



Injury Surveillance Studies

2026 Rugby Europe Championship (Men)

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RUGBY EUROPE
45 rue de Liège - 75008 PARIS – France
SIRET: 415 120 203 000 39
Tel: +33 1 53 21 15 22
Email: secretariat@rugbyeurope.eu - Website: www.rugbyeurope.eu

1. Introduction..... 3

2. Methods 4

3. Data Collection 5

4. Results 5

 4.2.1. Injury incidence..... 6

 4.2.2. Injury severity 7

 4.2.3. Injury burden 8

 4.2.4. Injury location 8

 4.2.5. Injury type..... 9

 4.2.6. Most common and highest risk injuries 10

 4.2.7. Injury onset..... 11

 4.2.8. Cause of injury onset 12

 4.2.9. Match events leading to injury 12

 4.2.10. Time of injury 13

5. Acknowledgements 14

6. Authors 14

7. References..... 15

1. INTRODUCTION

Understanding the incidence and nature of the injuries sustained during the practice of rugby is key in order to clarify the risks posed to players. Due to its nature as a contact sport, rugby, like ice hockey, lacrosse, and American football, has a higher injury incidence than non-contact sports. Through Injury Surveillance Studies in various competitions, it is possible to gain an understanding of how, where and when injuries happen, which is a fundamental requirement to advance player welfare standards across all ages, levels, formats and settings of the game.

Several Injury Surveillance Studies have been implemented previously in 15-a-side World Rugby Competitions^[1-4], as well as the Injury Surveillance Studies that have been conducted in the Rugby Europe Championship (2023-2025) and the Rugby Europe Super Cup (2023-2025).

Rugby Europe is committed to implementing injury surveillance studies at all major Rugby Europe tournaments and to disseminate the results within the Rugby community.

The aims of these studies are:

- To record and analyze injuries sustained by players at the men's and women's Rugby Europe Competitions.
- To identify injury trends.
- To bring injury-related areas of concern to the attention of Rugby Europe's Chief Medical Officer and when appropriate to World Rugby's Chief Medical Officer.

This report continues the on-going study of Rugby Europe competitions by reporting injuries sustained during the Men's 2026 Rugby Europe Championship.

2. METHODS

This study was conducted in accordance with the definitions and protocols described in the World Rugby approved consensus statement on definitions and procedures for injury surveillance studies in Rugby^[5].

The definition of injury was: ‘Any match injury sustained during the 2026 Men’s Rugby Europe Championship (MREC) that prevents a player from taking a full part in all normal training activities and/or match play for more than one day following the day of injury’. A recurrent injury was defined as ‘An injury (as defined above) of the same type and at the same site as an index injury and which occurs after a player’s return to full participation from the index injury’.

Specific injuries were classified using the OSICS 10 coding system^[6]. The study also recorded the injury location, type and cause together with the event leading to the injury.

The injury severity was determined by the number of days a player was injured: a player was deemed to be injured until he/she could undertake full, normal training and be available for match selection whether he/she was actually selected. Medical staff were required to make an informed clinical judgment about a player’s fitness to train/play on those days when players were not scheduled to train or play. Injured players were followed up after each tournament to obtain their return-to-play date: the return-to-play dates for players with injuries that remained unresolved 3 months after the final match in the Men’s REC were defined on the basis of the player’s medical staff’s judgment and prognosis. The complete lists of categories and sub-categories used for categorizing injury location and injury types are provided in the Rugby consensus publication^[5].

Only match injuries resulting in > 1 day of absence from training or match-play were recorded in this study. Non-match-play injuries were not included in this injury surveillance study.

3. DATA COLLECTION

Prior to the tournament, the purpose of the epidemiological study was outlined to each participating team. The player's anthropometric information was recorded: (playing position [back, forward]; date of birth; body mass [Kg]; stature [cm]); players joining a country's squad at a later date were added to the list of players and the anthropometric data recorded at the time the player joined the squad.

Team medical staff prospectively recorded injuries sustained during each match. Detailed information about each injury (date of injury, date of return to play, location and type of injury, cause of injury, event leading to injury) was also recorded by team medical staff. Injuries were understood to be resolved when injured players returned to play/training.

