



**WORLD
RUGBY™**

Injury Surveillance Studies

2025/26 SVNS

Men's and Women's Tournaments

Final Report

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1 Introduction

World Rugby is committed to implementing injury surveillance studies (ISS) for all World Rugby major competitions and to disseminate the results within the Rugby community.

The aims of these studies are:

- to record and analyse injuries and illnesses sustained by male and female players at individual Tournaments,
- to identify changing patterns of injury, and
- to bring injury-related areas of concern to the attention of World Rugby's Chief Medical Officer.

World Rugby's 2025/26 men's and women's Rugby Sevens competitions consisted of four inter-connected competitions: SVNS1, SVNS 2, SVNS 3 and SVNS World Championship. The third-tier men's and women's competitions SVNS 3 each consisted of eight countries competing in a single tournament. The top two countries in both the men's and women's SVNS 3 tournaments progressed into the SVNS 2 competitions. The second-tier men's and women's SVNS 2 competitions each consisted of six countries competing in three tournaments. The top four countries in both the men's and women's SVNS 2 competitions progressed into the men's and women's SVNS World Championships. The top-tier men's and women's SVNS 1 competitions each consisted of 8 countries competing in six tournaments. The eight SVNS 1 countries in each competition progressed into the SVNS World Championships joining with the top four countries from the SVNS 2 competitions. These twelve men's and women's countries compete in the SVNS World Championships, involving three tournaments. The winners of the men's and women's SVNS Championships become the 2026 SVNS World Champions and the top eight men's and women's countries qualify to play in the 2026/27 SVNS 1 competitions.

The men's and women's injury surveillance results presented in this Report relate to the 14 countries competing in the tournaments associated with the SVNS 1 and SVNS 2 and the SVNS World Championship competitions.

2 Methods

The men's and women's SVNS ISS were conducted in accordance with the definitions and protocols described in the World Rugby approved consensus statement on definitions and procedures for ISS in Rugby (Fuller et al., 2007).

The definition of injury was: *'Any injury sustained during a SVNS tournament match or training activity 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'*.

The definition of an illness used in this study was: *'Any medical condition sustained while travelling to a SVNS tournament, while at a tournament or while travelling home at the end of a tournament that prevents a player from taking a full part in all training activities and/or match play for more than one day following the day of onset of the illness.'*

Injuries and illnesses that are not related directly to one of the 2025/26 SVNS tournaments are not included.

Specific injuries and illnesses were classified using the Orchard coding system (Orchard, 2010). Injury location, type and cause together with the events leading to the injuries were also recorded. The complete lists of categories and sub-categories used for categorising injuries are provided in the rugby injury consensus publication (Fuller et al., 2007).

Injury/illness severity was determined by the number of days a player was injured/ill: a player was deemed to be 'injured/ill' until he/she could undertake full, normal training and be available for training and match selection, whether or not he/she was actually selected. Medical staff were required to make an informed clinical judgement about a player's fitness to train/play on those days when players were not scheduled to train or play. Injured/ill players were followed up after the individual tournaments to obtain their actual return to play date. The return to play dates for players with injuries/illnesses that remained unresolved 3 months after the final games in the 2025/26 SVNS competitions were estimated on the basis of a clinical judgement and prognosis provided by the injured player's medical staff.

Where appropriate, differences in players' anthropometric data were assessed using unpaired t-tests. Differences in the incidences, mean severity and proportions of injuries/illnesses were assessed using z-tests and differences in median severity using a Mann-Whitney U test. Differences in injury/illness numbers were assessed using the chi-squared test. Where applicable, statistical significance was accepted at the $p \leq 0.05$ level, although it is recognised that this could identify some differences that occurred by chance, due to the number of statistical comparisons being made in the study. For some parameters, potential differences were assessed for significance by comparing the 95% confidence intervals (CI) associated with the parameters.

The values for injury incidence, severity and burden prior to the 2025/26 competition, which are used in this report to show long-term trends in values, relate to previously published results for the men's and women's Sevens World Series. Whilst these values should be comparable with the values reported for the SVNS, it should be borne in mind that the structure and number of countries competing in the Sevens World Series were different to the SVNS competitions. Trends in anthropometric and epidemiological parameters were assessed using linear regression analyses.

3 Data collection

Each of the men's and women's 2025/26 SVNS tournaments took place at the same time and at the same locations as follows:

SVNS 1: Dubai (29-30 November 2025); Cape Town (6-7 December 2025); Singapore (31 January-1 February, 2026); Perth (7-8 February 2026); Vancouver (7-8 March 2026); New York (14-15 March 2026).

SVNS 2: Nairobi (14 – 15 February 2026); Montevideo (21-23 March 2026); Sao Paulo (28-29 March 2026).

SVNS World Championship: Hong Kong (17-19 April 2026); Valladolid (29-31 May 2026); Bordeaux (5-7 June 2026).

Each country's medical staff were asked to explain the purpose of the ISS to their squad of players. Players' baseline anthropometric information (playing position [back, forward]; date of birth; body mass [Kg]; stature [cm]) was recorded before the start of the competitions.

Each country's medical staff were asked to record injuries and illnesses sustained during each tournament using the World Rugby online Injury Surveillance Web App. A member of the team's medical staff recorded detailed information about each injury (including: date of injury, date of return to play, location and type of injury, cause of injury, event leading to injury) and illness (including: date of illness, date of return to play, type of illness) sustained. All information entered into the ISS Web App databases was checked and followed up with team medical staff, as required.

4 Results

Results are presented separately for the women's and men's 2025/26 SVNS competitions (each comprised of SVNS 1, SVNS 2, World Championship).

Long-term trends are assessed using linear regression analyses and by reporting the associated slopes and p-values.

The linear regression slopes are reported as:

Anthropometric data:

Age -	year/year
Stature -	cm/year
Body mass -	Kg/year

Epidemiological data:

Incidence -	injuries/1000 player-match-hours/year
Severity -	days/year
Injury burden -	days-absence/1000 player-match-hours

4.1 Women's SVNS competition

The countries taking part in each stage of the 2025/26 women's SVNS competition were:

SVNS 1: Australia, Canada, Fiji, France, Great Britain, Japan, New Zealand, USA.

SVNS 2: Argentina, Brazil, China, Kenya, South Africa, Spain.

World Championship: Argentina, Australia, Brazil, Canada, Fiji, France, Great Britain, Japan, New Zealand, South Africa, Spain, USA.

All participating countries provided players' anthropometric, match and training injury, illness and training exposure information.

4.1.1 Players' anthropometric data

Table 1 summarises the numbers and anthropometric data of all players from the fourteen participating countries, categorised as backs, forwards and all players.

Table 1: Players' anthropometric data.

Measure	Mean (<i>Standard deviation, number of players</i>)		
	<i>Backs</i>	<i>Forwards</i>	<i>All players</i>
Stature, cm	165.7 (5.9, 174)	169.3 (6.1, 125)	167.2 (6.2, 299)
Body mass, Kg	65.2 (5.8, 174)	71.4 (7.0, 125)	67.8 (7.0, 299)
Age, years	23.7 (3.7, 174)	23.9 (3.6, 125)	23.8 (3.6, 299)

Forwards were significantly heavier ($p < 0.001$) and taller ($p < 0.001$) than backs but the difference in ages is not statistically significant ($p = 0.638$).

Figures 1, 2 and 3 show the long-term (2011/12 to 2025/26) trends in backs and forwards age, stature and body mass.

Trends:

Age: Backs: slope= 0.028, $p = 0.332$; Forwards: slope= -0.032, $p = 0.311$

Stature: Backs: slope= -0.065, $p = 0.150$; Forwards: slope= -0.088, $p = 0.110$

Body mass: Backs: slope= -0.019, $p = 0.564$; Forwards: slope= -0.046, $p = 0.346$

None of these trends are statistically significant.

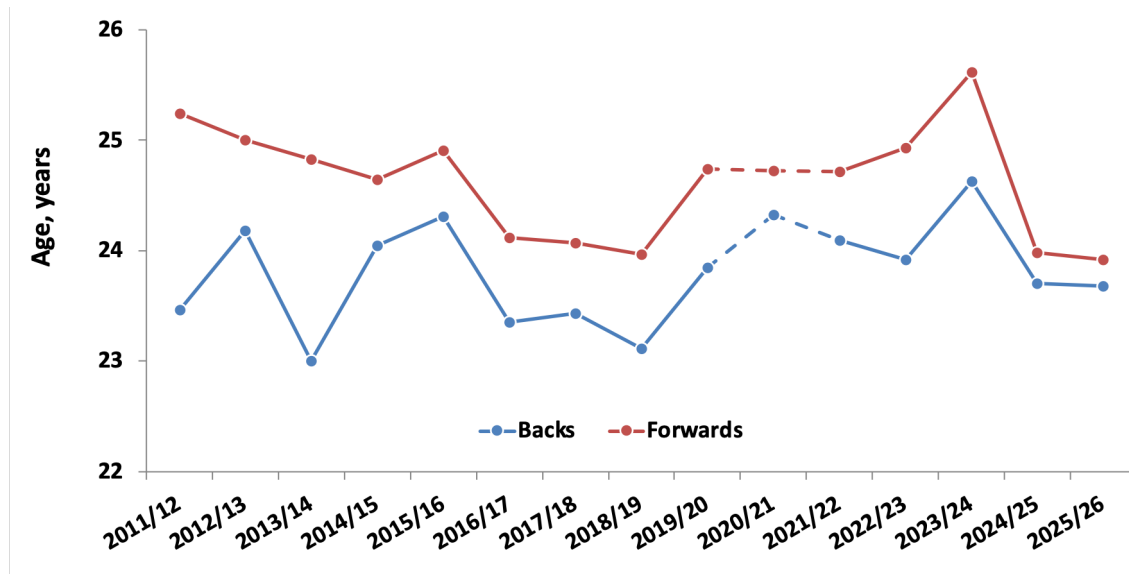


Figure 1. Trends in mean age of backs and forwards

(Data for the 2020/21 season relate to a limited competition due to Covid pandemic)

