



Injury Surveillance Report

Edition Jun 2026
based on the 2025-2026 Season – **Super Cup (Men)**

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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 implemented previously in World Rugby Competitions^[1-4], as well as in Rugby Europe Championship and Super Cup 2023.

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 Rugby Europe Super Cup.

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 injury sustained during the 2025 Men’s Rugby Europe Super Cup 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^[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 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 Super Cup 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. The rest of the injuries that were 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; 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 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. The injury was understood as finish when an injured player's return-to-play date.

Bohemia Warriors, Brussels Devils, Castilla y León Iberians, Delta, Lusitanos and Romanian Wolves were involved in the 2025 Men's Rugby Europe Super Cup.

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 2025 Men's Rugby Europe Super Cup. The total sample population involved in the study was 306 players; anthropometric data were provided for 154 players.

The total sample population for the study was 306 players (64 backs; 90 forwards; 152 unknown). The mean age was 23,2 years (backs: 22,8 years; forwards: 23,6 years; $p=0,076$). The average stature for all players was 184,2 cm; forwards (186,2 cm) were significantly taller than backs (181,3 cm) ($p<0,001$). The average body mass for all players was 96,8 kg; forwards (104,7 kg) were significantly heavier than backs (86,1 kg) ($p<0,001$).

Table 1. Players' anthropometric data			
Measure	Mean ($\pm$ standard deviation)		
	Backs	Forwards	All players
Players (n)	64	90	154
Stature (cm)	181,3 (6,0)	186,2 (5,6)	184,2 (6,3)
Body Mass (kg)	86,1 (9,5)	104,7 (11,9)	96,8 (14,3)
Age (years)	22,8 (4,0)	23,6 (4,3)	23,2 (4,2)

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 Rugby Europe Super Cup.

The total number of injuries sustained was 33 (backs: 13; forwards: 20) and the total match exposure was 760,0 player-hours (backs: 355; forwards: 405). The overall match incidence was 43,4 injuries/1000 match hours (backs: 36,6 forwards: 49,4).

Table 2. Match injury frequency, match exposure volume, and match injury incidence			
Measure	Backs	Forwards	All players
Injuries (n)	13	20	33
Match Exposure (player-match-hours)	355	405	760
Incidence (95% confidence interval)	36,6 (17,1–56,2)	49,4 (28,3–70,5)	43,4 (28,9–57,9)

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 Rugby Europe Super Cup.

The mean severity of the study was 30,6 days missed. Backs missed 25,2 days, while forwards missed 34,2 days due to injuries. The median severity was 22,0 days for all players and between positions, being 15,0 days for backs and 22,0 days for forwards. There were no significant differences between backs and forwards for either the mean ($p=0,356$) or median severities ($p=0,355$).

Table 3. Mean and median match injury severity (days lost)			
Measure	Severity (95% Confidence interval), days		
	Backs	Forwards	All players
Mean (95% confidence interval)	25,2 (10,8-39,6)	34,2 (19,5-48,9)	30,6 (20,5-40,8)
Median (95% confidence interval)	15,0 (8,0-34,0)	22,0 (14,0-27,5)	22,0 (15,0-24,0)

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 Rugby Europe Super Cup.

Moderate injuries (8-28 days) clearly predominated, accounting for 60,6% of all injuries. Severe injuries were the next most common category (27,3%), whereas minor (9,1%) and major injuries (3,0%) were uncommon. Compared with backs, forwards showed a higher proportion of moderate and major injuries, while backs presented relatively more minor and severe injuries.

Table 4. Proportion of match injuries by time-loss category			
Measure	Backs	Forwards	All players
Minor (2-7 days)	15,4%	5,0%	9,1%
Moderate (8-28 days)	53,8%	65,0%	60,6%
Severe (29-90 days)	30,8%	25,0%	27,3%
Major (>90 days)	0,0%	5,0%	3,0%

4.2.3. Injury burden

The total days-absence resulting from match injuries sustained during the 2025 Men's Rugby Europe Super Cup was 1011 days-absence (backs: 327; forwards: 684).

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 injury burden in the 2025 Men's Rugby Europe Super Cup was 1330 days lost/1000 player-hours (backs: 924; forwards: 1688 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 Rugby Europe Super Cup.

The most common injury location was the lower limb (60,6%), followed by the head/neck (21,2%) and the upper limb (15,2%). This lower-limb predominance was very similar in backs (61,5%) and forwards (60,0%).

In backs, the most frequent specific locations were knee and ankle (both 15,4%), whereas in forwards knee was the leading specific location (25,0%), followed by head/face and ankle (both 20,0%).