Eight countries (Belgium, Georgia, Germany, Netherlands, Portugal, Romania, Spain and Switzerland) were involved in the Men's REC 2026.

4. RESULTS

All participating teams reported data in accordance with the definitions and protocols described in the World Rugby approved consensus statement on definitions and procedures for injury surveillance studies in Rugby^[5].

4.1. Players' anthropometric data

Table 1 summarises the numbers and anthropometric data for players, categorised as backs, forwards and all players, taking part in REC 2026. Table 1.1 summarises anthropometric data within players' grouped positions.

The total sample population for the study was 305 players (124 backs; 181 forwards). The mean age was 26,1 years (backs: 26,0 years; forwards: 26,2 years; $p=0,662$). The average stature for all players

was 184,8 cm; forwards (187,6 cm) were significantly taller than backs (180,9 cm) ($p<0,001$). The average body mass for all players was 99,4 kg; forwards (108,3 kg) were significantly heavier than backs (86,8 kg) ($p<0,001$).

Table 1. Players' anthropometric data

Measure	Mean ($\pm$ standard deviation)		
	Backs	Forwards	All players
Players (n)	124	181	305
Stature (cm)	180,9 (5,8)	187,6 (6,5)	184,8 (7,0)
Body Mass (kg)	86,8 (10,0)	108,3 (12,0)	99,4 (15,4)
Age (years)	26,0 (4,6)	26,2 (4,1)	26,1 (4,3)

Table 1.1. Players' anthropometric data

Measure	Mean ($\pm$ standard deviation)					
	Halves	Inside backs	Outside backs	Front Row	Second Row	Third Row
Players (n)	35	31	58	79	38	64
Stature (cm)	177,9 (6,2)	183,7 (5,2)	181,4 (5,0)	184,7 (5,9)	192,2 (6,0)	188,3 (5,5)
Body Mass (kg)	81,2 (10,1)	94,2 (9,9)	86,4 (7,1)	112,4 (12,8)	110,6 (9,3)	101,4 (9,1)
Age (years)	26,1 (5,1)	27,3 (4,4)	25,3 (4,2)	26,6 (4,3)	25,8 (4,2)	26,0 (3,8)

4.2. Match injuries

4.2.1. Injury incidence

Table 2 summarises the match injury numbers, exposures and incidences for players, categorised as backs, forwards and all players, taking part in REC 2026.

The total number of injuries sustained was 45 (backs: 21; forwards: 24) and the total match exposure was 800,0 player-hours (backs: 373,0; forwards: 427,0). The overall match injury incidence was 56,3 injuries/1000 match hours; the incidence was 56,3 in backs and 56,2 injuries/1000 match hours in forwards. There was no statistically significant difference in injury incidence between backs and forwards ($p=0,996$).

Table 2. Match injury frequency, exposure, and injury incidence

Measure	Backs	Forwards	All players
Injuries (n)	21	24	45
Exposure (player-match-hours)	373,0	427,0	800,0
Incidence (95% confidence interval)	56,3 (32,2-80,4)	56,2 (33,7-78,7)	56,3 (39,8-72,7)

4.2.2. Injury severity

Table 3 summarises the mean and median match injury severity data for players, categorised as backs, forwards and all players, taking part in REC 2026.

The mean severity of all injuries sustained was 38,6 days missed (backs: 54,3 days; forwards: 24,8 days). The median severity was 18,0 days for all players (backs: 17,0 days; forwards: 18,5 days). The higher mean severity among backs was strongly influenced by three injuries of particularly high severity: an anteroinferior shoulder subluxation (372 days), an intra-articular proximal tibial fracture (160 days), and a scapular fracture (153 days)..

Table 3. Mean and median match injury severity (days lost)

Measure	Severity (95% Confidence interval), days		
	Backs	Forwards	All players
Mean (95% confidence interval)	54,3 (15,2-93,5)	24,8 (14,6-34,9)	38,6 (19,9-57,3)
Median (95% confidence interval)	17,0 (12,0-48,0)	18,5 (10,0-26,0)	18,0 (13,0-26,0)

Table 4 summarises the proportion of match injuries by time-loss data for players, categorised as backs, forwards and all players, taking part in REC 2026.

