Injury Surveillance Studies

2025 Rugby 7´s Europe Championship (Women)

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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 previously implemented in World Rugby [1–3] and Rugby Europe 7s competitions (Rugby 7s Olympic Qualifier [Men & Women]).

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 general 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 Women's Rugby Europe 7s Championship 2025.

2. METHODS

The 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[4].

The definition of injury was: Any injury sustained during the Women's 7s Rugby Europe Championship (REC) 2025 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[5]. Injury location, type and cause together with the event leading to the injury were also recorded.

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 Women´s 7s REC 2025 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[4].

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

3. DATA COLLECTION

Prior to the tournament taking place, the purpose of the epidemiological study was outlined to each participating team. Each player's baseline 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.

Medical staff prospectively recorded match injuries sustained during the tournament. A member of the team's medical staff also recorded 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). The final piece of information recorded is normally an injured player's return-to-play date.

Belgium, Czechia, France, Great Britain, Georgia, Germany, Ireland, Italy, Poland, Portugal, Spain and Sweden were involved in the Women's 7s REC 2025; data were provided by 12 teams.

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[4].

Cautionary statement on data interpretation: The findings presented in this report are based on a relatively limited number of recorded injuries. As a result, some estimates are associated with wide 95% confidence intervals. These results should therefore be interpreted with caution, recognising both the exploratory nature of the data and their value in identifying potential trends and informing future, larger-scale analyses.

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 Women´s 7s REC 2025. The total sample population involved in the study was 179 players; anthropometric data were provided for 69 players from 12 teams.

The total sample population for the study was 179 players (35 backs; 34 forwards; 110 unknown). The mean age was 26,4 years (all the players reported their date of birth) (backs: 26,0 years; forwards: 26,8 years; p =0,472). The average age has been calculated among the 69 players for whom we have all anthropometric data, although age has been reported by all players without identifying their playing position, with the average age for the entire sample being 24,6 years. The average stature for all players was 168,0 cm; forwards (170,0 cm) were significantly taller than backs (166,1 cm) (p=0,007). The average body mass for all players was 65,6 kg; forwards (68,3 kg) were significantly heavier than backs (62,9 kg) (p<0,001).

Table 1. Players' anthropometric data			
Measure	Mean (± standard deviation)		
	Backs	Forwards	All players
Players (n)	35	34	69
Stature (cm)	166,1 (6,0)	170,0 (5,5)	168,0 (6,0)
Body Mass (kg)	62,9 (6,4)	68,3 (6,4)	65,6 (6,6)
Age (years)	26,0 (4,3)	26,8 (4,9)	26,4 (4,6)

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 Women's 7s REC 2025.

The total number of injuries sustained was 11 (backs: 9; forwards: 2) and the total match exposure was 222 player-hours (backs: 127; forwards: 95). The overall match incidence was 49,5 injuries/1000 match hours (backs: 70,9 forwards: 21,0).

Table 2. Match injury frequency, exposure, and injury incidence			
Measure	Backs	Forwards	All players
Injuries (n)	9	2	11
Exposure (player-match-hours)	126,9	95,2	222,1
Incidence (95% confidence interval)	70,9 (26,3–115,6)	21,0 (-7,8–49,9)	49,5 (21,0–78,1)

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 Women´s 7s REC 2025.

The mean severity of all injuries sustained was 91,9 days missed (backs: 69,2 days; forwards: 194,0 days). The median severity of all injuries sustained was 56,0 days for all players (backs: 56,0 days;

forwards: 194,0 days). There were no significant differences between backs and forwards for either the mean (p= 0,198) or median severities (p=1,000).

Table 3. Mean and median match injury severity (days lost)			
Measure	Severity (95% Confidence interval), days		
	Backs	Forwards	All players
Mean (95% CI)	69,2 (7,2 – 131,2)	194,0 (-2131,9-2519,9)	91,9 (11,2-173,0)
Median (95% CI)	56,0 (20,0-79,0)	194,0 (11,0-377,0)	56,0 (20,0-79,0)

Table 4 summarises the proportion of match injuries by time-loss data for players, categorised as backs, forwards and all players, taking part in Women´s 7s REC 2025.

Moderate (36,4%) and severe injuries (45,4%) were the most common, with no minor injuries reported. Backs sustained mainly severe injuries (55,6%), while forwards showed only moderate (50,0%) and major (50,0%) injuries.

