



Injury Surveillance Report

Edition Apr 2026
based on the 2025-2026 Season – U20 Championship (Men)

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1.	Introduction	3
2.	Methods	3
3.	Data Collection	4
4.	Results	5
4.1.	Players' anthropometric data	5
4.2.	Match injuries	6
4.2.1.	Injury incidence	6
4.2.2.	Injury severity	6
4.2.3.	Injury burden	7
4.2.4.	Injury location	7
4.2.5.	Injury type	8
4.2.6.	Most common and highest risk injuries	9
4.2.7.	Injury onset	11
4.2.8.	Cause of injury onset	11
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, as well as 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 and levels of the game.

Several Injury Surveillance Studies have been implemented previously in World Rugby Competitions^[1-4], as well as in Rugby Europe Championship and U20 Tournaments^[5].

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 at Rugby Europe Competitions.
- To identify injury trends in Rugby 7s and Rugby 15s.
- 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 2025 Rugby Europe U20 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^[6].

The definition of injury was: 'Any injury sustained during the 2025 Men's Rugby Europe U20 Championship matches 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^[7]. 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 informed 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 Tournament in the Rugby Europe U20 Championship 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^[6].

Only match injuries resulting in > 1 day of absence from training or match play were recorded in this study. Injuries not included in this definition were not recorded.

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); 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.

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 a member of each team medical staff. An injury was deemed to be resolved when an injured player returned to play and/or full training.

Belgium, Czechia, Germany, Netherlands, Poland, Portugal, Romania and Switzerland were involved in the 2025 Men's U20 Rugby Europe Championship.

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^[6].

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 2025 Men's U20 Rugby Europe Championship.

The total sample population for the study was 201 players (84 backs; 117 forwards). The mean age was 19,8 years (backs: 19,7 years; forwards: 19,8 years; $p=0,110$). Teams did not provide stature or body mass data for the players.

Table 1. Players' anthropometric data			
Measure	Mean ($\pm$ standard deviation)		
	Backs	Forwards	All players
Players (n)	84	117	201
Age (years)	19,7 (0,7)	19,8 (0,6)	19,8 (0,7)

4.2.Match injuries

4.2.1. Injury incidence

Table 2 summarises the match injury frequency and incidence and match exposure data for players, categorised as backs, forwards and all players, taking part in 2025 Men's U20 Rugby Europe Championship.

The total number of injuries sustained was 25 (backs: 13; forwards: 12) and the total match exposure was 480,0 player-hours (backs: 224; forwards: 256). The overall match incidence was 52,1 injuries/1000 match hours (backs: 58,0; forwards: 46,9).

Table 2. Match injury frequency, match exposure volume, and match injury incidence			
Measure	Backs	Forwards	All players
Injuries (n)	13	12	25
Match Exposure (player-match-hours)	224	256	480
Incidence (95% confidence interval)	58,0 (27,4–88,7)	46,9 (21,0–72,8)	52,1 (32,2–72,0)

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 2025 Men's U20 Rugby Europe Championship.

The mean injury severity was 61,5 days for backs, 69,0 days for forwards, and 65,1 days for all players. Median severity was 33,0 days in backs, 20,0 days in forwards, and 27,0 days overall. There were no significant differences between backs and forwards for either the mean ($p=0,866$) or median severities ($p=0,412$).

Table 3. Mean and median match injury severity (days lost)			
Measure	Severity (95% Confidence interval), days		
	Backs	Forwards	All players
Mean (95% confidence interval)	61,5 (4,4-118,7)	69,0 (0,0-145,9)	65,1 (21,4-108,8)
Median (95% confidence interval)	33,0 (13,0-59,0)	20,0 (2,5-45,0)	27,0 (12,0-51,0)

Table 4 summarises the proportion of match injuries by time-loss data for players, categorised as backs, forwards and all players, taking part in 2025 Men's U20 Rugby Europe Championship.

Severe injuries (29-90 days) were the most common in backs (38,5%), whereas minor and moderate injuries were each the most frequent categories in forwards (33,3% each). Overall, minor injuries, moderate injuries and severe injuries each accounted for 28,0% of all reported injuries, while major injuries represented 16,0%.