Moderate injuries (8-28 days of time loss) were the most frequent, accounting for 51,1% of all injuries. Severe injuries (29-90 days) represented 20,0%, minor injuries (2-7 days) accounted for 17,8%, and major injuries (>90 days) represented 11,1% of all reported injuries. Major injuries were more frequent among backs (19,0%) than forwards (4,2%), whereas minor injuries were more frequent among forwards (25,0%) than backs (9,5%).

Table 4. Proportion of match injuries by time-loss category

Measure	%		
	Backs	Forwards	All players
Minor (2-7 days)	9,5	25,0	17,8
Moderate (8-28 days)	52,4	50,0	51,1
Severe (29-90 days)	19,0	20,8	20,0
Major (>90 days)	19,0	4,2	11,1

4.2.3. Injury burden

The total days-absence resulting from match injuries sustained during the REC 2026 was 1736 days-absence (backs: 1141; forwards: 595).

Injury burden, which is equal to injury incidence x mean severity, is an important ISS output measure, as it provides an overall indication of the risk of injury^[7,8]. The overall injury burden in REC 2026 was 2.173 days lost/1000 player-hours (backs: 3.057; forwards: 1.394 days lost/1000 player-hours). Although injury incidence was almost identical between backs and forwards, injury burden was substantially higher among backs because of the greater accumulated severity of their injuries.

4.2.4. Injury location

Table 5 summarises the proportion of match injuries by injury location data for players, categorised as backs, forwards and all players, taking part in REC 2026.

The most common anatomical location of injury for all players was the lower limb (37,8%), followed by the upper limb (33,3%) and head/neck (28,9%).

Regarding specific injury locations, head/face (28,9%) was the most frequent, followed by shoulder/clavicle (17,8%), knee (15,6%), and both ankle and hand/fingers (8,9%). Among backs, lower-limb injuries predominated (52,4%), whereas upper-limb injuries were the most common among forwards (41,7%).

Table 5. Proportion of match injuries by injury location

Measure	% (95% Confidence interval)		
	Backs	Forwards	All players
Head / Neck	23,8 (5,6-42,0)	33,3 (14,5-52,2)	28,9 (15,6-42,1)
Head/face	23,8 (5,6-42,0)	33,3 (14,5-52,2)	28,9 (15,6-42,1)
Neck/cervical spine	-	-	-
Upper limb	23,8 (5,6-42,0)	41,7 (21,9-61,4)	33,3 (19,6-47,1)
Shoulder/clavicle	19,0 (2,3-35,8)	16,7 (1,8-31,6)	17,8 (6,6-28,9)
Upper arm	-	-	-
Elbow	-	8,3 (0,0-19,4)	4,4 (0,0-10,5)
Forearm	-	4,2 (0,0-12,2)	2,2 (0,0-6,5)
Wrist/hand/fingers	4,8 (0,0-13,9)	12,5 (0,0-25,7)	8,9 (0,6-17,2)
Trunk	-	-	-
Ribs/upper back	-	-	-
Abdomen	-	-	-
Low back	-	-	-
Sacrum/pelvis	-	-	-
Lower limb	52,4 (31,0-73,7)	25,0 (7,7-42,3)	37,8 (23,6-51,9)
Hip/groin	-	-	-
Thigh, anterior	9,5 (0,0-22,1)	-	4,4 (0,0-10,5)
Thigh, posterior	4,8 (0,0-13,9)	4,2 (0,0-12,2)	4,4 (0,0-10,5)
Knee	19,0 (2,3-35,8)	12,5 (0,0-25,7)	15,6 (5,0-26,1)
Lower leg	4,8 (0,0-13,9)	4,2 (0,0-12,2)	4,4 (0,0-10,5)
Ankle	14,3 (0,0-29,3)	4,2 (0,0-12,2)	8,9 (0,6-17,2)
Foot/toe	-	-	-

4.2.5. Injury type

Table 6 summarises the proportion of match injuries by injury type for players, categorised as backs, forwards and all players, taking part in REC 2026.

The most common injury type among all players was joint/ligament injury (40,0%), followed by central/peripheral nervous system injuries (24,4%) and muscle/tendon injuries (22,2%). Bone injuries accounted for 11,1% of injuries.

