

The Irish Rugby Injury Surveillance Project

All-Ireland League Amateur Club Rugby

2025 - 2026

Season Report





UNIVERSITY OF LIMERICK
OLLSCOIL LUIMNIGH

The IRIS Team

Authored by the Irish Rugby Injury Surveillance (IRIS) Project Steering Group

IRFU:

Dr Rod McLoughlin (Medical Director, IRFU)

Dr Caithríona Yeomans (Medical Manager, IRFU)

Principal Investigators:

Professor Tom Comyns (Strength and Conditioning, University of Limerick)

Professor Ian Kenny (Biomechanics, University of Limerick)

Supporting Investigators:

Dr Lorna Barry (Doctoral Supervisor, Strength & Conditioning, IRFU)

Dr Kilian Bibby (Sport Science, University of Limerick)

Professor Róisín Cahalan (Doctoral Supervisor, Physiotherapy, University of Limerick)

Professor Mark Campbell (Sport Psychology, University of Limerick)

Mr Dáire Curran (Doctoral Researcher, Physiotherapy, University of Limerick)

Mrs Tabitha Erdeljac (Doctoral Researcher, Sport Science and Data Analytics, University of Limerick)

Professor Liam Glynn (School of Medicine, University of Limerick)

Dr Lauren Guilfoyle (Edinburgh Sports Medicine Research Centre, University of Edinburgh)

Professor Drew Harrison (Biomechanics, University of Limerick)

Dr Sharief Hendricks (Doctoral Supervisor, Sport Science, University of Cape Town)

Mr Jack Hickey (Doctoral Researcher, Sport Science, University of Limerick)*

Associate Professor Mark Lyons (Doctoral Supervisor, Strength and Conditioning, University of Limerick)

Associate Professor Seán McAuliffe (Doctoral Supervisor, Physiotherapy, University of Limerick)

Associate Professor John Mulvihill (Doctoral Supervisor, Biomedical Engineering, University of Limerick)

Associate Professor Catherine Norton (Doctoral Supervisor, Nutrition, University of Limerick)

Professor Kieran O'Sullivan (Doctoral Supervisor, Physiotherapy, University of Limerick)

Ms Laura Power (Doctoral Researcher, Athletic Therapy, University of Limerick)

Associate Professor Helen Purtill (Mathematics and Statistics, University of Limerick)

Mr Shane Scanlon (Doctoral Researcher, Sport Science, University of Limerick)

Professor Giles Warrington (Human Performance and Innovation, University of Limerick)

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** Report Primary Author*

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Irish Rugby Football Union Foreword

The Irish Rugby Football Union are encouraged to see the continued growth of the Irish Rugby Injury Surveillance (IRIS) Project and welcome the latest report from our Domestic Game. The ongoing commitment from our men's and women's clubs is hugely beneficial in our efforts to support player welfare and performance.

The IRIS Project is now one of the longest running injury surveillance systems in amateur rugby, and the true value of these reports is evident in the success of the IRFU Tackle Behaviours Trial. Our ability to accurately compare injury rates before and after the law change is only possible through our longstanding partnership with the IRIS Project and University of Limerick. This trial delivered landmark reductions in concussion and injury rates across our men's and women's club game, and we can see from the latest report that these benefits have been maintained.

To each and every club, data collector, volunteer, player and researcher that is part of this project – Thank You. Your ongoing support working with the IRIS Project is a fundamental component of how we shape the game from both a safety and performance perspective.

Medical Director, IRFU
Dr. Rod McLoughlin



Irish Rugby Injury Surveillance Foreword

The IRIS project has involved the research, design and implementation of an online injury recording platform, IRISweb, enabling the collection and reporting of both seasonal and now long-term injury trends in amateur and schoolboy Rugby. Comprehensive long term injury surveillance systems in amateur Rugby Union are needed to enhance player welfare and this innovative project to date has provided essential and accurate data for all those involved in the game to help inform training, recovery, and game policy. Collection has now been completed of an eighth season's data, and this 2025-2026 season report documents our collaborative work with the IRFU, and also with 22 men's and 8 women's clubs.