Table 5. Proportion of match injuries by injury location

Measure	% (95% Confidence interval)		
	Backs	Forwards	All players
Head / Neck	15,4 (0,0-35,0)	25,0 (6,0-44,0)	21,2 (7,3-35,2)
Head/face	15,4 (0,0-35,0)	20,0 (2,5-37,5)	18,2 (5,0-31,3)
Neck/cervical spine	-	5,0 (0,0-14,6)	3,0 (0,0-8,9)
Upper limb	15,4 (0,0-35,0)	15,0 (0,0-30,6)	15,2 (2,9-27,4)
Shoulder/clavicle	15,4 (0,0-35,0)	15,0 (0,0-30,6)	15,2 (2,9-27,4)
Upper arm	-	-	-
Elbow	-	-	-
Forearm	-	-	-
Wrist/hand/fingers	-	-	-
Trunk	7,7 (0,0-22,2)	-	3,0 (0,0-8,9)
Ribs/upper back	-	-	-
Abdomen	-	-	-
Low back	7,7 (0,0-22,2)	-	3,0 (0,0-8,9)
Sacrum/pelvis	-	-	-
Lower limb	61,5 (35,1-88,0)	60,0 (38,5-81,5)	60,6 (43,9-77,3)
Hip/groin	-	-	-
Thigh, anterior	7,7 (0,0-22,2)	5,0 (0,0-14,6)	6,1 (0,0-14,2)
Thigh, posterior	7,7 (0,0-22,2)	15,0 (0,0-30,6)	12,1 (0,9-23,3)
Knee	15,4 (0,0-35,0)	25,0 (6,0-44,0)	21,2 (7,3-35,2)
Lower leg	7,7 (0,0-22,2)	-	3,0 (0,0-8,9)
Ankle	15,4 (0,0-35,0)	20,0 (2,5-37,5)	18,2 (5,0-31,3)
Foot/toe	7,7 (0,0-22,2)	5,0 (0,0-14,6)	6,1 (0,0-14,2)

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 Rugby Europe Super Cup.

Joint (non-bone)/ligament injuries were the most common injury type, representing 51,5% of all injuries, followed by muscle/tendon injuries (30,3%).

This pattern was similar in backs and forwards, with joint/ligament injuries predominating in both groups. Concussion accounted for 9,1% of all injuries and was proportionally more frequent in backs than in forwards, while skin injuries were reported only in forwards.

Table 6. Proportion of match injuries by injury type

Measure	% (95% Confidence interval)		
	Backs	Forwards	All players
Bone	-	5,0 (0,0-14,6)	3,0 (0,0-8,9)
Fracture	-	5,0 (0,0-14,6)	3,0 (0,0-8,9)
Other bone injury	-	-	-
C/PNS	15,4 (0,0-35,0)	5,0 (0,0-14,6)	9,1 (0,0-18,9)
Concussion	15,4 (0,0-35,0)	5,0 (0,0-14,6)	9,1 (0,0-18,9)
Nerve injuries	-	-	-
Joint (non-bone) / ligament	53,8 (26,7-80,9)	50,0 (28,1-71,9)	51,5 (34,5-68,6)
Dislocation / Subluxation	15,4 (0,0-35,0)	5,0 (0,0-14,6)	9,1 (0,0-18,9)
Meniscus / Disc Injury	-	-	-
Sprain / Ligament	38,5 (12,0-64,9)	45,0 (23,2-66,8)	42,4 (25,6-59,3)
Other	-	-	-
Muscle / tendon	30,8 (5,7-55,9)	30,0 (9,9-50,1)	30,3 (14,6-46,0)
Haematoma / bruise	7,7 (0,0-22,2)	5,0 (0,0-14,6)	6,1 (0,0-14,2)
Muscle strain / cramp	23,1 (0,2-46,0)	25,0 (6,0-44,0)	24,2 (9,6-38,9)
Tendon injury / tendinopathy	-	-	-
Other	-	-	-
Skin	-	10,0 (0,0-23,1)	6,1 (0,0-14,2)
Abrasion	-	-	-
Laceration	-	10,0 (0,0-23,1)	6,1 (0,0-14,2)
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 Rugby Europe Super Cup.

The most frequently reported diagnoses overall were anterior talofibular ligament sprain (12,1%) and concussion (9,1%). In backs, concussion was the leading diagnosis, whereas in forwards anterior talofibular ligament sprain was the most common. This suggests a relatively more prominent head injury pattern in backs and ankle injury pattern in forwards.

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	15,4	ATFL sprain	15,0	ATFL sprain	12,1
ACL rupture	7,7	MCL injury + meniscal/chondral dmg.	10,0	Concussion	9,1
Shoulder dislocation + Bankart lesion	7,7	Shoulder dislocation + Bankart lesion	5,0	Shoulder dislocation + Bankart lesion	6,1
Grade 2 MCL tear knee	7,7	Partial ACL tear	5,0	Grade 2 MCL tear	6,1

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

The greatest contributors to injury burden overall were shoulder dislocation with Bankart lesion (19,1%), grade 2 MCL tear knee (10,3%), partial ACL tear (8,4%), and ACL rupture (7,7%). In backs, the highest burden was associated with ACL rupture (23,9%) and shoulder dislocation with Bankart lesion (21,1%), followed by concussion (11,3%) and grade 2 MCL tear knee (11,0%). In forwards, the main contributors were shoulder dislocation with Bankart lesion (18,1%), partial ACL tear (12,4%), MCL injury with meniscal/chondral damage (11,0%), and grade 3 hamstring strain (9,9%). Overall, the highest-burden diagnoses were mainly concentrated around knee and shoulder injuries.

