



Injury Surveillance Studies

2026 Rugby Europe Championship (Women)

August 2026

RUGBY EUROPE
45 rue de Liège - 75008 PARIS – France
SIRET: 415 120 203 000 39
Tel: +33 1 53 21 15 22
Email: secretariat@rugbyeurope.eu - Website: www.rugbyeurope.eu

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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, like 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, levels, formats and settings of the game.

Several Injury Surveillance Studies have been implemented previously in 15-a-side World Rugby Competitions^[1-4], as well as the Injury Surveillance Studies that have been conducted in the Rugby Europe Championship (2023-2025) and the Rugby Europe Super Cup (2023-2025).

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 by players at the men's and women's Rugby Europe Competitions.
- To identify injury trends.
- 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 2026 Women's Rugby Europe 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^[5].

The definition of injury was: 'Any match injury sustained during the 2026 Women's Rugby Europe Championship (REC) 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 required 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 match in the Women's REC 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. Non-match-play injuries were not included in this injury surveillance study.

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.

Team 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 team medical staff. Injuries were understood to be resolved when injured players returned to play/training.

Four countries (Belgium, Netherlands, Portugal and Spain) were involved in the Women's REC 2026.

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]. The number of injuries reported in this competition was small; therefore, the results should be interpreted with caution.

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 WREC 2026.

The study included 118 players (52 backs; 66 forwards). Date of birth was available for 109 players (49 backs; 60 forwards); mean age was 25,2 years, with forwards significantly older than backs (26,3 vs 23,8 years; $p=0,010$). Stature was available for 54 players (25 backs; 29 forwards) and body mass

for 65 (31 backs; 34 forwards). Forwards were significantly taller (171,3 vs 165,3 cm; $p=0,001$) and heavier (76,5 vs 64,5 kg; $p<0,001$).

Table 1. Players' anthropometric data

Measure	Mean ($\pm$ standard deviation)		
	Backs	Forwards	All players
Players (n)	52	66	118
Stature (cm)	165,3 (6,8)	171,3 (5,9)	168,5 (7,0)
Body Mass (kg)	64,5 (6,3)	76,5 (10,4)	70,8 (10,5)
Age (years)	23,8 (4,9)	26,3 (4,9)	25,2 (5,1)

4.2. Match injuries

4.2.1. Injury incidence

Table 2 summarises the match injury numbers, exposures and incidences for players, categorised as backs, forwards and all players, taking part in WREC 2026.

The total number of injuries sustained was 5 (backs: 3; forwards: 2) and the total match exposure was 240,0 player-hours (backs: 112,0; forwards: 128,0). The overall match incidence was 20,8 injuries/1000 match hours (backs: 26,8; forwards: 15,6). There was no statistically significant difference in injury incidence between backs and forwards ($p=0,670$).

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

Measure	Backs	Forwards	All players
Injuries (n)	3	2	5
Exposure (player-match-hours)	112,0	128,0	240,0
Incidence (95% confidence interval)	26,8 (0,0-57,1)	15,6 (0,0-37,3)	20,8 (2,6-39,1)

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 WREC 2026.

The mean severity of all injuries sustained was 44,8 days missed (backs: 59,0 days; forwards: 23,5 days). The median severity was 26,0 days for all players (backs: 28,0 days; forwards: 23,5 days). There were no statistically significant differences between backs and forwards in mean time-loss ($p=0,435$) or median time-loss ($p=0,773$). Given the small number of injuries, these estimates should be interpreted with caution.

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

Measure	Severity (95% Confidence interval), days		
	Backs	Forwards	All players
Mean (95% confidence interval)	59,0 (0,0-216,6)	23,5 (0,0-55,3)	44,8 (0,0-105,6)
Median (95% confidence interval)	28,0 (17,0-132,0)	23,5 (21,0-26,0)	26,0 (17,0-132,0)

Bootstrap confidence intervals for medians are shown because of the small sample size and should be interpreted cautiously.