Table 4. Proportion of match injuries by time-loss category			
Measure	Backs	Forwards	All players
Minor (2-7 days)	23,1%	33,3%	28,0%
Moderate (8-28 days)	23,1%	33,3%	28,0%
Severe (29-90 days)	38,5%	16,7%	28,0%
Major (>90 days)	15,4%	16,7%	16,0%

4.2.3. Injury burden

The total days-absence resulting from match injuries sustained during the 2025 Men's U20 Rugby Europe Championship was 1628 days-absence (backs: 800; forwards: 828).

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^[8,9].

The injury burden in the 2025 Men's U20 Rugby Europe Championship was 3392 days lost/1000 player-hours (backs: 3567; forwards: 3236 days lost).

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 2025 Men's U20 Rugby Europe Championship.

The lower limb was the most common injury location (48,0%), followed by the head/neck (28,0%) and the upper limb (24,0%). No trunk injuries were reported during the competition.

For backs, lower-limb injuries predominated (61,5%), whereas no location predominated for forwards.

Table 5. Proportion of match injuries by injury location

Measure	% (95% Confidence interval)		
	Backs	Forwards	All players
Head / Neck	23,1 (0,2-46,0)	33,3 (6,7-60,0)	28,0 (10,4-45,6)
Head/face	23,1 (0,2-46,0)	25,0 (0,5-49,5)	24,0 (7,3-40,7)
Neck/cervical spine	-	8,3 (0,0-24,0)	4,0 (0,0-11,7)
Upper limb	15,4 (0,0-35,0)	33,3 (6,7-60,0)	24,0 (7,3-40,7)
Shoulder/clavicle	7,7 (0,0-22,2)	16,7 (0,0-37,8)	12,0 (0,0-24,7)
Upper arm	-	-	-
Elbow	-	8,3 (0,0-24,0)	4,0 (0,0-11,7)
Forearm	-	-	-
Wrist/hand/fingers	7,7 (0,0-22,2)	8,3 (0,0-24,0)	8,0 (0,0-18,6)
Trunk	-	-	-
Ribs/upper back	-	-	-
Abdomen	-	-	-
Low back	-	-	-
Sacrum/pelvis	-	-	-
Lower limb	61,5 (35,1-88,0)	33,3 (6,7-60,0)	48,0 (28,4-67,6)
Hip/groin	-	-	-
Thigh, anterior	7,7 (0,0-22,2)	-	4,0 (0,0-11,7)
Thigh, posterior	15,4 (0,0-35,0)	-	8,0 (0,0-18,6)
Knee	15,4 (0,0-35,0)	16,7 (0,0-37,8)	16,0 (1,6-30,4)
Lower leg	15,4 (0,0-35,0)	8,3 (0,0-24,0)	12,0 (0,0-24,7)
Ankle	7,7 (0,0-22,2)	8,3 (0,0-24,0)	8,0 (0,0-18,6)
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 2025 Men's U20 Rugby Europe Championship.

Joint/ligament injuries were the most common injury type (40,0%), followed by muscle/tendon (32,0%) and central/peripheral nervous system injuries (24,0%). Concussion was the only central/peripheral nervous system injury reported.

For backs, muscle/tendon injuries were the most frequent type (46,2%), whereas for forwards joint/ligament injuries predominated (50,0%). Concussion was the only central/peripheral nervous system injury reported and accounted for 24,0% of all injuries. Bone injuries were uncommon overall (4,0%).

Table 6. Proportion of match injuries by injury type

Measure	% (95% Confidence interval)		
	Backs	Forwards	All players
Bone	-	8,3 (0,0-24,0)	4,0 (0,0-11,7)
Fracture	-	8,3 (0,0-24,0)	4,0 (0,0-11,7)
Other bone injury	-	-	-
C/PNS	23,1 (0,2-46,0)	25,0 (0,5-49,5)	24,0 (7,3-40,7)
Concussion	23,1 (0,2-46,0)	25,0 (0,5-49,5)	24,0 (7,3-40,7)
Nerve injuries	-	-	-
Joint (non-bone) / ligament	30,8 (5,7-55,9)	50,0 (21,7-78,3)	40,0 (20,8-59,2)
Dislocation / Subluxation	7,7 (0,0-22,2)	8,3 (0,0-24,0)	8,0 (0,0-18,6)
Meniscus / Disc Injury	-	-	-
Sprain / Ligament	23,1 (0,2-46,0)	41,7 (13,8-69,6)	32,0 (13,7-50,3)
Other	-	-	-
Muscle / tendon	46,2 (19,1-73,3)	16,7 (0,0-37,8)	32,0 (13,7-50,3)
Haematoma / bruise	7,7 (0,0-22,2)	-	4,0 (0,0-11,7)
Muscle strain / cramp	30,8 (5,7-55,9)	16,7 (0,0-37,8)	24,0 (7,3-40,7)
Tendon injury / tendinopathy	7,7 (0,0-22,2)	-	4,0 (0,0-11,7)
Other	-	-	-
Skin	-	-	-
Abrasion	-	-	-
Laceration	-	-	-
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 2025 Men's U20 Rugby Europe Championship.