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	23,9	Shoulder dislocation + Bankart lesion	18,1	Shoulder dislocation + Bankart lesion	19,1
Shoulder dislocation + Bankart lesion	21,1	Partial ACL tear	12,4	Grade 2 MCL tear knee	10,3
Concussion	11,3	MCL injury + meniscal/chondral dmg	11,0	Partial ACL tear	8,4
Grade 2 MCL tear knee	11,0	Grade 3 hamstring strain	9,9	ACL rupture	7,7

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 2025 Men's Rugby Europe Super Cup.

Almost all injuries were acute in onset (97,0%). The only gradual-onset injury was reported in backs, indicating that acute mechanisms overwhelmingly dominated in both positional groups.

Table 9. Proportion of reported match injuries by nature of onset			
Measure	% (95% Confidence interval)		
	Backs	Forwards	All players
Acute	92,3 (77,8-100,0)	100,0	97,0 (91,1-100,0)
Gradual	7,7 (0,0-22,2)	-	3,0 (0,0-8,9)

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 2025 Men's Rugby Europe Super Cup.

Contact injuries predominated overall, accounting for 75,8% of all injuries, while non-contact injuries represented 24,2%. The distribution was very similar between backs and forwards, showing that contact was the main cause of injury in both groups.

Table 10. Proportion of reported match injuries by cause of onset			
Measure	% (95% Confidence interval)		
	Backs	Forwards	All players
Contact	76,9 (54,0-99,8)	75,0 (56,0-94,0)	75,8 (61,1-90,4)
Non-contact	23,1 (0,2-46,0)	25,0 (6,0-44,0)	24,2 (9,6-38,9)

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 Rugby Europe Super Cup.

Tackling was the most common match event leading to injury, accounting for 36,4% of all injuries, followed by running and being tackled (both 18,2%). In backs, tackling was the main event, while in

forwards both tackling and running made substantial contributions. This indicates that injuries were driven mainly by contact actions, although running-related non-contact events were also important in forwards.

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

Measure	% (95% Confidence interval)		
	Backs	Forwards	All players
Collision	7,7 (0,0-22,2)	5,0 (0,0-14,6)	6,1 (0,0-14,2)
Kicking	7,7 (0,0-22,2)	-	3,0 (0,0-8,9)
Lineout	-	-	-
Maul	-	-	-
Ruck	7,7 (0,0-22,2)	5,0 (0,0-14,6)	6,1 (0,0-14,2)
Running	7,7 (0,0-22,2)	25,0 (6,0-44,0)	18,2 (5,0-31,3)
Scrum	-	10,0 (0,0-23,1)	6,1 (0,0-14,2)
Tackled	15,4 (0,0-35,0)	20,0 (2,5-37,5)	18,2 (5,0-31,3)
Tackling	38,5 (12,0-64,9)	35,0 (14,1-55,9)	36,4 (20,0-52,8)
Other (Not known)	15,4 (0,0-35,0)	-	6,1 (0,0-14,2)

4.2.10. Time of injury

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

Most injuries occurred in the second half (63,6%), compared with 36,4% in the first half. In backs, injuries were especially concentrated in the second half (76,9%), with the third quarter representing the peak period; in forwards, injuries were more evenly distributed, although the second half still accounted for most cases. Overall, the data suggest a clear concentration of injuries in the later stages of the match.

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

Measure	% (95% Confidence interval)		
	Backs	Forwards	All players
First half	23,1 (0,2-46,0)	45,0 (23,2-66,8)	36,4 (20,0-52,8)
First quarter	7,7 (0,0-22,2)	20,0 (2,5-37,5)	15,2 (2,9-27,4)
Second quarter	15,4 (0,0-35,0)	25,0 (6,0-44,0)	21,2 (7,3-35,2)
Second half	76,9 (54,0-99,8)	55,0 (33,2-76,8)	63,6 (47,2-80,0)
Third quarter	46,2 (19,1-73,3)	20,0 (2,5-37,5)	30,3 (14,6-46,0)
Fourth quarter	30,8 (5,7-55,9)	35,0 (14,1-55,9)	33,3 (17,2-49,4)

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 6 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):

Bastiënne Oonk, Damien Chavalle, José Carlos Rodrigues, Raluca Petra Melinte, Sebastian Cruz Morande and Simona Jexova.

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