This season represents 625 matches, 1059 players, and support from dedicated data injury recorders, coaches, doctors, physiotherapists, managers, and ancillary staff within clubs: thank you. The IRIS project includes the addition of the underage schoolboy senior cup match and training surveillance (reported separately). Crucially the adult amateur game in Ireland since 2023 has been involved, like the school's game, in the World Rugby Global Tackle Height Trial, and IRIS's and IRFU's long term injury surveillance programme has provided accurate pre-trial and trial data on how lowering the legal tackle height over two seasons has impacted injury prevalence and characteristics at the amateur club level, reducing concussion rate by up to 63% and whole body injury rate by up to 30% in Ireland.

IRIS involves research stemming from ongoing injury reduction and sports performance work by University of Limerick academics across a range of sports, as well as our specific expertise in Rugby Union. It has effectively brought together academics with expert practitioner experience from the fields of biomechanics, medicine, biomedical engineering, mathematics and statistics, physiotherapy, sport psychology, and strength and conditioning as well as post-doctoral and doctoral researchers. The holistic approach to injury surveillance and prevention is central to the project.

IRIS Principal Investigators
Professor Tom Comyns, PhD
Professor Ian Kenny, PhD



1.0 Executive Summary

1.1 Match Injury

Starting in September 2025, the Irish Rugby Injury Surveillance (IRIS) project collected injury data across 625 matches from 30 men's and women's amateur Rugby clubs.

Men's AIL

- There were 22 men's clubs involved in the IRIS project (10 Division One, 12 Division Two clubs).
- There was a total of 783 male players registered in the IRIS project (372 Division One, 411 Division Two players).
- The overall match time-loss injury incidence rate for males was 35.1/1,000 player hours.
- This is lower than the overall match time-loss injury incidence rate for males during the 2024-2025 season (44.1/1,000 player hours).
- The match time-loss injury incidence rate for Division One males was 28.1/1,000 player hours.
- The match time-loss injury incidence rate for Division Two males was 40.1/1,000 player hours.
- A single male player would have to play, on average, 22 matches to sustain one injury.
- Concussion is the most common injury diagnosis for males. The three most common are concussion (11%), hamstring strain (9%), and ankle sprain (6%).

Women's AIL

- There were 8 women's clubs involved in the IRIS project in 2025-2026 (6 from the AIL and 2 from Provincial Division 1 Leagues*).
- There was a total of 276 female players registered in the IRIS project, an increase from 244 in 2024-2025.
- The overall match time-loss injury incidence rate for women was 18.0/1,000 player hours.
- This is lower than the overall match time-loss injury incidence rate for females during the 2024-2025 season (25.2/1,000 player hours).
- A single female player would have to play, on average, 42 matches to sustain one injury.
- Concussion is the most common injury diagnosis for women. The three most common are concussion (22%), knee sprain (9%), and hand, finger & thumb fracture (7%).

* All injuries which occurred in both Women's AIL (WAIL) and Division 1 were analysed as one

1.2 Training Injury

- There was a total of 71 training injuries reported in the men's clubs.
- This is lower than the total number of training injuries reported in the 2024-2025 season (97 injuries).
- There was a total of 30 training injuries in Division One men's clubs.
- There was a total of 41 training injuries in Division Two men's clubs.
- There was a total of 10 training injuries reported in the women's clubs.
- This is lower than 2024-2025 (17 injuries).

1.3 Injury Occurrence

The most commonly reported match injuries for the men's clubs were concussions (11%), followed by hamstring strains (9%). Concussions resulted in an average of 26 days' absence from Rugby match or training activities, while hamstring strains resulted in an average of 32 days' absence.

The most commonly reported match injury for the women's clubs were concussions (22%), followed by knee ligament sprains (9%). Concussion resulted in an average of 31* days' absence from rugby match or training activities; knee ligament sprains averaged a higher amount of days' absence (218).