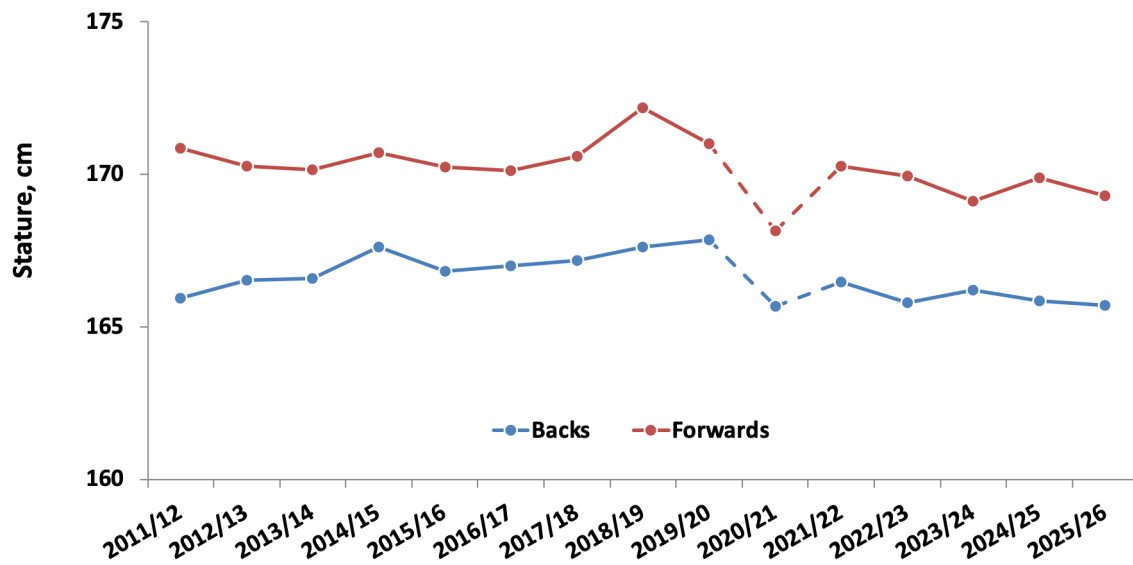


Figure 2. Trends in mean stature of backs and forwards

(Data for the 2020/21 season relate to a limited competition due to Covid pandemic)

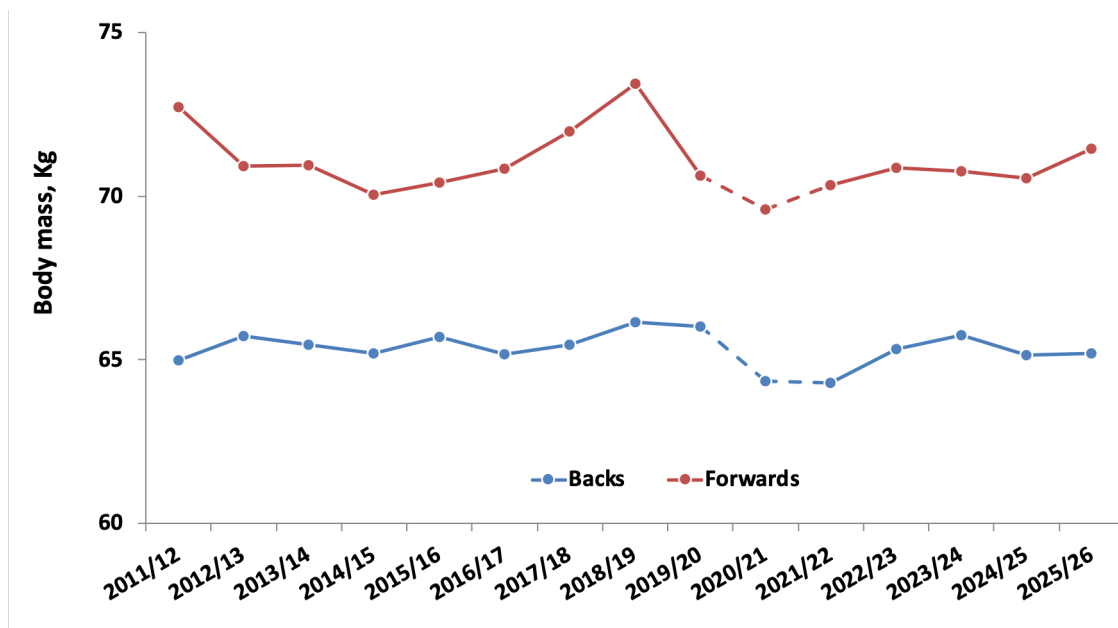


Figure 3. Trends in mean body mass of backs and forwards

(Data for the 2020/21 season relate to a limited competition due to Covid pandemic)

4.1.2 Match injuries

4.1.2(a) Incidence of injuries

Table 2 summarises the number of match injuries, exposures and incidences of injuries sustained by backs, forwards and all players during the 2025/26 competition.

Table 2: Injury numbers, exposures (player-match-hours) and incidences (injuries/1000 player-match-hours, 95% confidence interval) of match injuries.

Measure	Backs	Forwards	All players
Injuries	45	36	81
Exposure	487.2	365.4	852.6
Incidence	92.4 (69.0 – 123.7)	98.5 (71.1 – 136.6)	95.0 (76.4 – 118.1)

There is no significant difference ($p=0.772$) between the incidence values for backs and forwards.

Recurrences accounted for 8.6% of all injuries sustained (backs: 11.1%; forwards: 5.6%).

No injuries were reported as being career-ending.

The average numbers of match injuries sustained/team-game at each of the 2025/26 tournament venues are shown in Figure 4.

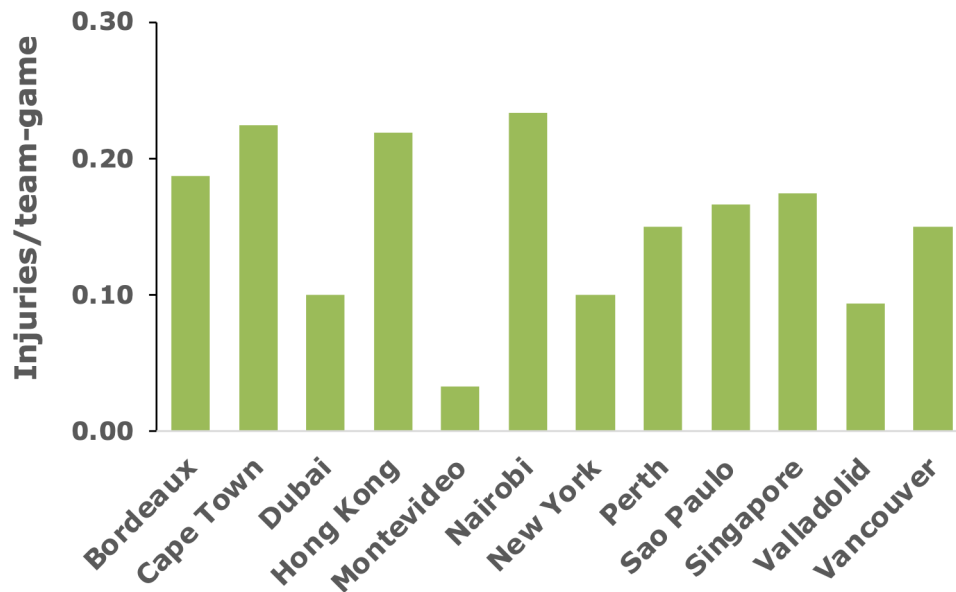


Figure 4. Average number of injuries/team-game.

Figure 5 shows the long-term (2011/12 to 2025/26) trends in injury incidence for backs and forwards. These trends are not statistically significant for backs (slope= -1.38, $p=0.418$) or forwards (slope= 0.250, $p=0.865$). There has been little difference between the incidence values recorded for backs and forwards over the last five seasons; the long-term (2011/12 to 2025/26) average incidence value for backs (106.7 injuries/1000 player-hours; 95% CI: 97.5 – 116.9) is, however, significantly higher ($p<0.001$) than that for forwards (90.4 injuries/1000 player-hours; 95% CI: 80.7 – 101.3).

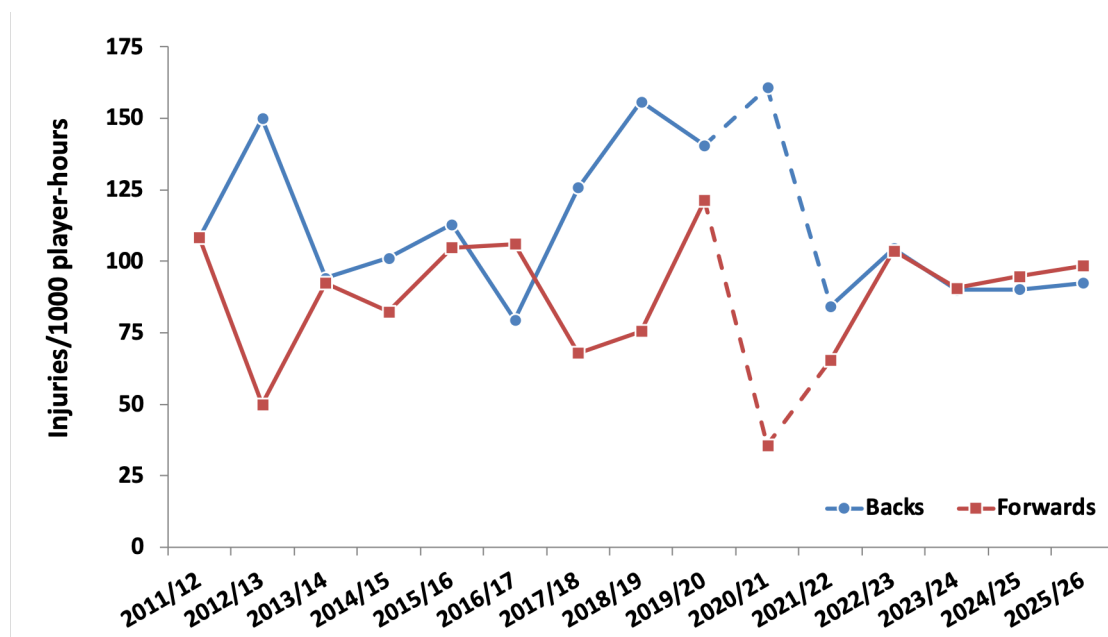


Figure 5. Long-term trends in injury incidence for backs and forwards

(Data for the 2020/21 season relate to a limited competition due to Covid pandemic)

4.1.2(b) Severity of injury

A total of 7,153 player-days (backs: 3,715; forwards: 3,438) were lost as a consequence of players' injuries sustained during the 2025/26 women's SVNS tournaments.

