Injury Surveillance Studies

2025 Rugby 7´s Europe Championship (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 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 Men'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 Men'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 Men´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, Czech Republic, France, Georgia, Germany, Great Britain, Italy, Lithuania, Portugal, Spain, and Sweden were involved in the Men's 7s REC 2025; data were provided by 11 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].

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 Men´s 7s REC 2025. The total sample population involved in the study was 170 players; anthropometric data were provided for 90 players from 11 teams.

The total sample population for the study was 170 players (52 backs; 38 forwards; 80 unknown). The mean age was 25,1 years (backs: 25,3 years; forwards: 24,8 years; p =0,564). The average age has been calculated among the 90 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: 24,7 years. The average stature for all players was 182,7 cm; forwards (185,3 cm) were significantly taller than backs (180,8 cm) (p<0,001). The average body mass for all players was 87,4 kg; forwards (91,7 kg) were significantly heavier than backs (84,3 kg) (p<0,001).

Table 1. Players' anthropometric data

Measure	Mean (± standard deviation)		
	Backs	Forwards	All players
Players (n)	52	38	90
Stature (cm)	180,8 (5,2)	185,3 (6,2)	182,7 (6,1)
Body Mass (kg)	84,3 (5,9)	91,7 (9,8)	87,4 (8,6)
Age (years)	25,3 (4,4)	24,8 (4,2)	25,1 (4,3)

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 Men's 7s REC 2025.

The total number of injuries sustained was 13 (backs: 8; forwards: 5) and the total match exposure was 189,5 player-hours (backs: 108,3; forwards: 81,2). The overall match incidence was 68,6 injuries/1000 match hours (backs: 73,9; forwards: 61,6). Following Ireland's official pre-season withdrawal, five scheduled matches per leg were administratively awarded as forfeits in both Makarska and Hamburg, resulting in a total of ten forfeited matches and zero match exposure for Ireland and their scheduled opponents in those fixtures.

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

Measure	Backs	Forwards	All players
Injuries (n)	8	5	13
Exposure (player-match-hours)	108,3	81,2	189,5
Incidence (95% confidence interval)	73,9 (24,6–123,1)	61,6 (9,3–113,9)	68,6 (32,6–104,6)

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 Men´s 7s REC 2025.

The mean severity of all injuries sustained was 45,2 days missed (backs: 32,3 days; forwards: 66,0 days). The median severity of all injuries sustained was 34,0 days for all players (backs: 26,0 days; forwards: 48,0 days). There were no significant differences between backs and forwards for either the mean (p= 0,136) or median severities (p=0,420).

Table 3. Mean and median match injury severity (days lost)			
Measure	Severity (95% Confidence interval), days		
	Backs	Forwards	All players
Mean (95% confidence interval)	32,3 (15,7-48,8)	66,0 (-2,6-134,6)	45,2 (21,5-68,9)
Median (95% confidence interval)	26,0 (14,0-61,0)	48,0 (11,0-130,0)	34,0 (14,0-61,0)

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

Moderate injuries (8–28 days) were the most common (46,2%), followed by severe injuries (38,5%) and major injuries (15,4%). No minor injuries were reported.

Backs sustained only moderate and severe injuries (50% each), while forwards showed a wider distribution, with moderate (40%), severe (20%) and the highest proportion of major injuries (40%).

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)	50,0	40,0	46,2
Severe (29-90 days)	50,0	20,0	38,5
Major (>90 days)	0,0	40,0	15,4

4.2.3. Injury burden

The total days-absence resulting from match injuries sustained during the Men´s 7s REC 2025 was 588 days-absence (backs: 258; forwards: 330).

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 3101 days lost/1000 player-hours (backs: 2387; forwards: 4066 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 Men´s 7s REC 2025.

Upper-limb injuries were the most common overall (46,2%), particularly shoulder/clavicle (38,5%). Head/neck injuries accounted for 30,8%, and lower-limb injuries for 23,1%.

Backs sustained mainly upper-limb injuries (50%), while forwards most frequently injured the head/neck and upper limb (40% each).

Table 5. Proportion of match injuries by injury location			
Measure	% (95% Confidence interval)		
	Backs	Forwards	All players
Head / Neck	**25,0 (0,0–55,0)**	**40,0 (0,0–82,9)**	**30,8 (5,7–55,9)**
Head/face	25,0 (0,0–55,0)	40,0 (0,0–82,9)	30,8 (5,7–55,9)
Neck/cervical spine	-	-	-
Upper limb	**50,0 (15,4–84,6)**	**40,0 (0,0–82,9)**	**46,2 (19,1–73,3)**
Shoulder/clavicle	37,5 (4,0–71,0)	40,0 (0,0–82,9)	38,5 (12,0–64,9)
Upper arm	-	-	-
Elbow	-	-	-
Forearm	-	-	-
Wrist/hand/fingers	12,5 (0,0–35,4)	-	7,7 (0,0–22,2)
Trunk	-	-	-
Ribs/upper back	-	-	-
Abdomen	-	-	-
Low back	-	-	-
Sacrum/pelvis	-	-	-
Lower limb	**25,0 (0,0–55,0)**	**20,0 (0,0–55,1)**	**23,1 (0,2–46,0)**
Hip/groin	-	-	-
Thigh, anterior	-	-	-
Thigh, posterior	12,5 (0,0–35,4)	-	7,7 (0,0–22,2)
Knee	12,5 (0,0–35,4)	20,0 (0,0–55,1)	15,4 (0,0–35,0)
Lower leg	-	-	-
Ankle	-	-	-
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 Men´s 7s REC 2025.