*this excludes two concussions that had a prolonged recovery and therefore impacted on the calculation of average days' absence. If these two concussions are included, average days' absence was 60 days.

Note: Reported concussion incidence includes suspected concussions as per IRFU recognise and remove protocol. The Graduated Return to Play (GRTP) protocol requires a minimum of 21 days absence from play for adults and 23 days for players under 20 years of age.

1.4 Injury Event

The tackle event accounted for the majority of match injuries, with 60% of all injuries happening during the tackle in the men's clubs, and 52% in the women's clubs. Within the tackle event, for the women's clubs, the tackler (56%) sustained more injuries compared to the ball carrier (44%), in contrast to the previous season. In the men's clubs, the ball carrier (52%) sustained slightly more injuries than the tackler (48%).

1.5 Playing Position

Of all match injuries recorded in the men's clubs, 57% were to the 'forwards' (position no. 1-8), while 43% were to the 'backs' (position no. 9-15). By position, the openside flanker (no. 7), hooker (no. 2) and number 8's all accounted for 9% respectively.

Of all match injuries recorded in the women's clubs, 57% were to the forwards (position no. 1-8), while 43% were to the backs (position no. 9-15). The left lock (no. 4) accounted for 16% of injuries. The scrum half (no. 9) and blindside flanker (no. 6) accounted the next most with 13% and 11% respectively.

1.6 Injury Burden

The burden of an injury assesses the incidence rate of an injury in relation to the average severity of the injury (measured as the number of days absent).[1]

Knee sprains carried the greatest cumulative burden of all match injuries across both the men's divisions (241 days absence/1,000 player hours) with an average severity of 114 days. This is lower than the 2024-2025 season, where knee sprains still carried the greatest burden (285 days absence/1,000 player hours) with an average severity of 138 days.

Knee sprains also hold the highest cumulative burden (373 days/1,000 player hours) for women's clubs, with an average severity of 223 days. In 2024-2025, knee sprains resulted in 227 days of absence/1,000 player hours with an average severity of 142 days.

1.7 New & Recurrent Injury

The majority of all injuries were 'New' compared to 'Recurring'. For time-loss injuries reported in the men's clubs, new injuries accounted for 97% of all injuries, with 98% in the women's clubs recorded as new. For all medical attention injuries across the men's and women's clubs, 75% were new injuries, with 1 recurrent injury reported in the men's game.



2.0 Introduction

2.1 The IRIS Project

The Irish Rugby Injury Surveillance (IRIS) Project developed and implemented a Rugby Union specific injury surveillance system for the amateur game in 2017 following a year of design. This was adapted for schools and implemented in 2018 and is the first long-term surveillance system within amateur Rugby Union in Ireland. This system monitors the incidence, nature and severity of both match and training injuries occurring across the amateur game in Ireland. By monitoring this information, injury trends may emerge which will aid in the continued development and implementation of evidence-based injury reduction strategies in order to minimise injury risk and enhance player welfare.

IRIS Aims:

- To develop and implement an injury surveillance system for amateur Rugby Union in Ireland.
- To monitor the incidence and type of injuries occurring and identify any possible injury risk factors.
- To enhance the health and welfare of Rugby Union players by using this information to assist the IRFU policy regarding injury reduction strategies.



2.2 Injury Definitions

The IRIS project follows the guidelines from the World Rugby 'Consensus statement on injury definitions and data collection procedures for studies of injuries in Rugby Union [2] and the International Olympic Committee (IOC) consensus statement: methods for recording and reporting of epidemiological data on illness and injury in sport 2020 (including STROBE Extension for Sport Injury and Illness Surveillance (STROBE-SIIS)).[3]

An injury is defined as "Any physical complaint, which was caused by a transfer of energy that exceeded the body's ability to maintain its structural and/or functional integrity that was sustained by a player during a Rugby match or Rugby training, irrespective of the need for medical attention or time-loss from Rugby activities."