Table 3 summarises the mean and median severities of injuries sustained during the 2025/26 SVNS tournaments by players categorised as backs, forwards and all players.

Table 3: Mean and median severities of injuries.

Injury severity	Severity (95% Confidence interval), days		
	Backs	Forwards	All players
Mean	82.6 (53.1 – 112.0)	95.5 (62.2 – 128.8)	88.3 (66.3 – 110.3)
Median	37.0 (23.0 – 73.0)	45.0 (22.0 – 86.0)	40.0 (31.0 – 57.0)

There were no significant differences in the mean ($p=0.569$) or median ($p=0.568$) severity values recorded for backs and forwards during the 2025/26 tournaments.

Although there have been increasing trends in mean severity values over the last 5 years (Figure 6), the long-term trends are not statistically significant (backs: slope= 1.23, $p=0.266$; forwards: slope= 0.99, $p=0.516$).

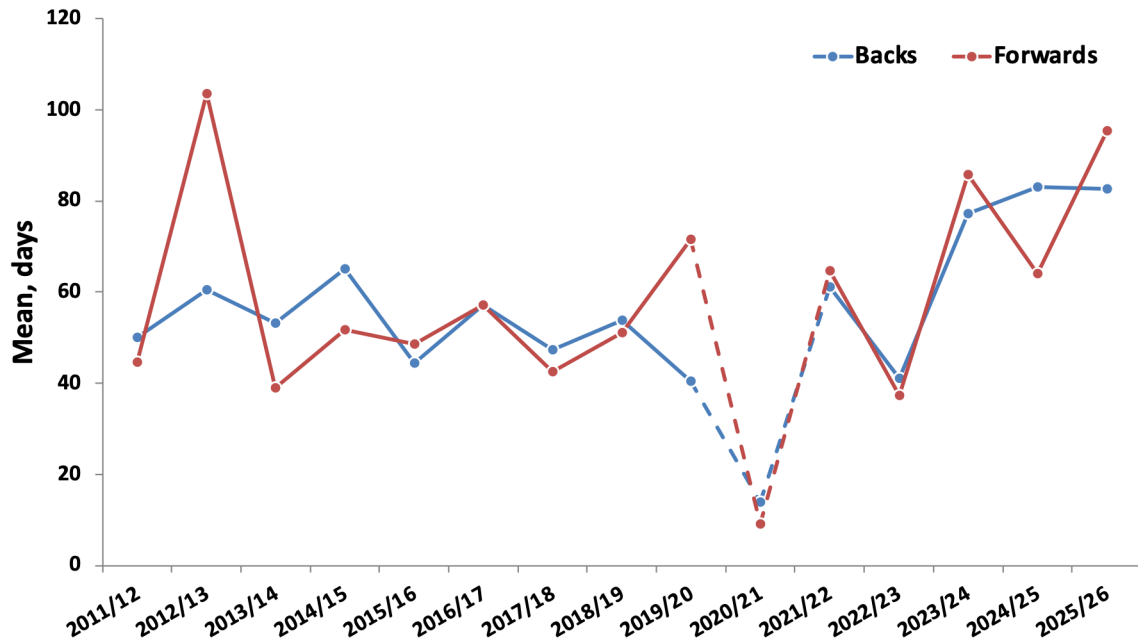


Figure 6. Long-term trends in mean injury severity for backs and forwards

(Data for the 2020/21 season relate to a limited competition due to Covid pandemic)

There have been increasing trends in median severity over the past five years (Figure 7) but over the longer term trends have been decreasing and are not statistically significant (backs: slope= -0.53, $p=0.297$; forwards: slope= -0.43, $p=0.503$).

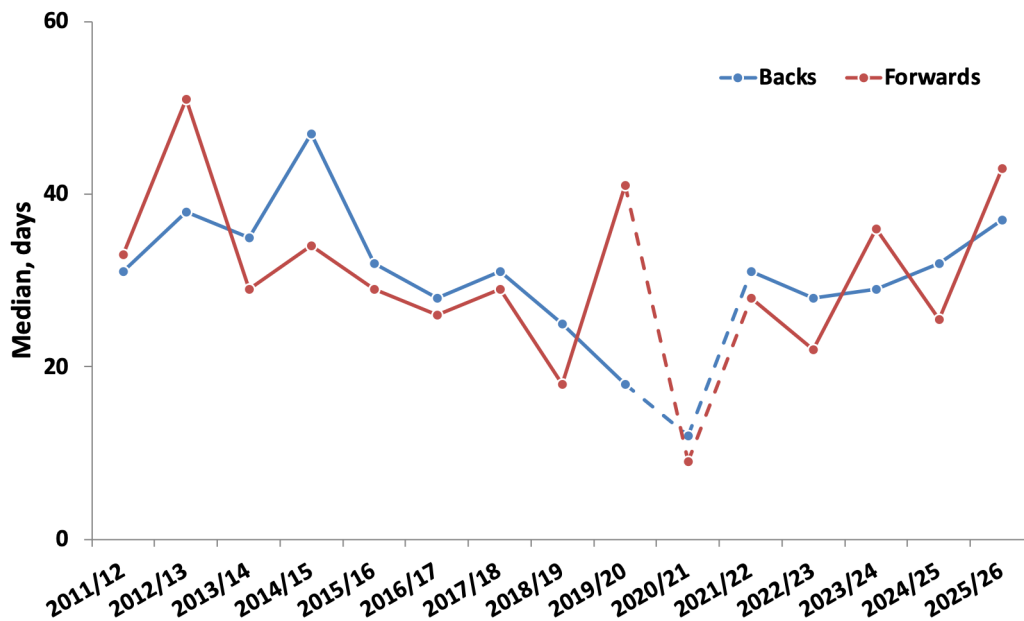


Figure 7 Long-term trends in median injury severity for backs and forwards

(Data for the 2020/21 season relate to a limited competition due to Covid pandemic)

The 2025/26 SVNS injury incidence and mean severity values for all players lead to an overall injury burden value of 8,390 days-absence/1000 player-match-hours (95% CI: 6,748 – 10,431). There is no significant difference ($p=0.347$) between the injury burden values for backs (7,625 days-absence/1000 player-match-hours, 95% CI: 5,693 – 10,213) and forwards (9,409 days-absence/1000 player-match-hours, 6,787 – 13,044).

Long-term trends (2011/12 to 2025/26) in injury burden values for backs and forwards are shown in Figure 8.

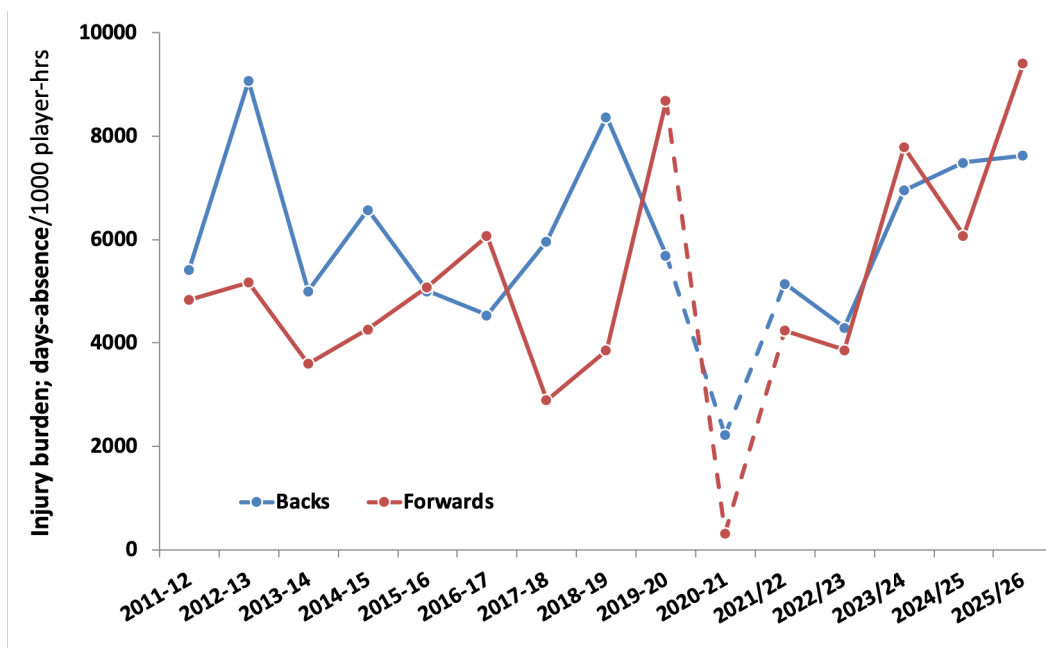


Figure 8. Long-term trends in injury burden for backs and forwards
(Data for the 2020/21 season relate to a limited competition due to Covid pandemic)

Although injury burden values have increased over the past five years, there are no statistically significant long-term trends for either backs (slope=7.62, $p=0.946$) or forwards (slope= 173.2, $p=0.223$).

4.1.2(c) Location and type of injury

Table 4 presents the locations of injuries sustained by backs, forwards and all players during the 2025/26 SVNS tournaments.

