updated on the new strategies which had been introduced by the Hong Kong Jockey Club as outlined at the last conference in Dubai. He said that the modified back gate on the starting stalls was well received as were the hot weather protocols. He

noted that only six jockeys had been stood down from race riding due to the effects of heat/wasting. Steve referred to the injury statistics covering the seasons 2010/11 and 2011/12. He said that there were 1,536 races with 19,207 runners and that only 13 jockeys sustained falls with six escaping without injury. He said that six of the falls occurred as a result of incidents at the start, two were attributable to careless riding, two were as a result of accidental clipped heels, two were as a result of horses breaking down and one as a result of a foot slipping from a stirrup. He referred to the accident sustained by Darren Beadman which has put his career in jeopardy.

Steve also outlined the protocol followed by the Hong Kong Jockey Club with regard to lightening safety during track work. He said they use an electrical storm identification devise (ESID) to decide whether or not track work should be suspended.

**vi) USA (Jeff Johnston)**

Jeff referred to the jockeys health information system which is being introduced and that he welcomed the fact that it would be used as part of accreditation by the NTRA Safety Alliance. He also referred to the Miami Project where research was taking place which could ultimately assist paralysed riders.

He said that the Jockeys Guild was pleased that the ARCI model rules were being adopted by more of the racing jurisdictions which meant that more of the safety equipment rules were being adopted.

Jeff referred to shock wave therapy which is now permitted on a horse's legs and said that under the protocol horses will go on a list to indicate that the therapy has been carried out. In relation to helmets, Jeff expressed concern that many may not be performing well on a low impact basis or on surfaces such as artificial surfaces where the falls are occurring. With regard to safety vests, he said that the Jockeys Guild was working with a padding company and that some vests had problems passing certification tests.

Jeff also referred to a new safety reins where a secondary system would kick in if the main part of the reins break. He said the Horseman's Group are now more involved with the standards body to develop a standard for the reins, after being initially only lukewarm with regard to the introduction of the reins. He said it is possible the reins may be introduced by the next meeting. He also referred to tests on riding crops and that a mechanism is being developed that can be used to test whips on a daily basis by stewards, to ensure that they conform to the required standards.

## **Day Two – Sunday 16<sup>th</sup> September 2012**

The first session on day two was dedicated to concussion and featured presentations from Dr. Adrian McGoldrick (Irish Turf Club), Dr. Margo Putukian (Princeton University) and Dr. Michael Turner (British Horse Racing Authority).

**i) Concussion management in Europe (Vienna, Prague, Zurich Statements)**

Dr. Adrian McGoldrick referred to the 2008 Zurich Concussion Statement and outlined the concussion system which was in place in Ireland pre 2008, where the period that a rider was stood down for, was determined by the length of loss of consciousness. He said

that less than 10% of concussion sufferers suffer a loss of consciousness and he outlined the protocol for the management of concussion which is now in use in Ireland.

He said professional riders are required to complete a baseline test every two years or following a major concussion, while qualified riders who ride less than 50 horses complete such tests every five years. He referred to concussion in other sports and said that there was a greater incidence of concussion in soccer in the higher profile games. In relation to rugby he said there are 3.9 concussions per 1,000 player hours. He said that between 10% and 15% of all injuries sustained in horseracing are concussion injuries and that horseracing was once described as the most dangerous sport in America. Dr. McGoldrick also outlined the concussion systems in place in France and United Kingdom. He said that Germany was currently working on a protocol, while Sweden does not have any protocol.

**ii) Concussion management in the USA (Dr. Margo Putukian)**

Dr. Margo Putukian outlined the different concussion management systems in place in the USA. She described concussion as an “illusive” injury and that there were a lot of unanswered questions associated with such injury. She said it was important to note that no two concussion injuries are the same and that each injury requires individualised treatment. She said it was important that paramedics are educated to know when an injury occurs. The basics of the protocol followed in the USA are that an athlete with concussion should be removed immediately, there should be a plan in place to deal with the concussion and that assessments should be multifaceted.

Dr. Putukian referred to concussion injuries in other sports and noted that some injuries are caused on purpose. She estimated that 50% of concussions are not reported and that in two thirds of these cases the reason for non-reporting was, it was felt that the concussions were not serious enough. There were about 300,000 concussions per annum in organised sport in the USA and there were between 1.6 and 3.8 million concussions which arose in unorganised sports and recreational activities. She noted that there was an increased incidence of concussion in female as opposed to male athletes in sports. She also referred to a number of concussion myths and said that despite the fact that helmets are worn in certain sports, that the incidents of concussion in these sports is similar to the incidents of concussion in sports where no helmet is worn.

Dr. Putukian went on to say that while neuro-physiological testing is an important part of any protocol it isn't everything and she described it as “just one tool in your toolbox”. She referred to the new protocols which have been introduced in the NFL in the USA which include no same day return to play if any athlete has had a concussion. Dr. Putukian referred to prevention strategies and said it was very important that there is better detection and management of concussions to minimise the damage done. She said that decreasing head impacts will decrease concussion and that rule changes may be needed in certain sports and she stressed the importance of the enforcements of any new rules introduced. She also said it was important for the coach and officials to know about concussions.