A recurrent injury is one of the same site and same type as the original injury and occurs after the player has made a full return to match play following the original injury.

A dual injury is one of multiple diagnoses resulting from one injury event. Dual injuries were analysed as one injury event for the purposes of calculating overall incidence and overall injury severity. However, when analysing injury location and nature dual injuries were separated as per international best practice.[2,3]

Both time-loss and medical attention injuries have been monitored and analysed separately. Medical attention injuries are any injury that resulted in 0-1 days absent from Rugby match or training activities (i.e. slight injuries). Any injury that results in greater than 1 days' absence from match or training activities is classed as a time-loss injury and categorised according to injury severity. Only time-loss injuries were included in injury incidence rate calculations.[2,3]

Injury incidence is defined as the frequency of an injury occurring within a cohort and is expressed as the number of injuries per 1,000 player hours of match exposure.

Injury severity is calculated as the number of days that elapsed from the date of injury to the date of the player's return to full participation in training and availability for match selection.

Injury severity is classified as; slight (0-1 days), minimal (2-3 days), mild (4-7 days), moderate (8-28 days) and severe (>28 days).

Injury burden reflects both the frequency and severity of injuries and is used to quantify the overall impact of injury within a cohort.

Match injury data are presented as the number of injuries per 1,000 player hours of match exposure. In order to calculate match injury incidence rates, for a team, the following calculation was used:

Match injury incidence rate (IR):[1]

$$IR = \frac{\text{Number of Injuries}}{\text{Number of Matches x Number of Players (15) x Match Duration (1.33)}} \times 1{,}000$$

To calculate injury burden, the following calculation was used:
Injury burden: [2]

Injury Burden = Incidence Rate x Mean Severity (Days Lost)

Injury definitions are listed in Section 6.0 Glossary of Terms, page 38.

2.3 Recruitment

At the beginning of the 2025-2026 season, the IRIS team successfully recruited 32 clubs from the men's and women's All-Ireland League (AIL) and the women's Division 1. The Men's AIL is split into two divisions; Division One (Men's AIL 1) and Division Two (Men's AIL 2). In the 2024-2025 season 8 women's clubs were recruited (6 from the Women's AIL and 2 from the Provincial Division 1 Leagues).

The IRIS project had a 94% compliance rate (30/32 teams recruited) for the 2025-2026 season which is the same as in 2024-2025 season in comparison to 96% in the 2023-2024 season. These clubs are shown in Table 1.

Table 1: The IRIS club recruitment 2025-2026

	Men's AIL	Women's AIL
Number of clubs	*22* *(AIL 1 = 10; AIL 2 = 12)*	8
Number of players	*783* *(AIL 1 =372; AIL 2 = 411)*	276

Each club nominated an 'injury recorder', who was trained in the use of the IRIS system during pre-season ahead of the 2025–2026 season. In most clubs, the senior 1XV team physiotherapist or physical therapist acted as the injury recorder (82%).

From the start of the 2025-2026 rugby season, the injury recorder documented all injuries sustained by senior 1XV team players. Return-to-play dates were also recorded to enable calculation of injury severity. In clubs where the injury recorder was not the team physiotherapist or physical therapist, injury data was provided by a match-day physiotherapist or physical therapist working closely with the injury recorder. Overall, 92% of match and training injuries were cleared for return to play by a medical doctor or physiotherapist.

All recorded injuries were subject to weekly audit by the IRIS research team to ensure accuracy of diagnosis and severity classification. Each injury recorder was provided with a secure, confidential login to their club's IRIS homepage, and all senior 1XV team players were registered on the system prior to the start of the season.



3.0 Match Injury

3.1 Overall Time-loss Match Injury

For the 2025-2026 season, injury data from 30 clubs across 625 matches were collected.

