



Injury Surveillance Report

Edition Apr 2026
based on the 2025-2026 Season – U18 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 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 2025 Men's Rugby Europe U18 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 U18 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 could undertake full, normal training and be available for match selection whether he 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 U18 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 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); 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's medical staff. An injury was deemed to be resolved when an injured player returned to play and/or full training.

Belgium, Czech Republic, Georgia, Germany, Netherlands, Poland, Portugal and Spain were involved in the 2025 Men's U18 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 U18 Rugby Europe Championship.

The total sample population for the study was 207 players (96 backs; 111 forwards). The mean age was 18,1 years (backs: 18,1 years; forwards: 18,1 years; $p=0,874$). The average stature for all players was 182,8 cm; forwards (184,4 cm) were significantly taller than backs (180,1 cm) ($p<0,001$). The average body mass for all players was 87,5 kg; forwards (95,3 kg) were significantly heavier than backs (78,2 kg) ($p<0,001$).

Table 1. Players' anthropometric data			
Measure	Mean ($\pm$ standard deviation)		
	Backs	Forwards	All players
Players (n)	96	111	207
Stature (cm)	180,1 (5,7)	184,4 (5,7)	182,8 (6,0)
Body Mass (kg)	78,2 (8,7)	95,3 (17,6)	87,5 (16,6)
Age (years)	18,1 (0,6)	18,1 (0,5)	18,1 (0,6)

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 2025 Men's U18 Rugby Europe Championship.

The total number of injuries sustained was 17 (backs: 6; forwards: 11) and the total match exposure was 420,0 player-hours (backs: 196; forwards: 224). The overall match incidence was 40,5 injuries/1000 match hours (backs: 30,6; forwards: 49,1).

Table 2. Match injury frequency, match exposure volume, and match injury incidence			
Measure	Backs	Forwards	All players
Injuries (n)	6	11	17
Match Exposure (player-match-hours)	196	224	420
Incidence (95% confidence interval)	30,6 (6,5–54,7)	49,1 (20,8–77,4)	40,5 (21,6–59,3)

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 U18 Rugby Europe Championship.

The mean severity of the study was 33,0 days missed. Backs, on average, missed 36,3 days, while forwards, on average, missed 31,2 days due to injuries. The median severity of injury was 29,0 days for all players and between positions, being 29,0 days for backs and 29,0 days for forwards. There were no significant differences between backs and forwards for either the mean ($p=0,730$) or median severities ($p=0,725$).

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

Measure	Severity (95% Confidence interval), days		
	Backs	Forwards	All players
Mean (95% confidence interval)	36,3 (3,6-69,0)	31,2 (16,1-46,2)	33,0 (20,2-45,8)
Median (95% confidence interval)	29,0 (15,0-48,0)	29,0 (14,0-43,0)	29,0 (17,0-42,0)

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 U18 Rugby Europe Championship.

Severe injuries (29-90 days) were the most common, representing 47,1% of all injuries, followed by moderate injuries (8-28 days) at 35,3%. Minor injuries (2-7 days) accounted for 11,8% of all injuries, while major injuries (>90 days) had a frequency of 5,9%. Forwards sustained a greater proportion of moderate and severe injuries than backs, whereas backs presented a higher proportion of minor and major injuries than forwards.

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

Measure	Backs	Forwards	All players
Minor (2-7 days)	16,7%	9,1%	11,8%
Moderate (8-28 days)	33,3%	36,4%	35,3%
Severe (29-90 days)	33,3%	54,5%	47,1%
Major (>90 days)	16,7%	0,0%	5,9%

4.2.3. Injury burden

The total days-absence resulting from match injuries sustained during the 2025 Men's U18 Rugby Europe Championship was 561 days-absence (backs: 218; forwards: 343).

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 U18 Rugby Europe Championship was 1336 days lost/1000 player-hours (backs: 1111; forwards: 1532 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 U18 Rugby Europe Championship.

The head/neck was the most common injury location (41,2%), followed by the upper limb (35,3%) and the lower limb (23,5%). In backs, injuries were evenly distributed across head/neck, upper limb and lower limb (33,3% each), whereas in forwards the head/neck was the most frequently affected location (45,5%) followed by the upper limb (36,4%). No trunk injuries were reported during the competition.