Table 4 summarises the proportion of match injuries by time-loss data for players, categorised as backs, forwards and all players, taking part in WREC 2026.

Moderate injuries (8-28 days) were the most frequent overall (80,0%), while one major injury (>90 days) accounted for 20,0% of injuries. No minor (2-7 days) or severe (29-90 days) injuries were recorded. Among backs, 66,7% of injuries were moderate and 33,3% were major; both injuries sustained by forwards were moderate.

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)	66,7	100,0	80,0
Severe (29-90 days)	0,0	0,0	0,0
Major (>90 days)	33,3	0,0	20,0

4.2.3. Injury burden

The total days-absence resulting from match injuries sustained during the WREC 2026 was 224 days-absence (backs: 177; forwards: 47).

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 WREC 2026 was 933 days lost/1000 player-hours (backs: 1580; forwards: 367).

4.2.4. Injury location and type

The total number of injuries sustained during the competition (n=5) means it is not meaningful to over analyse the data. The 5 specific injuries sustained were: backs - concussion: 1, elbow hyperextension / sprain: 1, trimalleolar ankle fracture: 1; forwards - concussion: 1, nasal fracture: 1.

4.2.5. Injury onset

Table 5 summarises the proportion of match injuries by nature of onset data for players, categorised as backs, forwards and all players, taking part in WREC 2026.

Table 5. 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	-	-	-

4.2.6. Cause of injury onset

Table 6 summarises the proportion of match injuries by cause of onset data for players, categorised as backs, forwards and all players, taking part in WREC 2026.

Table 6. Proportion of reported match injuries by cause of onset			
Measure	% (95% Confidence interval)		
	Backs	Forwards	All players
Contact	100,0	100,0	100,0
Non-contact	-	-	-

4.2.7. Match events leading to injury

Table 7 summarises the match events causing the injuries suffered by players, categorised as backs, forwards and all players, taking part in WREC 2026.

Most injuries occurred during tackling (60,0%), with the remaining injuries occurring while being tackled (40,0%). Among backs, tackling accounted for 66,7% of injuries and being tackled for 33,3%. Among forwards, tackling and being tackled each accounted for 50,0%.

Table 7. 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	33,3 (0,0–86,7)	50,0 (0,0–100,0)	40,0 (0,0–82,9)
Tackling	66,7 (13,3–100,0)	50,0 (0,0–100,0)	60,0 (17,1–100,0)
Other/Not known	-	-	-

4.2.8. Time of injury

Table 8 summarises the proportion of reported match injuries by period of match for players, categorised as backs, forwards and all players, taking part in WREC 2026.

Overall, injuries were more frequent in the 2nd half (80,0%) than in the 1st half (20,0%). Two injuries occurred in the 3rd quarter (40,0%) and two in the 4th quarter (40,0%); one injury occurred in the 2nd quarter (20,0%).

Table 8. Proportion of reported match injuries by time during match

Measure	% (95% Confidence interval)		
	Backs	Forwards	All players
First half	33,3 (0,0–86,7)	-	20,0 (0,0–55,1)
First quarter	-	-	-
Second quarter	33,3 (0,0–86,7)	-	20,0 (0,0–55,1)
Second half	66,7 (13,3–100,0)	100,0	80,0 (44,9–100,0)
Third quarter	66,7 (13,3–100,0)	-	40,0 (0,0–82,9)
Fourth quarter	-	100,0	40,0 (0,0–82,9)

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):

Alberto Delgado, Alice Cruz Moita, Catarina Antunes, Javier González Vázquez, Lucas Lamote and Milla Lappalainen.

6. AUTHORS

The authors of the report were Roberto Murias Lozano, Guillermo Iglesias Muñiz, Mario Iglesias Muñiz and Pablo García Fernández. For any clarification or doubt contact: rerpwrc@gmail.com or injury@rugbyeurope.eu.



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