Table 4: Main and sub-locations of injuries.

Location of injury	<i>Proportion, % (95% Confidence interval)</i>		
	<i>Backs</i>	<i>Forwards</i>	<i>All players</i>
Head/neck	26.7 (13.7 – 39.6)	30.6 (15.5 – 45.6)	28.4 (18.6 – 38.2)
Head/face	26.7 (13.7 – 39.6)	30.6 (15.5 – 45.6)	28.4 (18.6 – 38.2)
Neck/cervical spine	0.0 (-)	0.0 (-)	0.0 (-)
Upper limbs	17.8 (6.6 – 28.9)	13.9 (2.6 – 25.2)	16.0 (8.1 – 24.0)
Shoulder/clavicle	13.3 (3.4 – 23.3)	8.3 (0 – 17.4)	11.1 (4.3 – 18.0)
Upper arm	0.0 (-)	0.0 (-)	0.0 (-)
Elbow	0.0 (-)	2.8 (0 – 8.1)	1.2 (0 – 3.6)
Forearm	0.0 (-)	0.0 (-)	0.0 (-)
Wrist/hand	4.4 (0 – 10.5)	2.8 (0 – 8.1)	3.7 (0 – 7.8)
Trunk	0.0 (-)	0.0 (-)	0.0 (-)
Sternum/upper back	0.0 (-)	0.0 (-)	0.0 (-)
Abdomen	0.0 (-)	0.0 (-)	0.0 (-)
Low back	0.0 (-)	0.0 (-)	0.0 (-)
Sacrum/pelvis	0.0 (-)	0.0 (-)	0.0 (-)
Lower limbs	55.6 (41.0 – 70.1)	55.6 (39.3 – 71.8)	55.6 (44.7 – 66.4)
Hip/groin	4.4 (0 – 10.5)	0.0 (-)	2.5 (0 – 5.8)
Anterior thigh	0.0 (-)	0.0 (-)	0.0 (-)
Posterior thigh	4.4 (0 – 10.5)	8.3 (0 – 17.4)	6.2 (0.9 – 11.4)
Knee	31.1 (17.6 – 44.6)	16.7 (4.5 – 28.8)	24.7 (15.3 – 34.1)
Lower leg	2.2 (0 – 6.5)	2.8 (0 – 8.1)	2.5 (0 – 5.8)
Ankle	11.1 (1.9 – 20.3)	27.8 (13.1 – 42.4)	18.5 (10.1 – 27.0)
Foot/toe	2.2 (0 – 6.5)	0.0 (-)	1.2 (0 – 3.6)

Based on the 95% CIs, there are no statistically significant differences between the injury locations of backs and forwards.

Knee (31.1%), head/face (26.7%), and shoulder/clavicle (13.3%) were the most common injury locations for backs, while head/face (30.6%), ankle (27.8%) and knee (16.7%) were the most common locations for forwards.

Tables 5 presents the types of injuries sustained by backs, forwards and all players during the 2025/26 SVNS tournaments

Table 5: Main and sub-types of injuries.

<i>Type of injury</i>	<i>Proportion, % (95% Confidence interval)</i>		
	<i>Backs</i>	<i>Forwards</i>	<i>All players</i>
Bone	4.4 (0 – 10.5)	13.9 (2.6 – 25.2)	8.6 (2.5 – 14.8)
Fracture	4.4 (0 – 10.5)	11.1 (0.8 – 21.4)	7.4 (1.7 – 13.1)
Other bone	0.0 (-)	2.8 (0 – 8.1)	1.2 (0 – 3.6)
C/PNS	24.4 (11.9 – 37.0)	19.4 (6.5 – 32.4)	22.2 (13.2 – 31.3)
Brain/concussion	24.4 (11.9 – 37.0)	19.4 (6.5 – 32.4)	22.2 (13.2 – 31.3)
Nerve	0.0 (-)	0.0 (-)	0.0 (-)
Joint, non-bone/lig^t	51.1 (46.5 – 65.7)	44.4 (28.2 – 60.7)	48.1 (37.3 – 59.0)
Dislocation/sublux ⁿ	2.2 (0 – 6.5)	2.8 (0 – 8.1)	2.5 (0 – 5.8)
Lesion meniscus/etc	2.2 (0 – 6.5)	5.6 (0 – 13.0)	3.7 (0 – 7.8)
Sprain/ligament	44.4 (29.9 – 59.0)	36.1 (20.4 – 51.8)	40.7 (30.0 – 51.4)
Other	2.2 (0 – 6.5)	0.0 (-)	1.2 (0 – 3.6)
Muscle/tendon	13.3 (3.4 – 23.3)	16.7 (4.5 – 28.8)	14.8 (7.1 – 22.6)
Haematoma	2.2 (0 – 6.5)	2.8 (0 – 8.1)	2.5 (0 – 5.8)
Muscle strain	6.7 (0 – 14.0)	8.3 (0 – 17.4)	7.4 (1.7 – 13.1)
Tendon injury/etc	4.4 (0 – 10.5)	5.6 (0 – 13.0)	4.9 (0.2 – 9.7)
Skin	4.4 (0 – 10.5)	0.0 (-)	2.5 (0 – 5.8)
Other injuries	2.2 (0 – 6.5)	5.6 (0 – 13.0)	3.7 (0 – 7.8)

C/PNS: Central and peripheral nervous systems

Based on the 95% CIs, there are no statistically significant differences between the types of injuries sustained by backs and forwards.

Sprain/ligament (44.4%), brain/concussion (24.4%) and muscle strain (6.7%) were the most common injury types for backs, while sprain/ligament injuries (36.1%), brain/concussion (19.4%) and bone fracture (11.1%) injuries were the most common types for forwards.

In 2025/26, brain/concussion (24.4%), knee-ligament (22.2%), and shoulder-ligament (13.3%) were the most common specific injuries sustained by backs. For forwards, the most common were brain/concussion (19.4%), ankle-ligament (16.7%) and knee-ligament (11.1%) injuries.

For backs, knee ligament (50.7%), ankle ligament (16.9%) and brain/concussion (7.1%) injuries were responsible for most lost-time. For forwards, most lost-time was the result of knee ligament (30.3%), ankle ligament (11.7%) and ankle-tendon (9.9%) injuries.

4.1.2(d) Nature and cause of onset of injury

Table 6 summarises the nature of onset of injuries sustained by backs, forwards and all players during the 2025/26 SVNS tournaments.

Table 6: Nature of injury onset.

Nature of injury	<i>Proportion, % (95% Confidence interval)</i>		
	<i>Backs</i>	<i>Forwards</i>	<i>All players</i>
Acute	93.3 (86.0 – 100)	97.2 (91.9 – 100)	95.1 (90.3 – 99.8)
Gradual onset	6.7 (0 – 14.0)	2.8 (0 – 8.1)	4.9 (0.2 – 9.7)

Over ninety-five per cent of all injuries sustained during the 2025/26 competition were acute in nature. There is no significant difference between the results for backs and forwards ($p=0.422$).

Table 7 summarises the cause of onset of injuries sustained by backs, forwards and all players during the 2025/26 SVNS tournaments.

Table 7: Cause of injury onset.

Cause of injury	<i>Proportion, % (95% Confidence interval)</i>		
	<i>Backs</i>	<i>Forwards</i>	<i>All players</i>
Contact	77.8 (65.6 – 89.9)	80.6 (67.6 – 93.5)	79.0 (70.1 – 87.9)
Non-contact	22.2 (10.1 – 34.4)	19.4 (6.5 – 32.4)	21.0 (12.1 – 29.9)

Almost eighty per cent of all injuries sustained during the 2025/26 competition were the result of contact. There is no significant difference between the results for backs and forwards ($p=0.757$).

The range of match activities associated with injuries sustained during the 2025/26 competition is shown in Table 8.

Table 8: Match activities associated with injury events.

Measure	<i>Backs</i>	<i>Forwards</i>	<i>All players</i>
Collision	6.8 (0 – 14.3)	11.1 (0.8 – 21.4)	8.8 (2.6 – 14.9)
Kicking	2.3 (0 – 6.7)	0.0 (-)	1.3 (0 – 3.7)
Lineout	0.0 (-)	2.8 (0 – 8.1)	1.3 (0 – 3.7)
Maul	0.0 (-)	2.8 (0 – 8.1)	1.3 (0 – 3.7)
Ruck	4.5 (0 – 10.7)	8.3 (0 – 17.4)	6.3 (0.9 – 11.6)
Running	18.2 (6.8 – 29.6)	5.6 (0 – 13.0)	12.5 (5.3 – 19.7)
Tackled	27.3 (14.1 – 40.4)	36.1 (20.4 – 51.8)	31.3 (21.1 – 41.4)
Tackling	40.9 (26.4 – 55.4)	22.2 (8.6 – 35.8)	32.5 (22.2 – 42.8)
Other	0.0 (-)	11.1 (0.8 – 21.4)	5.0 (0.2 – 9.8)

Tackling (40.9%) was the activity most most often associated with injuries sustained by backs, while being-tackled (36.1%) was most often associated with injury for forwards. Based on the 95% CIs, there is no significant difference between the results for backs and forwards.

The match activities associated with brain/concussion injuries sustained during the 2025/26 SVNS were tackling (55.6%), being-tackled (22.2%) and collision (22.2%).

4.1.2(e) Match period of injury

Table 9 provides a summary of the match periods when injuries were sustained by backs, forwards and all players.

Table 9: Period of match when injuries were sustained.

Period of match	<i>Proportion, % (95% Confidence interval)</i>		
	<i>Backs</i>	<i>Forwards</i>	<i>All players</i>
First half	37.8 (23.6 – 51.9)	50.0 (33.7 – 66.3)	43.2 (32.4 – 54.0)
Second half	62.2 (48.1 – 76.4)	50.0 (33.7 – 66.3)	56.8 (46.0 – 67.6)

More injuries were sustained in the second half of matches than the first half but the difference is not statistically significant. There is no significant difference between the match periods when backs and forwards were injured ($p=0.267$).