A total of 386 match time-loss injuries (any injury resulting in more than 1 days' absence from rugby match or training activities) were recorded. Any injuries resulting in 0-1 days' absence from rugby match or training activities (slight injuries) were classified as 'medical attention injuries' and were not included in the analysis of time-loss injuries, as per international best practice.[1]

The overall team match time-loss injury incidence rates:

- Men's teams – 35.1/1,000 player hours.
- Women's teams – 18.0/1,000 player hours.
- These incidence rates approximate to 2 time-loss injuries every 3 games for the men's teams and 1 time-loss injury every 5 games for the women's teams.
- A male player would have to play approximately 22 matches in order to suffer one time-loss injury.
- A female player would have to play approximately 42 matches in order to suffer one time-loss injury.

Table 2 shows the overall team match time-loss injury incidence rate for the Division One men's clubs (Men's AIL 1), the Division Two men's clubs (Men's AIL 2) and the women's clubs.

Table 2: Match time-loss injuries (excluding 'slight' injuries)

Division	No. Clubs	No. Players	No. Matches	Exposure Hours	No. Injuries	IR*
Men's AIL 1	10	372	196	3910	110	28.1
Men's AIL 2	12	411	279	5566	223	40.1
Overall Men's Clubs	**22**	**783**	**475**	**9476**	**333**	**35.1**
Women's Clubs	8	276	150	2993	54	18.0
Overall Women's Clubs	**8**	**276**	**150**	**2993**	**54**	**18.0**

* IR – Incidence rate per 1,000 player hours

- 28% of match time-loss injuries required medical imaging (X-Ray, MRI, Ultrasound).

3.2 Match Injury Classification

The injury diagnosis refers to the specific body location and nature of the injury.

The most common injury diagnoses for the men's clubs were concussion (11%), followed by hamstring strains (9%). The most common injury diagnoses for the women's clubs were concussion (22%), followed by knee ligament sprains (9%).

Tables 3 and 4 show the three most common match time-loss injury diagnoses for all the men's and women's clubs for the current season (2025-2026).

For the men's clubs the lowest incidence rate and percentage for concussions was reported when comparing to the prior four seasons (2024-2025, 2023-2024, 2022-2023, 2021-2022). For women's clubs concussions presented as the lowest incidence rate but was the highest percentage of all reported injuries when comparing to the prior four seasons.

Table 3: Overall most common injury diagnoses for the men's clubs (IR/1,000 player hours, % of injuries)*

Men's Clubs				
2025-26	2024-25	2023-24	2022-23	2021-22
Concussion 4.1 (11%)	Hamstring Strains 5.2 (12%)	Concussion 4.4 (12%)	Concussion 9.1 (20%)	Concussion 7.6 (13%)
Hamstring Strains 3.1 (9%)	Concussion 4.7 (11%)	Ankle Sprains 3.4 (9%)	Ankle Sprains 5.0 (11%)	Ankle Sprains 5.3 (9%)
Ankle Sprains 2.2 (6%)	Ankle Sprains 4.0 (9%)	Hamstring Strains 3.0 (8%)	Hamstring Strains 4.7 (10%)	Hamstring Strains 4.6 (8%)

* Accounts for separation of dual injuries and mathematical rounding

Table 4: Overall most common injury diagnoses for the women's clubs (IR/1,000 player hours, % of injuries)*

Women's Clubs				
2025-26	2024-25	2023-24	2022-23	2021-22
Concussion 4.0 (22%)	Concussion 4.5 (18%)	Knee Sprains 2.6 (11%)	Ankle Sprains 4.3 (14%)	Concussion 3.6 (10%)
Knee Sprains 1.7 (9%)	Ankle Sprains 4.2 (16%)	Ankle Sprains 2.6 (11%)	Knee Sprains 3.7 (12%)	Ankle Sprains 2.9 (8%)
Hand, Finger & Thumb Fractures 1.3 (7%)	Knee Sprains 1.6 (6%)	Concussion 2.0 (9%)	Concussion 2.5 (8%)	Finger Sprains 2.9 (8%)

* Accounts for separation of dual injuries and mathematical rounding

Table 5 shows the three most common match time-loss injury diagnoses for each of the men's divisions (AIL 1 and AIL 2) during the 2025-2026 season.