Joint/ligament injuries were the most common overall (46,2%), followed by central/peripheral nervous system injuries (all of them concussions), representing 30,8%. Muscle/tendon and bone injuries were less frequent (15,4% and 7,7%, respectively).

Backs showed a balanced distribution between joint/ligament injuries (37,5%), C/PNS (concussions) (25,0%) and muscle/tendon injuries (25,0%), whereas forwards sustained mostly joint/ligament injuries (60,0%) and C/PNS (concussions) (40,0%).

Table 6. Proportion of match injuries by injury type

Measure	% (95% Confidence interval)		
	Backs	Forwards	All players
Bone	**12,5 (0,0–35,4)**	**-**	**7,7 (0,0–22,2)**
Fracture	12,5 (0,0–35,4)	-	7,7 (0,0–22,2)
Other bone injury	-	-	-
C/PNS	**25,0 (0,0–55,0)**	**40,0 (0,0–82,9)**	**30,8 (5,7–55,9)**
Concussion	25,0 (0,0–55,0)	40,0 (0,0–82,9)	30,8 (5,7–55,9)
Nerve injuries	-	-	-
Joint (non-bone) / ligament	**37,5 (4,0–71,0)**	**60,0 (17,1–100,0)**	**46,2 (19,1–73,3)**
Dislocation / subluxation	25,0 (0,0–55,0)	40,0 (0,0–82,9)	30,8 (5,7–55,9)
Meniscus / Disc Injury	-	-	-
Sprain/ligament	12,5 (0,0–35,4)	20,0 (0,0–55,1)	15,4 (0,0–35,0)
Other	-	-	-
Muscle / tendon	**25,0 (0,0–55,0)**	**-**	**15,4 (0,0–35,0)**
Haematoma/bruise	-	-	-
Muscle strain/cramp	25,0 (0,0–55,0)	-	15,4 (0,0–35,0)
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 Men´s 7s REC 2025.

The most common injury was concussion (all players: 30,8%; backs: 25,0%; forwards: 40,0%).

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	25,0	Concussion	40,0	Concussion	30,8
AC joint sprain	12,5	AC joint sprain	20,0	AC joint sprain	15,4
Glenohumeral joint sp	12,5	Glenohumeral joint sp	20,0	Glenohumeral joint sp	15,4
Patellar dislocation	12,5	Acute PCL injury	20,0	Patellar dislocation	7,7

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

The injuries with the greatest burden for all players were glenohumeral joint sprains (32,0%), followed by acute PCL injuries (20,2%) and AC joint sprains (18,5%). Concussions contributed a smaller proportion of total days lost (10,7%).

By playing position, backs showed the highest burden from AC joint sprain (23,6%) and glenohumeral joint sprain (22,3%), while forwards were most affected by glenohumeral joint sprain (39,4%) and acute PCL injury (36,1%).

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	%
AC joint sprain	23,6	Glenohumeral joint sp	39,4	Glenohumeral joint sp	32,0
Glenohumeral joint sp	22,3	Acute PCL injury	36,1	Acute PCL injury	20,2
Metacarpal 2-5 fracture	13,2	AC joint sprain	14,5	AC joint sprain	18,5
Concussion	11,6	Concussion	10,0	Concussion	10,7

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 Men´s 7s REC 2025.

Acute injuries represented the most of cases (92,3%), with only a small proportion classified as gradual onset (7,7%). Backs sustained mostly acute injuries (87,5%), while all injuries in forwards were acute (100,0%).

Table 9. Proportion of reported match injuries by nature of onset			
Measure	% (95% Confidence interval)		
	Backs	Forwards	All players
Acute	87,5 (64,6–100,0)	100,0	92,3 (77,8–100,0)
Gradual	12,5 (0,0–35,4)	-	7,7 (0,0–22,2)

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 Men´s 7s REC 2025.

Contact injuries accounted for 84,6% of all cases, while non-contact injuries represented 15,4%. Backs sustained 75,0% contact injuries and 25,0% non-contact injuries, whereas forwards experienced 100,0% contact injuries.

Table 10. Proportion of reported match injuries by cause of onset			
Measure	% (95% Confidence interval)		
	Backs	Forwards	All players
Contact	75,0 (45,0–100,0)	100,0	84,6 (65,0–100,0)
Non-contact	25,0 (0,0–55,0)	-	15,4 (0,0–35,0)

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 Men´s 7s REC 2025.

Tackling was the leading cause of injury (46,2%), followed by being tackled (38,5%). Backs showed an even distribution between tackling and being tackled (37,5% each), while forwards sustained most injuries during tackling (60,0%).

Table 11. Proportion of reported match injuries by match event leading to injury			
Measure	% (95% Confidence interval)		
	Backs	Forwards	All players
Collision	-	-	-
Kicking	-	-	-
Lineout	-	-	-
Maul	-	-	-
Ruck	-	-	-
Running	-	-	-
Scrum	-	-	-
Tackled	37,5 (4,0–71,0)	40,0 (0,0–82,9)	38,5 (12,0–64,9)
Tackling	37,5 (4,0–71,0)	60,0 (17,1–100,0)	46,2 (19,1–73,3)
Other/Not known	25,0 (0,0–55,0)	-	15,4 (0,0–35,0)

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 Men´s 7s REC 2025.

The highest number of match injuries sustained by all players happened during the first half (61,5%).

Table 12. Proportion of reported match injuries by time during match			
Measure	% (95% Confidence interval)		
	Backs	Forwards	All players
First half	75,0 (45,0–100,0)	40,0 (0,0–82,9)	61,5 (35,1–88,0)
Second half	25,0 (0,0–55,0)	60,0 (17,1–100,0)	38,5 (12,0–64,9)

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