4.1.2(f) Removal of injured players from pitch

During the 2025/26 SVNS tournaments, 51.9% (95% CI: 41.0 – 62.7%) of injured players were removed from play immediately, 35.8% (95% CI: 25.4 – 46.2%) were removed later in the game and 12.3% (95% CI: 5.2 – 19.5%) remained on the pitch until the end of the game.

Of the 18 players sustaining brain/concussion injuries, 10 (55.6%) were removed from play immediately, 6 (33.3%) were removed later in the game and 2 (11.1%) remained on the pitch until the end of the game.

4.1.3 Training injuries

Just 4 training injuries were reported during the 2025/26 SVNS tournaments (backs: 3; forwards: 1). A total of 7,784 player-training-hours were recorded, which means the overall incidence of injury was 0.5 (95% CI: 0.2 – 1.4) injuries/1000 player-training-hours. The mean severity of these 4 training injuries was 36.8 days (95% CI: 43.1 – 84.7) and the median severity was 29.5 days (95% CI: 7.0 – 81.0). The injury burden associated with training injuries was 19 days-absence/1000 player-hours (95% CI: 7 - 50).

All 4 training injuries were sustained during rugby skills activities.

The 4 injuries sustained were: foot-ligament sprain, ankle-ligament sprain, knee meniscal tear, and undiagnosed shoulder pain.

4.1.4 Illnesses

The three illnesses reported equate to a prevalence of 1.0% across all players (299) involved during the 2025/26 SVNS competition.

Two of the illnesses were of moderate severity and 1 was of severe severity.

Two illnesses were contracted at a tournament and one when travelling to a tournament.

One of the illnesses was of an unspecified nature, 1 was related to diarrhoea and 1 (the most severe) was related to gastritis/peptic ulceration.

No further analysis of the illnesses was undertaken

4.2 Men's SVNS competition

The countries taking part in each stage of the 2025/26 men's SVNS competition were:

SVNS 1: Argentina, Australia, Fiji, France, Great Britain, New Zealand, South Africa, Spain.

SVNS 2: Belgium, Canada, Germany, Kenya, Uruguay, USA.

World Championship: Argentina, Australia, Canada, Fiji, France, Germany, Great Britain, New Zealand, South Africa, Spain, Uruguay, USA.

All participating countries provided players' anthropometric, match and training injury, illness and training exposure information.

4.2.1 Players' anthropometric data

Table 10 summarises the numbers and anthropometric data for players categorised as backs, forwards and all players.

Table 10: Players' anthropometric data.

Tournament/ measure	Mean (<i>Standard deviation, number of players</i>)		
	<i>Backs</i>	<i>Forwards</i>	<i>All players</i>
Stature, cm	180.0 (5.7, 183)	187.3 (5.9, 110)	182.8 (6.8, 293)
Body mass, Kg	84.2 (7.3, 183)	94.2 (6.8, 110)	87.9 (8.6, 293)
Age, years	24.3 (3.8, 184)	24.8 (3.7, 110)	24.5 (3.8, 294)

Forwards were significantly taller ($p < 0.001$) and heavier ($p < 0.001$) than backs but the difference between ages is not statistically significant ($p = 0.272$).

Figures 1, 2 and 3 show the long-term (2011/12 to 2025/26) trends in backs and forwards' age, stature and body mass.

Trends:

Age: Backs: slope= 0.123, $p = < 0.001$; Forwards: slope= 0.060 $p = 0.001$

Stature: Backs: slope= -0.021, $p = 0.307$; Forwards: slope= -0.033, $p = 0.379$

Body mass: Backs: slope= -0.151, $p = 0.009$; Forwards: slope= -0.266, $p = < 0.001$

There are statistically significant increasing trends in backs and forwards' ages. There are also statistically significant decreasing trends in backs and forwards body mass. The decreasing trends in backs and forwards' stature are not statistically significant.

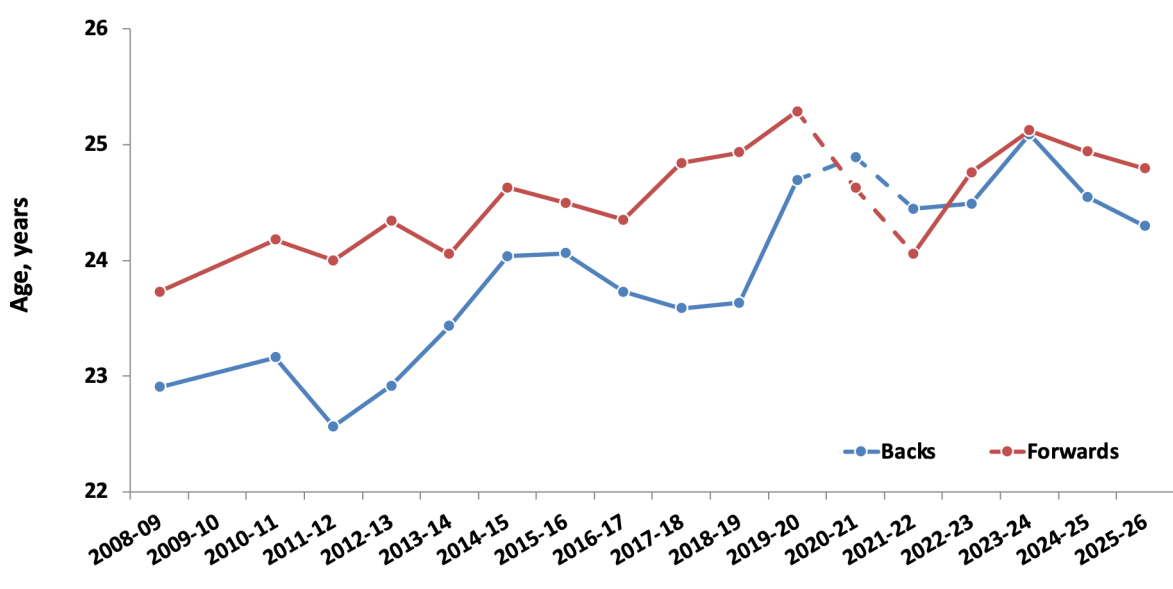


Figure 9 Trends in mean age of backs and forwards

(Data for the 2020/21 season relate to a limited competition due to Covid)

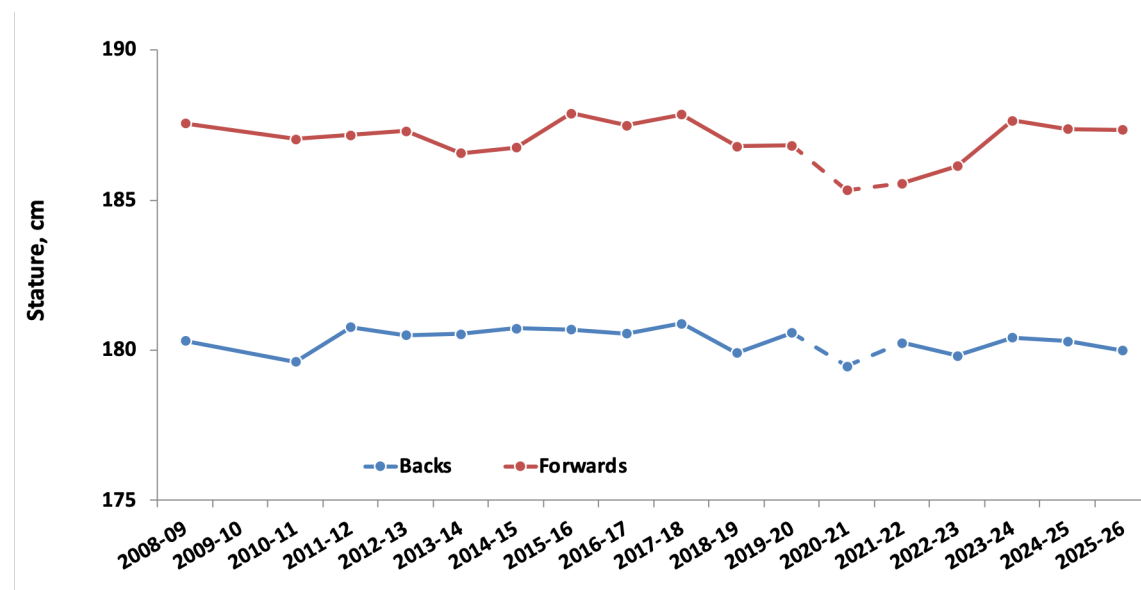


Figure 10. Trends in mean stature of backs and forwards

(Data for the 2020/21 season relate to a limited competition due to Covid)

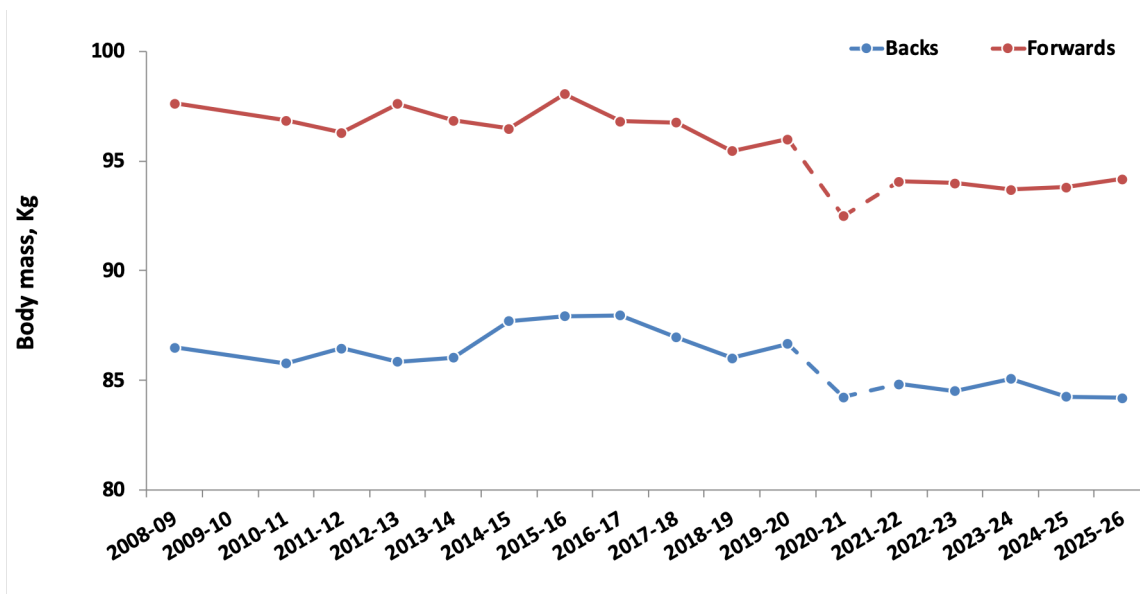


Figure 11. Trends in mean body mass of backs and forwards

(Data for the 2020/21 season relate to a limited competition due to Covid)

4.2.2 Match injuries

4.2.2(a) Incidence of injuries

Table 11 summarises the number of match injuries, exposures and incidences of injuries, during the 2025/2026 SVNS tournaments, for players categorised as backs, forwards and all players

Table 11: Injury numbers, exposures (player-match-hours) and incidences (injuries/1000 player-match-hours, 95% confidence interval) of match injuries.