Table 5: Most common injury diagnoses for each men's divisions (IR/1,000 player hours, % of injuries)*

Men's AIL 1	Men's AIL 2
Concussion 3.1 (11%)	Concussion 4.7 (11%)
Hamstring Strains 3.1 (11%)	Hamstring Strains 3.1 (8%)
Knee Sprains 2.6 (9%)	Ankle Sprains 3.1 (8%)

* Accounts for separation of dual injuries and mathematical rounding



The shoulder was the most commonly injured body location in the men's clubs, accounting for 18% of all injuries in 2025-2026. This is similar to the 2024-2025 season when the shoulder was the most injured location with 15% of all injuries.

For the women's clubs in 2025-2026, the most commonly injured body location was the head accounting for 20% of all injuries. The most commonly injured body location in 2024-2025 was the ankle at 23% of all injuries.

Tables 6 and 7 show the most common diagnoses for each commonly injured body location.

Table 6: Men's Clubs: Most common injury diagnoses with regards bodily location (IR/1,000 player hours, % of injuries)

Location	Diagnosis
Shoulder 6.3 (18%)	Muscle Strain 1.8 (5%) Ligament Sprain 1.4 (4%) Dislocation/Subluxation 1.3 (4%)
Head 4.4 (13%)	Concussion 4.0 (11%) Laceration 0.1 (0.3%) Other 0.2 (0.6%)
Knee 4.2 (12%)	Ligament Sprain 2.2 (6%) Haematoma/Contusion 0.8 (2%) Bursa/Labrum/Cartilage 0.8 (2%)

* Accounts for separation of dual injuries and mathematical rounding

Table 7: Women's Clubs: Most common injury diagnoses with regards bodily location (IR/1,000 player hours, % of injuries)

Location	Diagnosis
Head 4.0 (20%)	Concussion 4.0 (20%)
Hand/finger/thumb 2.3 (13%)	Fracture 1.3 (7%) Ligament sprain 0.7 (4%) Dislocation subluxation 0.6 (4%)
Knee 2.3 (13%)	Ligament sprain 1.3 (9%) Bursa/labrum/cartilage 0.3 (2%) Haematoma/contusion 0.3 (2%)

* Accounts for separation of dual injuries and mathematical rounding

3.3 Timing of Match Injury

The majority of injuries occurred in the 2nd half in both the men's (62%) and women's (55%) clubs.

The men's 2025–2026 season shows a gradual increase in injury incidence from the 1st to the 3rd quarter, followed by a slight decline in the 4th quarter. A similar pattern is observed in the 2023–2024 season, which also rises to a peak in the 3rd quarter before decreasing. In contrast, both the 2022–2023 and 2021–2022 seasons demonstrate consistent increases across all quarters, reaching their highest values in the 4th quarter. The 2024–2025 season differs slightly, showing a sharp rise to the 3rd quarter followed by a noticeable drop in the final quarter. Figure 1(a) shows the timing of match injury for the men's clubs comparing this season (2025-2026) to the previous four seasons.