Regarding specific injury types, sprain/ligament injuries (28,9%) were the most frequent, followed by concussion (22,2%). Dislocation/subluxation, haematoma/contusion/bruise, fracture and muscle strain/cramp each accounted for 11,1% of all injuries.

Table 6. Proportion of match injuries by injury type

Measure	% (95% Confidence interval)		
	Backs	Forwards	All players
Bone	14,3 (0,0-29,3)	8,3 (0,0-19,4)	11,1 (1,9-20,3)
Fracture	14,3 (0,0-29,3)	8,3 (0,0-19,4)	11,1 (1,9-20,3)
Other bone injury	-	-	-
C/PNS	23,8 (5,6-42,0)	25,0 (7,7-42,3)	24,4 (11,9-37,0)
Concussion	23,8 (5,6-42,0)	20,8 (4,6-37,1)	22,2 (10,1-34,4)
Nerve injuries	-	4,2 (0,0-12,2)	2,2 (0,0-6,5)
Joint (non-bone) / ligament	33,3 (13,2-53,5)	45,8 (25,9-65,8)	40,0 (25,7-54,3)
Dislocation / subluxation	9,5 (0,0-22,1)	12,5 (0,0-25,7)	11,1 (1,9-20,3)
Meniscus / Disc Injury	-	-	-
Sprain/ligament	23,8 (5,6-42,0)	33,3 (14,5-52,2)	28,9 (15,6-42,1)
Other	-	-	-
Muscle / tendon	28,6 (9,2-47,9)	16,7 (1,8-31,6)	22,2 (10,1-34,4)
Haematoma/bruise	14,3 (0,0-29,3)	8,3 (0,0-19,4)	11,1 (1,9-20,3)
Muscle strain/cramp	14,3 (0,0-29,3)	8,3 (0,0-19,4)	11,1 (1,9-20,3)
Tendon injury/tendinopathy	-	-	-
Other	-	-	-
Skin	-	4,2 (0,0-12,2)	2,2 (0,0-6,5)
Abrasion	-	-	-
Laceration	-	4,2 (0,0-12,2)	2,2 (0,0-6,5)
Other types	-	-	-
Visceral	-	-	-
Other	-	-	-

C/PNS: Central and Peripheral Nervous System

4.2.6. Most common and highest risk injuries

Table 7 identifies the most common match injuries by injury diagnosis for players, categorised as backs, forwards and all players, taking part in REC 2026.

The most common injury diagnosis reported during REC 2026 was concussion (all players: 22,2%; backs: 23,8%; forwards: 20,8%).

Table 7. The four most common injury diagnoses reported for backs, forwards and all players (% of all reported match injuries)

Backs		Forwards		All players	
Injury	%	Injury	%	Injury	%
Concussion	23,8	Concussion	20,8	Concussion	22,2
Ankle sprain	14,3	Shoulder sprain / subluxation	12,5	Shoulder sprain / subluxation	11,1
Shoulder sprain / subluxation	9,5	Elbow medial ligament injury	8,3	Ankle sprain	8,9
MCL injury knee	9,5	MCL injury knee	4,2	MCL injury knee	6,7

Table 8 summarises the injuries with greatest burden for players, categorised as backs, forwards and all players, taking part in REC 2026.

The injury diagnosis with the greatest burden across all players was shoulder sprain/subluxation (29,6% of all days lost), followed by MCL injury of the knee (11,1%), concussion (9,8%) and proximal tibial fracture (9,2%). Among backs, shoulder sprain/subluxation accounted for the greatest burden (33,5%), while among forwards shoulder sprain/subluxation also produced the greatest burden (22,0%).

Table 8. The four injury diagnoses with greatest burden reported for backs, forwards and all players (% of all reported days lost to match injuries)

Backs		Forwards		All players	
Injury	%	Injury	%	Injury	%
Shoulder sprain / subluxation	33,5	Shoulder sprain / subluxation	22,0	Shoulder sprain / subluxation	29,6
Proximal tibial fracture	14,0	Concussion	16,3	MCL injury knee	11,1
MCL injury knee	13,8	Thumb fracture	16,1	Concussion	9,8
Scapula fracture	13,4	Knee pain/injury	9,2	Proximal tibial fracture	9,2

4.2.7. Injury onset

Table 9 summarises the proportion of match injuries by nature of onset data for players, categorised as backs, forwards and all players, taking part in REC 2026.