Concussion was the most frequently reported diagnosis overall (24,0%), followed by grade 1 acromioclavicular joint sprain (12,0%).

Concussion was the most common diagnosis for backs (23,1%), forwards (25,0%) and overall (24,0%), making it the leading specific injury diagnosis in the tournament. For backs, the next most frequent diagnosis was biceps femoris strain grade 1-2, whereas for forwards it was grade 1 acromioclavicular joint sprain. Anterior talofibular ligament sprain was reported in both groups, indicating a recurring ankle injury pattern across positions.

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	23,1	Concussion	25,0	Concussion	24,0
Biceps femoris strain grade 1-2	15,4	Grade 1 AC joint sprain	16,7	Grade 1 AC joint sprain	12,0
Anterior talofibular ligament sprain	7,7	Anterior talofibular ligament sprain	8,3	Anterior talofibular ligament sprain	8,0
Prepatellar bursitis	7,7	Elbow medial ligament injury	8,3	Biceps femoris strain grade 1-2	8,0

AC: Acromioclavicular

Table 8 summarises the injuries resulting in the greatest burden for players, categorised as backs, forwards and all players, taking part in 2025 Men's U20 Rugby Europe Championship.

For backs, isolated ACL meniscal injury accounted for the greatest injury burden (44,8%), whereas for forwards the main contributor was lower leg tendon injury (42,3%). Overall, the highest burdens were associated with isolated ACL meniscal injury (22,0%), lower leg tendon injury (21,5%), and intraarticular tibial fracture (18,4%). Concussion also made a substantial contribution to total days lost across all players (12,1%).

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	%
Isolated ACL/meniscal injury	44,8	Lower leg tendon injury	42,3	Isolated ACL/meniscal injury	22,0
Concussion	18,1	Intraarticular tibial fracture	36,2	Lower leg tendon injury	21,5
Biceps femoris strain grade 1-2	13,8	Grade 2 MCL tear knee	6,6	Intraarticular tibial fracture	18,4
Medial gastroc strain	8,6	Concussion	6,3	Concussion	12,1

ACL: Anterior cruciate ligament – AC: Acromioclavicular - MCL: Medial collateral ligament

4.2.7. Injury onset

Table 9 summarises the proportion of match injuries by nature of injury onset data for players, categorised as backs, forwards and all players, taking part in 2025 Men's U20 Rugby Europe Championship.

Acute onset (100%) was the only cause of injury onset for both backs and forwards.

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	-	-	-

4.2.8. Cause of injury onset

Table 10 summarises the proportion of match injuries by cause of injury onset data for players, categorised as backs, forwards and all players, taking part in 2025 Men's U20 Rugby Europe Championship.

Contact injuries predominated overall (84,0%) and accounted for all injuries sustained by forwards and 69,2% of injuries sustained by backs. Almost one third of injuries sustained by backs were non-contact (30,8%).

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

Measure	% (95% Confidence interval)		
	Backs	Forwards	All players
Contact	69,2 (44,1-94,3)	100,0	84,0 (69,6-98,4)
Non-contact	30,8 (5,7-55,9)	-	16,0 (1,6-30,4)

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 2025 Men's U20 Rugby Europe Championship.

Being-tackled was the most common match event leading to injury overall (32,0%). For forwards, injuries were mainly associated with being-tackled (33,3%) and collisions (25,0%), whereas for backs running (23,1%) was an important risk factor.