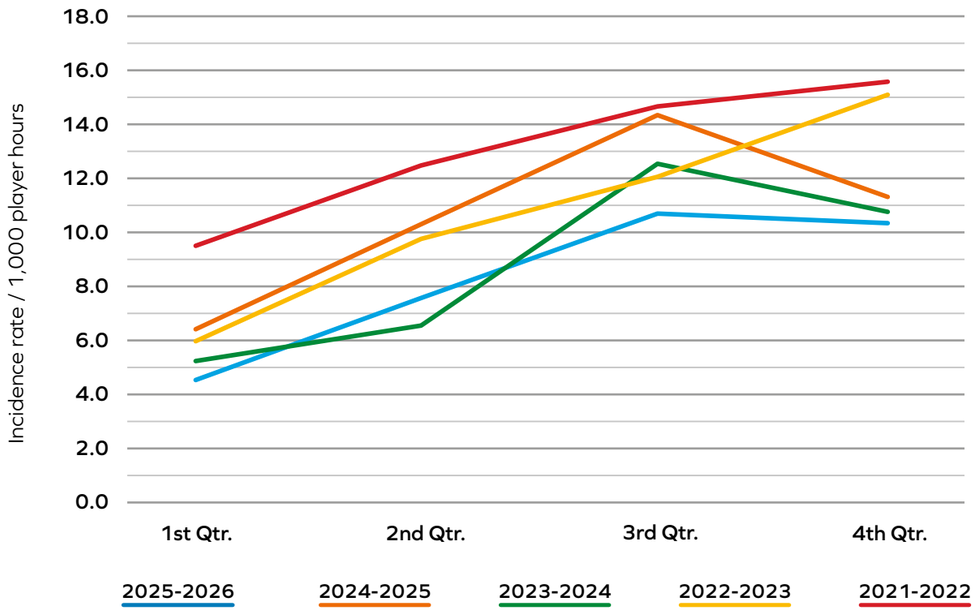


Figure 1(a): Timing of injury during match play for the men's clubs (IR/1,000 player hours)

The women's 2025–2026 season shows a relatively stable injury incidence across all quarters, with only minor fluctuations. Similar patterns are seen in 2023–2024 and 2024–2025, where injuries show relatively small changes across quarters; 2023–2024 displaying a gradual increase, and 2024–2025 showing an early rise followed by a slight decline. In contrast, both the 2022–2023 and 2021–2022 seasons demonstrate more pronounced increases across the match, with 2022–2023 steadily rising to the 4th quarter, and 2021–2022 peaking in the 3rd quarter before declining. Figure 1(b) shows the timing of match injury for the women's clubs comparing this season (2025-2026) to the previous four seasons.

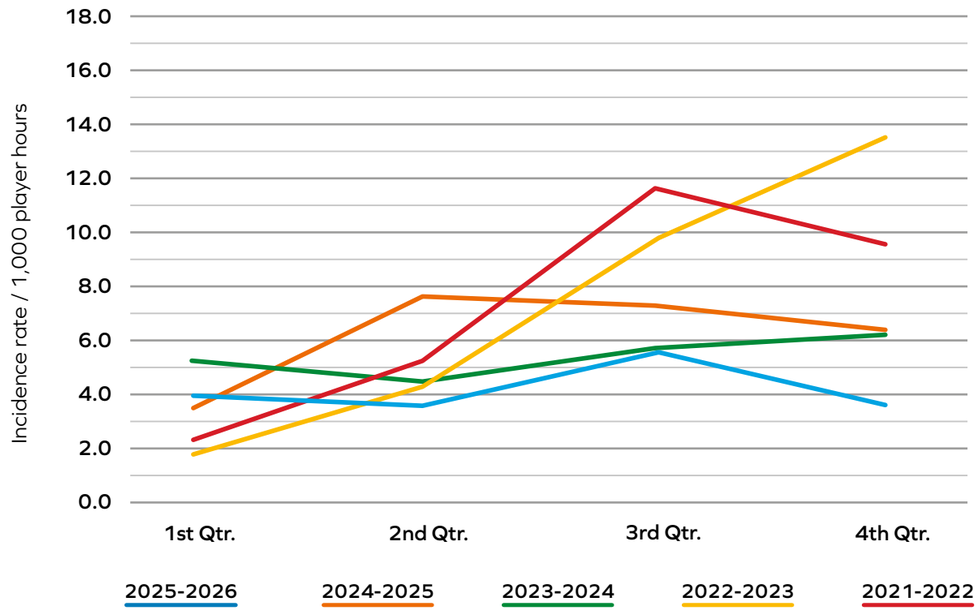


Figure 1(b): Timing of injury during match play for the women's clubs (IR/1,000 player hours)

3.4 Match Injury Event

Figure 2 shows the event surrounding the occurrence of an injury (i.e. mechanism).