Table 4. Proportion of match injuries by time-loss category			
Measure	%		
	Backs	Forwards	All players
Minor (2-7 days)	0,0	0,0	0,0
Moderate (8-28 days)	33,3	50,0	36,4
Severe (29-90 days)	55,6	0,0	45,4
Major (>90 days)	11,1	50,0	18,2

4.2.3. Injury burden

The total days-absence resulting from match injuries sustained during the Women´s 7s REC 2025 was 1011 days-absence (backs: 623; forwards: 388).

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[6,7]. The injury burden in the REC 2025 was 4549 days lost/1000 player-hours (backs: 4906; forwards: 4074 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 Women´s 7s REC 2025.

Head/neck injuries were the most common (45,5%), followed by lower-limb injuries (36,4%) and upper-limb injuries (18,2%). Backs showed an even distribution between head/neck and lower limb (44,4% each), while forwards sustained one head/face (50,0%) and one upper-limb injuries (50,0%).

Table 5. Proportion of match injuries by injury location			
Measure	% (95% Confidence interval)		
	Backs	Forwards	All players
Head / Neck	**44,4 (12,0–76,9)**	**50,0 (0,0–100,0)**	**45,5 (16,0–74,9)**
Head/face	44,4 (12,0–76,9)	50,0 (0,0–100,0)	45,5 (16,0–74,9)
Neck/cervical spine	-	-	-
Upper limb	**11,1 (0,0–31,6)**	**50,0 (0,0–100,0)**	**18,2 (0,0–41,0)**
Shoulder/clavicle	-	50,0 (0,0–100,0)	9,1 (0,0–26,1)
Upper arm	-	-	-
Elbow	11,1 (0,0–31,6)	-	9,1 (0,0–26,1)
Forearm	-	-	-
Wrist/hand/fingers	-	-	-
Trunk	**-**	**-**	**-**
Ribs/upper back	-	-	-
Abdomen	-	-	-
Low back	-	-	-
Sacrum/pelvis	-	-	-
Lower limb	**44,4 (12,0–76,9)**	**-**	**36,4 (7,9–64,8)**
Hip/groin	-	-	-
Thigh, anterior	-	-	-
Thigh, posterior	-	-	-
Knee	22,2 (0,0–49,4)	-	18,2 (0,0–41,0)
Lower leg	-	-	-
Ankle	11,1 (0,0–31,6)	-	9,1 (0,0–26,1)
Foot/toe	11,1 (0,0–31,6)	-	9,1 (0,0–26,1)

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 Women´s 7s REC 2025.

C/PNS injuries (all concussions) and joint/ligament injuries were the most common types (45,5% each), while bone injuries were less frequent (9,1%). No muscle, skin or other injury types were reported. Concussions were the most common injury type (45,5%), followed by sprain/ligament injuries (36,4%). Fractures and meniscus injuries were less frequent (9,1% each). Forwards sustained only concussions and sprain/ligament injuries, while backs showed a similar pattern but also recorded isolated fractures and meniscus injuries.

Table 6. Proportion of match injuries by injury type

Measure	% (95% Confidence interval)		
	Backs	Forwards	All players
Bone	**11,1 (0,0–31,6)**	**-**	**9,1 (0,0–26,1)**
Fracture	11,1 (0,0–31,6)	-	9,1 (0,0–26,1)
Other bone injury	-	-	-
C/PNS	**44,4 (12,0–76,9)**	**50,0 (0,0–100,0)**	**45,5 (16,0–74,9)**
Concussion	44,4 (12,0–76,9)	50,0 (0,0–100,0)	45,5 (16,0–74,9)
Nerve injuries	-	-	-
Joint (non-bone) / ligament	**44,4 (12,0–76,9)**	**50,0 (0,0–100,0)**	**45,5 (16,0–74,9)**
Dislocation / subluxation	-	-	-
Meniscus / Disc Injury	11,1 (0,0–31,6)	-	9,1 (0,0–26,1)
Sprain/ligament	33,3 (2,5–64,1)	50,0 (0,0–100,0)	36,4 (7,9–64,8)
Other	-	-	-
Muscle / tendon	**-**	**-**	**-**
Haematoma/bruise	-	-	-
Muscle strain/cramp	-	-	-
Tendon injury/tendinopathy	-	-	-
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 Women´s 7s REC 2025.

Concussion was the most common diagnosis (45,5%). The remaining injuries were distributed among ankle ATFL sprain (9,1%), AC joint sprain (9,1%) and ACL rupture (9,1%). Backs showed a similar pattern, while forwards presented only concussions (50,0%) and AC joint sprains (50,0%).