Dr. Putukian stated that there were a number of unanswered questions which arose from concussions, such as how many concussions are too many, generic/gender issues and other factors, neuro-physiological tests, protective factors, depression and suicide and use of omega 3 oils.

In conclusion, Dr. Putukian said concussion is an important injury which needs to be managed correctly. She went on to say that the NFL website provides an online test for concussion which is a test that has been modified from SCAT 2.

**iii) Concussion data from racing in Great Britain (Dr. Michael Turner)**

Dr. Michael Turner outlined the concussion data statistics from racing in the UK. He noted that concussion was defined for the first time in 2001 and outlined the system currently in use there. He said the annual cost of the system is £80,000 and this cost will remain as long as the concussion system remains in place. He went on to say the system consists of baseline tests, standard assessment of concussion by racecourse doctors and post concussion review. He referred to the questions which are used by the doctors on the racecourse to determine whether or not a rider has suffered a concussion and said that it was important that the questions are not asked immediately.

In relation to the statistics Dr. Turner stated that there were 1,848,350 rides in the period 1992 to 2012 which resulted in 71,162 falls. From this there were 13,122 injuries which represented an injury rate per fall of 18.4% and in 1,654 of the falls the jockey suffered a concussion. He said the concussion rate per 100 falls was:-

Flat	:	1.7
National Hunt	:	2.3
Point to Point	:	3.1

Dr. Turner outlined the concussion per 1,000 player hours of a number of sports as follows:-

Soccer	:	0.4
Ice Hockey	:	1.5
Rugby Union	:	3.9
Australian Rules Football	:	4.2
Boxing (Pro)	:	13.2
Horseracing - (Flat)	:	17.1
(Jump)	:	25.0
(Point to Point)	:	95.2

Dr. Turner also outlined statistics for professional female jockeys with regard to their concussion rates which were five times higher than the male equivalents, with males suffering one concussion for every 78.4 falls, while females suffered a concussion for every 15.6 falls. He said one of the issues being examined at present was the neck strength issue, as there was a suggestion that female necks may not be as strong as male necks.

**Session – 7**

**i) New helmets (Brendan Denning – Albion Sports Pty)**

Brendan Denning provided an update on the high performance helmet which will be introduced in the coming months. He said the new helmet was in effect reinventing the way helmets perform and he expected that a number of minor difficulties would be resolved with the laboratory in the new few weeks. He said the plan was that once these difficulties were resolved the process of meeting the current racing standard would be

addressed. As a result of the use of the new Albion helmet, the ARB has decided to raise the minimum helmet standard for all jockeys and track work riders.

**ii) Air Jackets (Paul Varnsverry – Point Two)**

Paul updated on the developments with air jackets since they were presented at the Conference in Dubai in 2010. He said there was now a BHA/SATRA specification for the jackets which was SATRA N39 and that this was the first ever standard to be published.

**iii) Introduction of a horse simulator to the French Racing School**

Dr. Benoit le Masson presented a paper on the introduction of a fall training simulator at the French Racing School which taught riders the best way to fall. He showed video footage of the simulator. He said the cost of the simulator is in the region of €30,000.

## **Session – 8 Country Updates**

**i) France (Dr. Benoit le Masson)**

Dr. Le Masson said that it is mandatory for the last 12 years for French jockeys to have a medical annual examination during which they have to declare their minimal riding weight which is published and which assists trainers.

Dr. le Masson referred to the system for recording injuries and the standardised forms which are in use. He said that there was in the region of 667 jockeys licensed in France and that 200 of them ride in both flat and jump racing. He went on to say the fall rate in flat racing was 1 fall per 407 runners and 51% of riders who fell suffered injuries. In jump racing, the fall is 1 fall per 12 runners and the injury rate was 15%.

Dr. le Masson also referred to the French prohibited substances rules which were introduced in 1994. He said that the list of prohibited substances was not at all identical to the WADA list and that the positive rate was 12%. The reason the rate was high was because the French system was set up to detect all substances in a riders body which would assist in dealing with any health related issues the rider may have and as well to toxicomania.

In conclusion, Dr. le Masson stated that there are plans to improve the French concussion system.

**ii) Germany (Dr. Peter Wind)**

Dr. Wind said that his work is supported by the Direktorium and in the last few years there has been a reduction in the use of banned substances. He said there has also been improvement in the standard of body protectors used.

**iii) Where next – future conferences**

A discussion took place with regard to future conferences. At the outset Denis Egan said that the conference had been very successful and for a number of reasons it may be advantageous to stage another conference next year and thereafter every second year. He said the advantage of this is that it would enable major racing conferences to be better spaced out rather than having three in a two month period as occurs every second year.

Kevin Ring suggested that an extra day should be added to the conference to facilitate the holding of an international jockeys association meeting. Both Phil White and Richard Albrecht suggested that they may have difficulty in travelling to a conference next year.

Terry Meyocks said it would be great to have another conference in the US and to continue the momentum and that the Jockeys Guild would work hard over the next year to ensure an even higher attendance.

John Wayne said that Delaware would be more than happy to host the conference next year if required.

Dr. Michael Turner suggested it would be hugely beneficial to come back next year and that next years' conference could be more focused, as there was now a better idea of the main issues which need to be addressed in the USA.