Table 5. Proportion of match injuries by injury location			
Measure	% (95% Confidence interval)		
	Backs	Forwards	All players
Head / Neck	33,3 (0,0-71,1)	45,5 (16,0-74,9)	41,2 (17,8-64,6)
Head/face	33,3 (0,0-71,1)	45,5 (16,0-74,9)	41,2 (17,8-64,6)
Neck/cervical spine	-	-	-
Upper limb	33,3 (0,0-71,1)	36,4 (7,9-64,8)	35,3 (12,6-58,0)
Shoulder/clavicle	16,7 (0,0-46,5)	18,2 (0,0-41,0)	17,6 (0,0-35,8)
Upper arm	-	-	-
Elbow	-	-	-
Forearm	-	-	-
Wrist/hand/fingers	16,7 (0,0-46,5)	18,2 (0,0-41,0)	17,6 (0,0-35,8)
Trunk	-	-	-
Ribs/upper back	-	-	-
Abdomen	-	-	-
Low back	-	-	-
Sacrum/pelvis	-	-	-
Lower limb	33,3 (0,0-71,1)	18,2 (0,0-41,0)	23,5 (3,4-43,7)
Hip/groin	-	-	-
Thigh, anterior	-	9,1 (0,0-26,1)	5,9 (0,0-17,1)
Thigh, posterior	-	-	-
Knee	-	-	-
Lower leg	-	9,1 (0,0-26,1)	5,9 (0,0-17,1)
Ankle	-	-	-
Foot/toe	33,3 (0,0-71,1)	-	11,8 (0,0-27,1)

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 2025 Men's U18 Rugby Europe Championship.

Bone, central/peripheral nervous system (C/PNS), and joint/ligament injuries were the most common types, each accounting for 29,4% of all reported injuries. Concussion was the only C/PNS injury recorded and was the most frequent specific diagnosis in both backs and forwards together with bone injuries for forwards. No muscle/tendon or skin injuries were reported for backs.

Measure	% (95% Confidence interval)		
	Backs	Forwards	All players
Bone	33,3 (0,0-71,1)	27,3 (1,0-53,6)	29,4 (7,8-51,1)
Fracture	33,3 (0,0-71,1)	27,3 (1,0-53,6)	29,4 (7,8-51,1)
Other bone injury	-	-	-
C/PNS	33,3 (0,0-71,1)	27,3 (1,0-53,6)	29,4 (7,8-51,1)
Concussion	33,3 (0,0-71,1)	27,3 (1,0-53,6)	29,4 (7,8-51,1)
Nerve injuries	-	-	-
Joint (non-bone) / ligament	33,3 (0,0-71,1)	27,3 (1,0-53,6)	29,4 (7,8-51,1)
Dislocation / Subluxation	16,7 (0,0-46,5)	9,1 (0,0-26,1)	11,8 (0,0-27,1)
Meniscus / Disc Injury	-	-	-
Sprain / Ligament	16,7 (0,0-46,5)	18,2 (0,0-41,0)	17,6 (0,0-35,8)
Other	-	-	-
Muscle / tendon	-	9,1 (0,0-26,1)	5,9 (0,0-17,1)
Haematoma / bruise	-	-	-
Muscle strain / cramp	-	9,1 (0,0-26,1)	5,9 (0,0-17,1)
Tendon injury / tendinopathy	-	-	-
Other	-	-	-
Skin	-	9,1 (0,0-26,1)	5,9 (0,0-17,1)
Abrasion	-	-	-
Laceration	-	9,1 (0,0-26,1)	5,9 (0,0-17,1)
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 U18 Rugby Europe Championship.

Concussion was the most frequently reported diagnosis in both positional groups, accounting for 33,3% of injuries in backs and 27,3% in forwards. All other diagnoses were reported only once within each group.

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	33,3	Concussion	27,3	Concussion	29,4
Fracture 5th MT shaft	16,7	Orbital floor fracture	9,1	Fracture 5th MT shaft	5,9
AI shoulder subluxation	16,7	Nasal fracture	9,1	Midfoot lig. sprain	5,9
Midfoot lig. sprain	16,7	Grade 1 AC joint sprain	9,1	AI shoulder subluxation	5,9

MC: Metacarpal – MT: Metatarsal - AC: Acromioclavicular - AI: AnteriorInferior - Lig.:Ligament

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 U18 Rugby Europe Championship.

For all players, concussion accounted for the greatest injury burden (18,2% of all days lost), followed by fracture of the shaft of the first metacarpal (16,4%) and fracture of the fourth metacarpal (15,2%). In backs, the highest burden was associated with fracture of the shaft of the first metacarpal (42,2%), while in forwards the greatest burden resulted from fracture of the fourth metacarpal (24,8%).

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	%
Fracture shaft 1st MC	42,2	Fracture 4th MC	24,8	Concussion	18,2
Fracture 5th MT shaft	22,0	Concussion	18,7	Fracture shaft 1st MC	16,4
Concussion	17,4	Orbital floor fracture	12,5	Fracture 4th MC	15,2
AI shoulder subluxation	16,1	Grade 1 AC joint sprain	12,5	Fracture 5th MT shaft	8,6

MC: Metacarpal – MT: Metatarsal - AC: Acromioclavicular

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 U18 Rugby Europe Championship.