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	44,4	Concussion	50,0	Concussion	45,5
ACL rupture	11,1	AC joint sprain	50,0	Ankle ATFL sprain	9,1
Ankle ATFL sprain	11,1			AC joint sprain	9,1
Knee Meniscal injury	11,1			ACL rupture	9,1

Table 8 summarises the injuries with greatest burden for players, categorised as backs, forwards and all players, taking part in Women´s 7s REC 2025.

Concussion accounted for the highest injury burden (53,0%), followed by ACL rupture (27,2%). Elbow strain (7,8%) and metatarsal stress fracture (5,5%) contributed smaller proportions. Backs showed a similar pattern, while forwards were dominated almost entirely by concussion (97,2%).

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	%
ACL rupture	44,1	Concussion	97,2	Concussion	53,0
Concussion	25,2	AC joint sprain	2,8	ACL rupture	27,2
Elbow strain	12,7			Elbow strain	7,8
Metatarsal stress frac.	9,0			Metatarsal stress frac.	5,5

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 Women´s 7s REC 2025.

Acute injuries were the only nature of injuries.

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 onset data for players, categorised as backs, forwards and all players, taking part in Women´s 7s REC 2025.

Most injuries were caused by contact mechanisms (81,8%), while non-contact injuries accounted for 18,2%. Backs sustained 77,8% contact and 22,2% non-contact injuries, whereas all injuries in forwards were contact-related (100,0%).

Table 10. Proportion of reported match injuries by cause of onset			
Measure	% (95% Confidence interval)		
	Backs	Forwards	All players
Contact	77,8 (50,6–100,0)	100,0	81,8 (59,0–100,0)
Non-contact	22,2 (0,0–49,4)	-	18,2 (0,0–41,0)

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 Women´s 7s REC 2025.

Being tackled was the most common match event leading to injury (45,5%), followed by tackling (18,2%). Less frequent events included collision, kicking, ruck and other/unknown causes (9,1% each). Backs showed a similar pattern, while forwards sustained injuries mainly from being tackled (50,0%) and collisions (50,0%).

Table 11. Proportion of reported match injuries by match event leading to injury			
Measure	% (95% Confidence interval)		
	Backs	Forwards	All players
Collision	-	50,0 (0,0–100,0)	9,1 (0,0–26,1)
Kicking	11,1 (0,0–31,6)	-	9,1 (0,0–26,1)
Lineout	-	-	-
Maul	-	-	-
Ruck	11,1 (0,0–31,6)	-	9,1 (0,0–26,1)
Running	-	-	-
Scrum	-	-	-
Tackled	44,4 (12,0–76,9)	50,0 (0,0–100,0)	45,5 (16,0–74,9)
Tackling	22,2 (0,0–49,4)	-	18,2 (0,0–41,0)
Other/Not known	11,1 (0,0–31,6)	-	9,1 (0,0–26,1)

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 Women´s 7s REC 2025.

Most injuries occurred in the second half (72,7%), with fewer in the first half (27,3%). Backs sustained the majority of their injuries late in the match (77,8%), while forwards showed an even distribution between halves (50,0% each).

Table 12. Proportion of reported match injuries by time during match			
Measure	% (95% Confidence interval)		
	Backs	Forwards	All players
First half	22,2 (0,0–49,4)	50,0 (0,0–100,0)	27,3 (1,0–53,6)
Second half	77,8 (50,6–100,0)	50,0 (0,0–100,0)	72,7 (46,4–99,0)

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7. REFERENCES

1. Fuller CW, Taylor A, Molloy MG, Fuller, C. W., Taylor, A. & Molloy M. Epidemiological Study of Injuries in International Rugby Sevens. Clinical Journal of Sports Medicine 2010;20(3):179-84.

2. Fuller CW, Taylor A. Ten-season epidemiological study of match injuries in men's international rugby sevens. Journal of Sports Sciences 2020;38(14):1595-604.

3. Fuller CW, Taylor A, Raftery M. 2016 Rio Olympics: an epidemiological study of the men's and women's Rugby-7s tournaments. Br J Sports Med 2017;51(17):1272-8.

4. 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.

5. Rae K, Orchard J. The Orchard Sports Injury Classification System (OSICS) Version 10. Clinical Journal of Sport Medicine 2007;17(3):201-4.

6. 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.

7. 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.