Tournament	Backs	Forwards	All players
Injuries	75	54	129
Exposure	487.2	365.4	852.6
Incidence	153.9 (122.8 – 193.0)	147.8 (113.2 – 193.0)	151.3 (127.3 – 179.8)

There is no significant difference ($p=0.818$) between the incidences of match injuries sustained by backs and forwards during 2025/26 SVNS.

Recurrences accounted for 7.8% of all injuries sustained (backs: 8.0%; forwards: 7.4%).

No injuries were reported as being career-ending.

The average numbers of match injuries sustained/team-game at each of the 2025/26 tournaments are shown in Figure 12

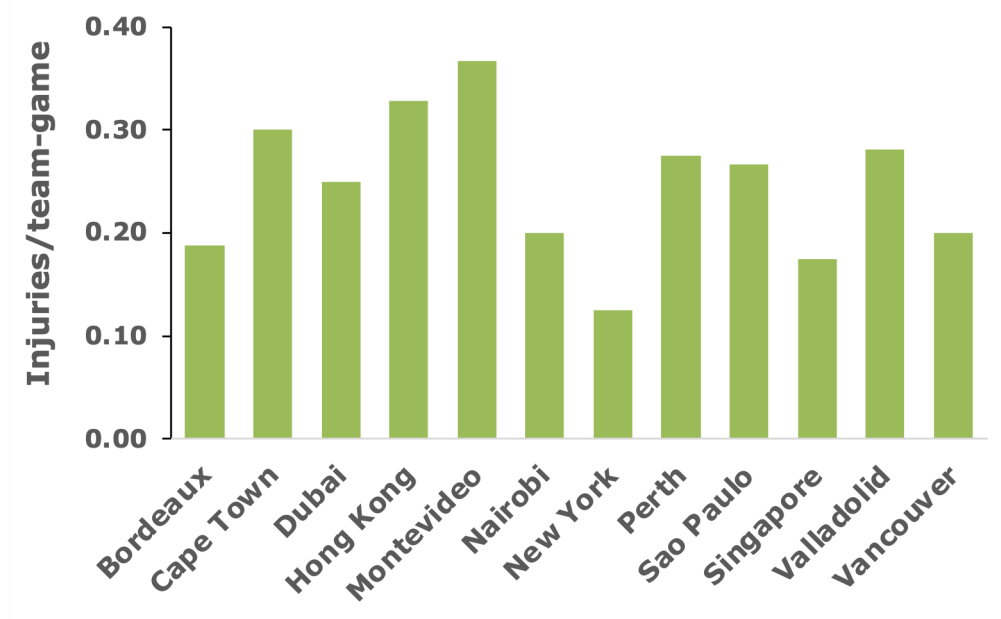


Figure 12. Average number of injuries/team-game.

Figure 13 shows the long-term trends in the incidences of injury for backs and forwards.

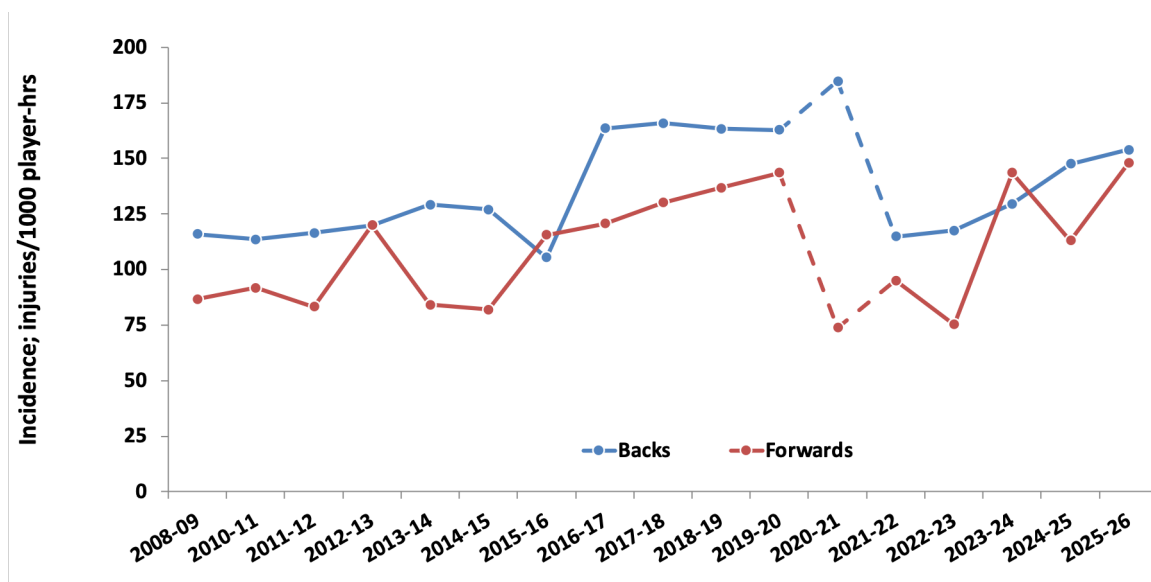


Figure 13 Long-term trends in injury incidence for backs and forwards

(Data for the 2020/21 season relate to a limited competition due to Covid)

There are non-significant increasing trends in the incidences of injury for backs (slope=2.02, $p=0.083$) and forwards (slope=2.09, $p=0.098$) over the period 2008/09 to 2025/26. The long-term (2008/09 to 2025/26) average incidence value for backs (134.1 injuries/1000 player-hours; 95% CI: 127.2 – 141.4) is significantly

higher ($p < 0.001$) than that for forwards (108.4 injuries/1000 player-hours; 95% CI: 101.3 – 116.0).

4.2.2(b) Severity of injury

A total of 7,027 player-days were lost through injury during the 2025/26 SVNS tournaments (backs: 4,107; forwards: 2,920).

Table 12 summarises the mean and median severities of injuries sustained during the 2025/26 SVNS competition for players categorised as backs, forwards and all players.

Table 12: Mean and median severities of injuries.

Injury severity	Severity (95% Confidence interval), days		
	Backs	Forwards	All players
Mean	54.8 (41.3 – 68.2)	54.1 (37.5 – 70.6)	54.5 (44.1 – 64.9)
Median	35.0 (28.0 – 45.0)	29.5 (20.0 – 43.0)	33.0 (29.0 – 43.0)

There were no significant differences in the mean ($p = 0.952$) or median ($p = 0.538$) severity values between backs and forwards during the 2025/26 competition.

There have been significant long-term (2008/09 – 2025/26) increasing trends (Figure 14) in the mean severity values for backs (slope=0.72, $p = 0.065$) and forwards (slope=1.25, $p = 0.022$).

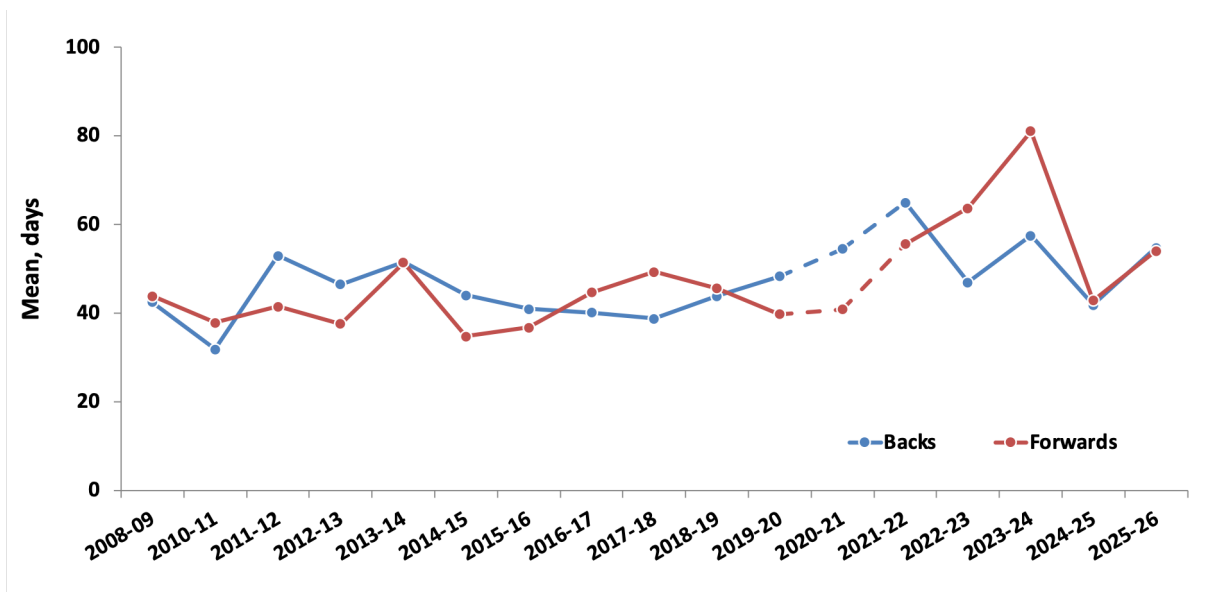


Figure 14 Long-term trends in mean injury severity for backs and forwards

(Data for the 2020/21 season relate to a limited competition due to Covid)

There have been no significant trends (Figure 15) in the median severity values for backs (slope=0.27, $p=0.312$) or forwards: slope=0.13, $p=0.739$).