Acute onset was the predominant nature of onset, accounting for 94,1% of all reported injuries. All injuries in forwards were acute, while only one gradual-onset injury was reported in backs.

Table 9. Proportion of reported match injuries by nature of onset			
Measure	% (95% Confidence interval)		
	Backs	Forwards	All players
Acute	83,3 (53,5-100,0)	100,0	94,1 (82,9-100,0)
Gradual	16,7 (0,0-46,5)	-	5,9 (0,0-17,1)

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 U18 Rugby Europe Championship.

Contact injuries accounted for 88,2% of all reported injuries. All injuries in forwards were contact injuries, whereas one third of injuries in backs were non-contact.

Table 10. Proportion of reported match injuries by cause of onset			
Measure	% (95% Confidence interval)		
	Backs	Forwards	All players
Contact	66,7 (28,9-100,0)	100,0	88,2 (72,9-100,0)
Non-contact	33,3 (0,0-71,1)	-	11,8 (0,0-27,1)

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 U18 Rugby Europe Championship.

Tackling was the main match event leading to injury, accounting for 70,6% of all injuries, and was especially prominent in forwards (90,9%). Being tackled was the second most common event (11,8%).

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

Measure	% (95% Confidence interval)		
	Backs	Forwards	All players
Collision	16,7 (0,0-46,5)	-	5,9 (0,0-17,1)
Kicking	-	-	-
Lineout	-	-	-
Maul	-	-	-
Ruck	-	-	-
Running	16,7 (0,0-46,5)	-	5,9 (0,0-17,1)
Scrum	-	-	-
Tackled	16,7 (0,0-46,5)	9,1 (0,0-26,1)	11,8 (0,0-27,1)
Tackling	33,3 (0,0-71,1)	90,9 (73,9-100,0)	70,6 (48,9-92,2)
Other (Not known)	16,7 (0,0-46,5)	-	5,9 (0,0-17,1)

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 U18 Rugby Europe Championship.

More injuries occurred in the second half (52,9%) than in the first half (47,1%). The fourth quarter was the most common specific period overall (41,2%), followed by the first quarter (35,3%).

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

Measure	% (95% Confidence interval)		
	Backs	Forwards	All players
First half	33,3 (0,0-71,1)	54,5 (25,1-84,0)	47,1 (23,4-70,7)
First quarter	33,3 (0,0-71,1)	36,4 (7,9-64,8)	35,3 (12,6-58,0)
Second quarter	-	18,2 (0,0-41,0)	11,8 (0,0-27,1)
Second half	66,7 (28,9-100,0)	45,5 (16,0-74,9)	52,9 (29,3-76,6)
Third quarter	-	18,2 (0,0-41,0)	11,8 (0,0-27,1)
Fourth quarter	66,7 (28,9-100,0)	27,3 (1,0-53,6)	41,2 (17,8-64,6)

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):

Alice Margarida Cruz Moita, Colin Grzanna, Laura Guzón Franco, Olga Grossova, Piotr Lorenc, Robinson Tirfort, Sebastiaan van Osch and Taniel Kintsurashvili.

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The authors of the report were Roberto Murias Lozano, Mario Iglesias Muñiz, Javier San Sebastián Obregón and Pablo García Fernández. For any clarification or doubt regarding the information presented, please email us: rerpwrc@gmail.com or injury@rugbyeurope.eu.

6.1. Data Privacy, Consent, and Participant Information

As part of Rugby Europe's commitment to player welfare, an Injury Surveillance Study (ISS) was conducted during the 2025 2025 Men's U18 Rugby Europe Championship. This study aimed to monitor and assess injuries sustained by players to enhance player safety and develop improved injury prevention strategies.

All participating players, as well as their parents or legal guardians, provided informed consent prior to the commencement of the tournament. Players completed a pre-tournament health

questionnaire and were instructed to report any injuries to their team's medical staff promptly. Follow-up assessments were conducted as necessary.

Any injury sustained during the tournament was recorded by the team's medical personnel, following the ISS protocols. The data collected were anonymized and securely stored in an encrypted database, accessible only to authorized Rugby Europe medical and research personnel.

The information gathered will solely be used for research purposes to identify injury trends, evaluate the effectiveness of current safety protocols, and improve player welfare. Only aggregated and anonymized data will be included in reports, scientific publications, or presentations.

For any questions or concerns regarding data privacy, participants and their guardians can contact the following representatives:

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