Acute injuries were the most frequent for both the overall sample and by playing position.

Table 9. Proportion of reported match injuries by nature of onset

Measure	% (95% Confidence interval)		
	Backs	Forwards	All players
Acute	100,0	100,0	100,0
Gradual	0,0	0,0	0,0

4.2.8. Cause of injury onset

Table 10 summarises the proportion of match injuries by cause of onset data for players, categorised as backs, forwards and all players, taking part in REC 2026.

Most match injuries (93,3%) were due to contact. All injuries reported among forwards were contact-related (100,0%), compared (85,7%) among backs. Non-contact injuries accounted for 6,7% of all reported injuries.

Table 10. Proportion of reported match injuries by cause of onset

Measure	% (95% Confidence interval)		
	Backs	Forwards	All players
Contact	85,7 (70,7-100,0)	100,0	93,3 (86,0-100,0)
Non-contact	14,3 (0,0-29,3)	0,0	6,7 (0,0-14,0)

4.2.9. Match events leading to injury

Table 11 summarises the match events causing the injuries suffered by players, categorised as backs, forwards and all players, taking part in REC 2026.

The most common match event leading to injury was tackling (35,6%), followed by being tackled (28,9%). Collision and ruck situations each accounted for 11,1% of injuries. Forwards were most frequently injured while tackling (45,8%), whereas backs were most frequently injured while being tackled (33,3%).

Table 11. Proportion of reported match injuries by match event leading to injury

Measure	% (95% Confidence interval)		
	Backs	Forwards	All players
Collision	14,3 (0,0-29,3)	8,3 (0,0-19,4)	11,1 (1,9-20,3)
Kicking	4,8 (0,0-13,9)	-	2,2 (0,0-6,5)
Lineout	-	-	-
Maul	-	-	-
Ruck	9,5 (0,0-22,1)	12,5 (0,0-25,7)	11,1 (1,9-20,3)
Running	9,5 (0,0-22,1)	-	4,4 (0,0-10,5)
Scrum	-	8,3 (0,0-19,4)	4,4 (0,0-10,5)
Tackled	33,3 (13,2-53,5)	25,0 (7,7-42,3)	28,9 (15,6-42,1)
Tackling	23,8 (5,6-42,0)	45,8 (25,9-65,8)	35,6 (21,6-49,5)
Other/Not known	4,8 (0,0-13,9)	-	2,2 (0,0-6,5)

4.2.10. Time of injury

Table 12 summarises the proportion of reported match injuries by period of match for players, categorised as backs, forwards and all players, taking part in REC 2026.

A slightly greater proportion of injuries occurred during the 2nd half (55,6%) compared with the 1st half (44,4%). The 4th quarter was the most injury-prone period, accounting for 37,8% of all injuries. This pattern was similar in backs and forwards, with the 4th quarter representing the highest proportion of injuries in both groups (backs: 38,1%; forwards: 37,5%).

Table 12. Proportion of reported match injuries by time during match

Measure	% (95% Confidence interval)		
	Backs	Forwards	All players
First half	47,6 (26,3–69,0)	41,7 (21,9–61,4)	44,4 (29,9–59,0)
First quarter	28,6 (9,2–47,9)	12,5 (0,0–25,7)	20,0 (8,3–31,7)
Second quarter	19,0 (2,3–35,8)	29,2 (11,0–47,4)	24,4 (11,9–37,0)
Second half	52,4 (31,0–73,7)	58,3 (38,6–78,1)	55,6 (41,0–70,1)
Third quarter	14,3 (0,0–29,3)	20,8 (4,6–37,1)	17,8 (6,6–28,9)
Fourth quarter	38,1 (17,3–58,9)	37,5 (18,1–56,9)	37,8 (23,6–51,9)

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6. AUTHORS

The authors of the report were Roberto Murias Lozano, Guillermo Iglesias Muñiz, Mario Iglesias Muñiz and Pablo García Fernández. For any clarification or doubt contact: rerpwrc@gmail.com or injury@rugbyeurope.eu.



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