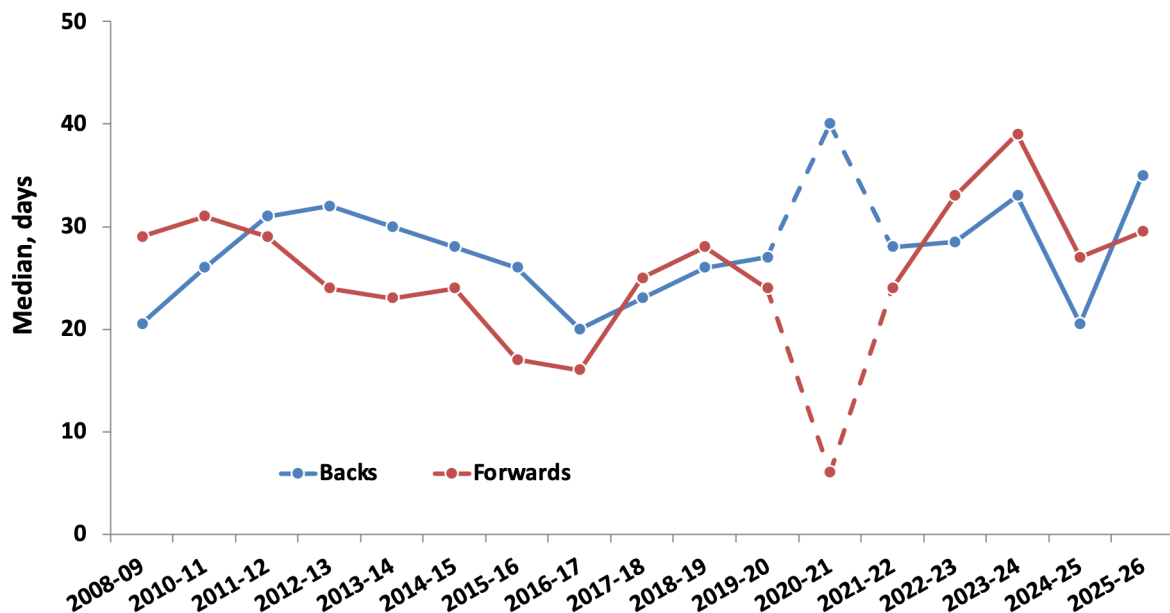


Figure 15. Long-term trends in median injury severity for backs and forwards

(Data for the 2020/21 season relate to a limited competition due to Covid)

The 2025/26 injury incidence and mean severity values lead to an injury burden value in 2025/26 of 8,242 days-absence/1000 player-hours (95% CI: 6,936 – 9,794) across all players. The value for backs (8.430 days-absence/1000 player-hours; 95% CI: 6,722 – 10,571) was not significantly different ($p=0.764$) from the value for forwards (7,991 days-absence/1000 player-hours; 95% CI: 6,120 – 10,434).

There have been significant long-term increasing trends in injury burden values (Figure 16) for both backs (slope=187, $p=0.008$) and forwards (slope=243, $p=0.013$) (Figure 16).

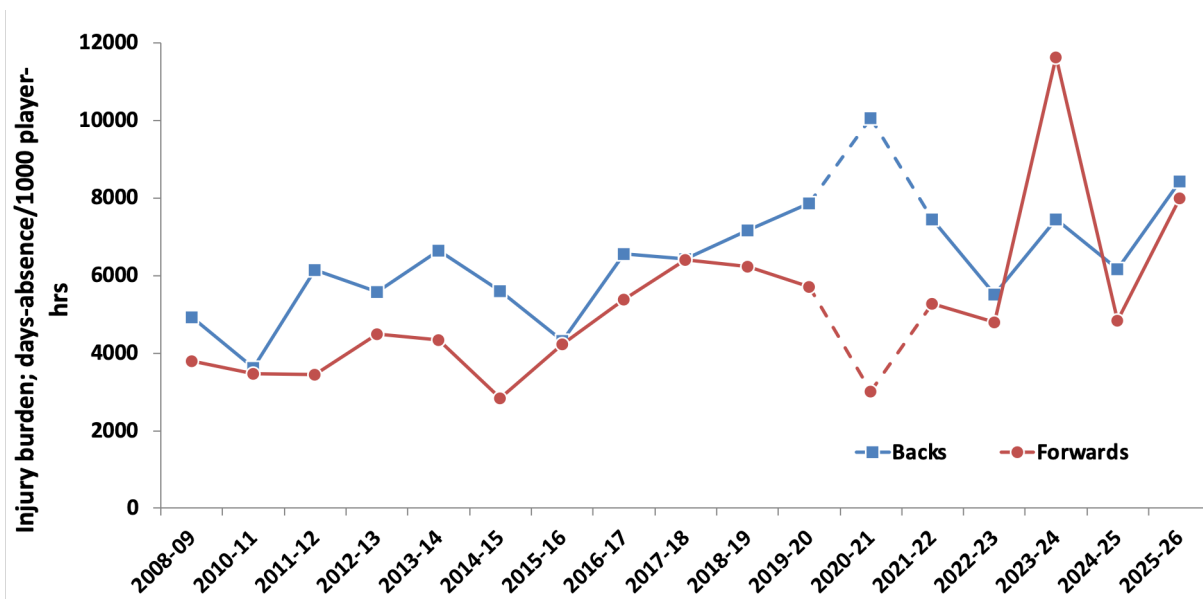


Figure 16. Long-term trends in injury burden for backs and forwards

(Data for the 2020/21 season relate to a limited competition due to Covid)

4.2.2(c) Location and type of injury

Table 13 presents the locations of injuries sustained by backs, forwards and all players during the 2025/26 SVNS competition.

Based on the 95% CIs, there are no statistically significant differences between the locations of injuries sustained by backs and forwards.

Head/face (25.3%), shoulder/clavicle (14.7%), posterior thigh (12.0%) and ankle (12.0%) were the most common injury locations for backs, while head/face (27.8%), ankle (18.5%) and shoulder/clavicle (16.5%), were the most common for forwards.

Table 13: Main and sub-locations of injuries.

Location of injury	<i>Proportion, % (95% Confidence interval)</i>		
	<i>Backs</i>	<i>Forwards</i>	<i>All players</i>
Head/neck	26.7 (16.7 – 36.7)	27.8 (15.8 – 39.7)	27.1 (19.5 – 34.8)
Head/face	25.3 (15.5 – 35.2)	27.8 (15.8 – 39.7)	26.4 (18.8 – 34.0)
Neck/cervical spine	1.3 (0 – 3.9)	0.0 (-)	0.8 (0 – 2.3)
Upper limbs	18.7 (9.8 – 27.5)	25.9 (14.2 – 37.6)	21.7 (14.6 – 28.8)
Shoulder/clavicle	14.7 (6.7 – 22.7)	18.5 (8.2 – 28.9)	16.3 (9.9 – 22.6)
Upper arm	0.0 (-)	0.0 (-)	0.0 (-)
Elbow	1.3 (0 – 3.9)	1.9 (0 – 5.4)	1.6 (0 – 3.7)
Forearm	0.0 (-)	1.9 (0 – 5.4)	0.8 (0 – 2.3)
Wrist/hand	2.7 (0 – 6.3)	3.7 (0 – 8.7)	3.1 (0.1 – 6.1)
Trunk	4.0 (0 – 8.4)	7.4 (0.4 – 14.4)	5.4 (1.5 – 9.3)
Sternum/upper back	4.0 (0 – 8.4)	3.7 (0 – 8.7)	3.9 (0.5 – 7.2)
Abdomen	0.0 (-)	1.9 (0 – 5.4)	0.8 (0 – 2.3)
Low back	0.0 (-)	1.9 (0 – 5.4)	0.8 (0 – 2.3)
Sacrum/pelvis	0.0 (-)	0.0 (-)	0.0 (-)
Lower limbs	50.7 (39.4 – 62.0)	38.9 (25.9 – 51.9)	45.7 (37.1 – 54.3)
Hip/groin	4.0 (0 – 8.4)	5.6 (0 – 11.7)	4.7 (1.0 – 8.3)
Anterior thigh	1.3 (0 – 3.9)	1.9 (0 – 5.4)	1.6 (0 – 3.7)
Posterior thigh	12.0 (4.6 – 19.4)	3.7 (0 – 8.7)	8.5 (3.7 – 13.3)
Knee	9.3 (2.7 – 15.9)	18.5 (8.2 – 28.9)	13.2 (7.3 – 19.0)
Lower leg	4.0 (0 – 8.4)	0.0 (-)	2.3 (0 – 4.9)
Ankle	12.0 (4.6 – 19.4)	7.4 (0.4 – 14.4)	10.1 (4.9 – 15.3)
Foot/toe	8.0 (1.9 – 14.1)	1.9 (0 – 5.4)	5.4 (1.5 – 9.3)

Table 14 presents the types of injuries sustained by backs, forwards and all players during the 2025/26 SVNS.

Based on the 95% CIs, there are no statistically significant differences between the types of injuries sustained by backs and forwards.

Sprain/ligament (24.0%), brain/concussion (22.7%) and muscle strain (13.3%) injuries were the most common injury types for backs, while sprain/ligament (27.8%), brain/concussion (25.9%) and muscle strain (14.8%) injuries were the most common types for forwards.