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

Measure	% (95% Confidence interval)		
	Backs	Forwards	All players
Collision	15,4 (0,0-35,0)	25,0 (0,5-49,5)	20,0 (4,3-35,7)
Kicking	-	-	-
Lineout	-	-	-
Maul	-	-	-
Ruck	7,7 (0,0-22,2)	16,7 (0,0-37,8)	12,0 (0,0-24,7)
Running	23,1 (0,2-46,0)	-	12,0 (0,0-24,7)
Scrum	-	8,3 (0,0-24,0)	4,0 (0,0-11,7)
Tackled	30,8 (5,7-55,9)	33,3 (6,7-60,0)	32,0 (13,7-50,3)
Tackling	7,7 (0,0-22,2)	16,7 (0,0-37,8)	12,0 (0,0-24,7)
Other (Not known)	15,4 (0,0-35,0)	-	8,0 (0,0-18,6)

4.2.10. Time of injury

Table 12 summarises the proportion of reported match injuries sustained by time during the match for players, categorised as backs, forwards and all players, taking part in 2025 Men's U20 Rugby Europe Championship.

Overall, most injuries occurred in the second half (64,0%) of matches, with a similar pattern for both backs and forwards. The third quarter was the most common specific period of injury occurrence overall (44,0%) in both positional groups.

Table 12. Proportion of reported match injuries by time during match			
Measure	% (95% Confidence interval)		
	Backs	Forwards	All players
First half	38,5 (12,0-64,9)	33,3 (6,7-60,0)	36,0 (17,2-54,8)
First quarter	23,1 (0,2-46,0)	8,3 (0,0-24,0)	16,0 (1,6-30,4)
Second quarter	15,4 (0,0-35,0)	25,0 (0,5-49,5)	20,0 (4,3-35,7)
Second half	61,5 (35,1-88,0)	66,7 (40,0-93,3)	64,0 (45,2-82,8)
Third quarter	38,5 (12,0-64,9)	50,0 (21,7-78,3)	44,0 (24,5-63,5)
Fourth quarter	23,1 (0,2-46,0)	16,7 (0,0-37,8)	20,0 (4,3-35,7)

5. ACKNOWLEDGEMENTS

World Rugby and Rugby Europe would like to thank all competition organisers and participants for kindly sharing their data for this report.

The authors acknowledge the valuable support provided by 8 team physicians and physiotherapists during the collection of the data analysed in this report. The authors would therefore like to apologise if anyone who provided data for the study has accidentally been missed from the list of acknowledgements below (presented alphabetically):

Andrew Gilbert, Anna Stitelmann, Bianca Matei, Colin Grzanna, Cristian Tatarescu, Josef Chrz, Robert Cajzer and Sebastiaan van Osch.

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7. REFERENCES

1. Fuller CW, Laborde F, Leather RJ, Molloy MG. International Rugby Board Rugby World Cup 2007 injury surveillance study. *British Journal of Sports Medicine* 2008;42(6):452-9.
2. Fuller CW, Sheerin K, Targett S. Rugby World Cup 2011: International Rugby Board injury surveillance study. *British Journal of Sports Medicine* 2013;47(18):1184-91.
3. Fuller CW, Taylor A, Kemp SPT, Raftery M. Rugby World Cup 2015: World Rugby injury surveillance study. *British Journal of Sports Medicine* 2017;51(1):51-7.
4. Fuller CW, Taylor A, Douglas M, Raftery M. Rugby World Cup 2019 injury surveillance study. *S Afr j sports med* 2020;32(1):1-6.
5. Fuller CW, Molloy MG, Marsalli M. Epidemiological study of injuries in men's international under-20 rugby union tournaments. *Clinical journal of sport medicine: official journal of the Canadian Academy of Sport Medicine* 2011;21(4):356-8.
6. Fuller CW, Molloy MG, Bagate C, Bahr R, Brooks JHM, Donson H, et al. Consensus statement on injury definitions and data collection procedures for studies of injuries in rugby union. *British Journal of Sports Medicine* 2007;41(5):328-31.
7. Rae K, Orchard J. The Orchard Sports Injury Classification System (OSICS) Version 10. *Clinical Journal of Sport Medicine* 2007;17(3):201-4.
8. Fuller CW. Why Median Severity and Ordinal Scale Severity Values should not be used for Injury Burden Results: A Critical Review. *Int J Sports Med* 2023;44(05):313-9.
9. Fuller CW. Injury Risk (Burden), Risk Matrices and Risk Contours in Team Sports: A Review of Principles, Practices and Problems. *Sports Med* 2018;48(7):1597-606.