Table 14: Main and sub-types of injuries.

Type of injury	Proportion, % (95% Confidence interval)		
	Backs	Forwards	All players
Bone	12.0 (4.6 – 19.4)	11.1 (2.7 – 19.5)	11.6 (6.1 – 17.2)
Fracture	9.3 (2.7 – 15.9)	7.4 (0.4 – 14.4)	8.5 (3.7 – 13.3)
Other bone	2.7 (0 – 6.3)	3.7 (0 – 8.7)	3.1 (0.1 – 6.1)
C/PNS	24.0 (14.3 – 33.7)	25.9 (14.2 – 37.6)	24.8 (17.4 – 32.3)
Brain/concussion	22.7 (13.2 – 32.1)	25.9 (14.2 – 37.6)	24.0 (17.4 – 32.3)
Nerve	1.3 (0 – 3.9)	0.0 (-)	0.8 (0 – 2.3)
Joint, non-bone/lig^t	34.7 (23.9 – 45.4)	37.0 (24.2 – 49.9)	35.7 (27.4 – 43.9)
Dislocation/sublux ⁿ	8.0 (1.9 – 14.1)	3.7 (0 – 8.7)	6.2 (2.0 – 10.4)
Lesion meniscus/etc	2.7 (0 – 6.3)	5.6 (0 – 11.7)	3.9 (0.5 – 7.2)
Sprain/ligament	24.0 (14.3 – 33.7)	27.8 (15.8 – 39.7)	25.6 (18.1 – 33.1)
Other	0.0 (-)	0.0 (-)	0.0 (-)
Muscle/tendon	24.0 (14.3 – 33.7)	24.1 (12.7 – 35.5)	24.0 (17.4 – 32.3)
Haematoma	2.7 (0 – 6.3)	7.4 (0.4 – 14.4)	4.7 (1.0 – 8.3)
Muscle strain	13.3 (5.6 – 21.0)	14.8 (5.3 – 24.3)	14.0 (8.0 – 19.9)
Tendon injury/etc	8.0 (1.9 – 14.1)	1.9 (0 – 5.4)	5.4 (1.5 – 9.3)
Skin	0.0 (-)	0.0 (-)	0.0 (-)
Other injuries	5.3 (0.2 – 10.4)	1.9 (0 – 5.4)	3.9 (0.5 – 7.2)

C/PNS: Central and peripheral nervous systems

In 2025/26, brain/concussion (22.7%), posterior thigh-muscle strain (12.0%), and ankle-ligament (8.0%) were the most common specific injuries sustained by backs. For forwards, the most common were brain/concussion (25.9%), knee-ligament (13.0%) and ankle-ligament (7.4%) injuries.

For backs, knee-meniscus (13.8%), knee-ligament (12.4%) and posterior thigh-muscle strain (10.8%) injuries were responsible for most lost-time. For forwards, most lost-time was the result of knee-ligament (33.5%), brain/concussion (8.8%) and ankle-ligament (7.2%) injuries.

4.2.2(d) Nature and cause of onset of injury

Table 15 summarises the nature of onset of injuries sustained by backs, forwards and all players during the men's 2025/26 SVNS competition.

Table 15: Nature of injury onset.

Nature of injury	Proportion, % (95% Confidence interval)		
	Backs	Forwards	All players
Acute	92.0 (85.9 – 98.1)	96.3 (91.3 – 100)	93.8 (89.6 – 98.0)
Gradual onset	8.0 (1.9 – 14.1)	3.7 (0 – 8.7)	6.2 (2.0 – 10.4)

Nearly ninety-five per cent of all injuries sustained during 2025/26 were acute in nature (backs: 92.0%; forwards: 96.3%). There is no statistically significant difference between the values for backs and forwards ($p=0.316$).

Table 16 summarises the cause of onset of injuries sustained by backs, forwards and all players during the men's 2025/26 SVNS.

Table 16: Cause of injury onset.

Cause of injury	<i>Proportion, % (95% Confidence interval)</i>		
	<i>Backs</i>	<i>Forwards</i>	<i>All players</i>
Contact	81.3 (72.5 – 90.2)	87.0 (78.1 – 96.0)	83.7 (77.4 – 90.1)
Non-contact	18.7 (9.8 – 27.5)	13.0 (4.0 – 21.9)	16.3 (9.9 – 22.6)

Nearly eighty-five per cent of all injuries sustained were associated with contact events (backs: 81.3%; forwards: 87.0%). The difference in values for backs and forwards is not statistically significant ($p=0.384$).

The match activities associated with the injuries sustained are shown in Table 17.

Table 17: Match activities associated with injury events.

Measure	<i>Backs</i>	<i>Forwards</i>	<i>All players</i>
Collision	18.1 (9.2 – 26.9)	7.4 (0.4 – 14.4)	13.5 (7.5 – 19.5)
Ruck	8.3 (1.9 – 14.7)	7.4 (0.4 – 14.4)	7.9 (3.2 – 12.7)
Running	16.7 (8.1 – 25.3)	7.4 (0.4 – 14.4)	12.7 (6.9 – 18.5)
Tackled	26.4 (16.2 – 36.6)	35.2 (22.4 – 47.9)	30.2 (22.1 – 38.2)
Tackling	26.4 (16.2 – 36.6)	35.2 (22.4 – 47.9)	30.2 (22.1 – 38.2)
Other	4.2 (0 – 8.8)	7.4 (0.4 – 14.4)	5.6 (1.6 – 9.6)

The tackle was the match activity most likely to be associated with injury for both backs and forwards. Moreover, tackling and being-tackled were equally likely to be the tackle aspect responsible. Based on the 95% CIs, there are no statistically significant differences in the match activities responsible for injuries sustained by backs and forwards.

The match activities associated with brain/concussion injuries sustained during the 2025/26 SVNS were tackling (63.3%), being-tackled (20.0%), collision (10.0%) and ruck (6.7%).

4.2.2(e) Match period of injury

Table 18 provides a summary of the match periods when injuries were sustained during the 2025/26 SVNS competition.

Table 18: Period of match when injuries are sustained.

Period of match	<i>Proportion, % (95% Confidence interval)</i>		
	<i>Backs</i>	<i>Forwards</i>	<i>All players</i>
First half	50.7 (39.4 – 62.0)	48.1 (34.8 – 61.5)	49.6 (41.0 – 58.2)
Second half	49.3 (38.0 – 60.6)	51.9 (38.5 – 65.2)	50.4 (41.8 – 59.0)

There is no statistically significant difference between the match periods when backs and forwards were injured in the 2025/26 SVNS competition ($p=0.780$).

Based on the 95% CIs, there is also no statistically significant difference between the proportion of injuries sustained in the first and second half of matches.

4.2.2(f) Removal of injured players from pitch

During the 2025/26 SVNS competition, 55.8% (95% CI: 47.2 – 64.4%) of injured players were removed from play immediately, 29.5% (95% CI: 21.6 – 37.3%) were removed later in the game and 14.7% (95% CI: 8.6 – 20.8%) remained on the pitch until the end of the game.

Of the 31 players sustaining brain/concussion injuries, 18 (58.1%) were removed from play immediately, 9 (29.0%) were removed later in the game and 4 (12.9%) remained on the pitch until the end of the game.

4.2.3 Training injuries

Eleven training injuries were reported during the 2025/26 SVNS competition (backs: 8; forwards: 3) from a total of 7,367 player-training hours. This equates to an overall incidence for training injuries of 1.5 injuries/1000 player-training-hours (95% CI: 0.8 – 2.7).

The mean severity of training injuries sustained by all players was 66.4 days (95% CI: 34.6 – 98.2). The overall median severity of training injuries was 58.0 days (95% CI: 21 – 138 days). The overall injury burden associated with these training injuries is 99 days-absence/1000 player-training-hours (95% CI: 55 – 179).

The 11 training injuries were sustained during match warm-up activities (4), rugby skills-contact (2), semi-contact (2) and non-contact (2) activities and conditioning-using weights (1).

Seven of the eleven injuries sustained were muscle strains, 3 were ligament sprains and one 1 was a tendon injury.

No further analyses were carried out on the training injuries.

4.2.4 Illnesses

The fifteen illnesses reported equate to a prevalence of 5.1% for all players (294) involved during the 2025/26 competition.

Twelve of the illnesses were of minor severity, 2 were of moderate severity and 1 was of severe severity.

Twelve of the illnesses were contracted at a tournament and 1 (the most severe illness) was sustained while travelling home post-tournament.

Thirteen of the illnesses were related to gastroenteritis/diarrhoea. One was due to heat stroke and one (the most severe) was due to an infected elbow joint while travelling home from Sao Paulo.

No further analyses of the illnesses were undertaken.

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6. Acknowledgements

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Australia	Kylie Baldwin	Jarrad Rangihuna
Belgium	-	Arnaud Libert
Brazil	Nagel Rayanne Barros de Freitas	-
Canada	Aiyanna Grubac, Maxime Charron, Daniela Hoolaeff, Kristie Mueller, Allison Rodway	Erin Schatkowsky
China	Bo Lyu, Yinok Lui	-
Fiji	Bulou Nanise	Kautane Erasto, Eroni Tavalea
France	Thibault Fouquet, Pauline Vogt, Elsa Mercier, Remy Louis	Tanguy Garcia, Azema Bruno, Pauline Nougues
Germany	-	Bjorn Burgler, Vasco Marcante, Josh Harvey
Great Britain	Conor Stone	Robert Smithson, Chris Perrey
Japan	Nao Ugajin	-
Kenya	Levyce Kituyi	Lamech Francis Bogonko
New Zealand	Lauren McDonald	Rachel Lambert
South Africa	Reagan Cele	Janesh Ganda, Wernich Smith
Spain	Henar Lucio Mejias	Antoine Sanchez
Uruguay	-	Juan Manual Fonseca
USA	Nicole Titmas	Meaghan Wu