The tackle event has accounted for the majority of injuries across both the men's and women's clubs for eight seasons in a row.

For the women's clubs the tackler (55%) sustained more injuries than the ball carrier (45%), which is similar to 2023-2024 but different to all other seasons.

In the men's game, as in 2023-2024 and 2017-2018, the ball carrier (52%) sustained slightly more injuries than the tackler (48%). In 2024-2025, 2022-2023, 2019-2020 and 2018-2019 seasons the tackler had higher injury rates whilst they were similar in 2021-2022.

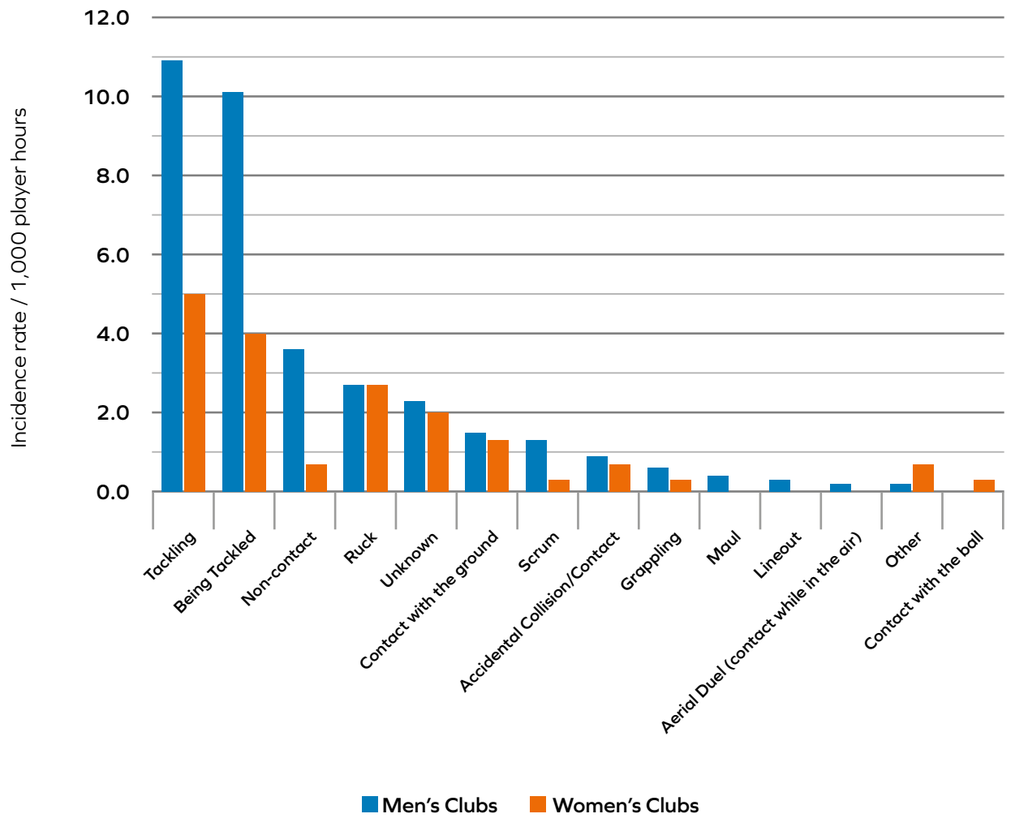


Figure 2: Injury event (IR/1,000 player hours)

3.5 Nature of Match Injury

The nature of injury refers to the type of injury occurring.

Strains (referring to muscle or tendon tears) were the most common injury type for the men's clubs, followed by sprains (referring to ligament tears). Strains and sprains have been the two most common types of injury in every season so far for the men's clubs. In the women's game, sprains were the most common type of injury followed by concussion.

The column labelled 'Other' refers to a small proportion of reported injuries including muscle spasm, corneal abrasion, or dental injuries. Other injuries accounted for 3.0% of all men's and 5.6% of all women's injuries.

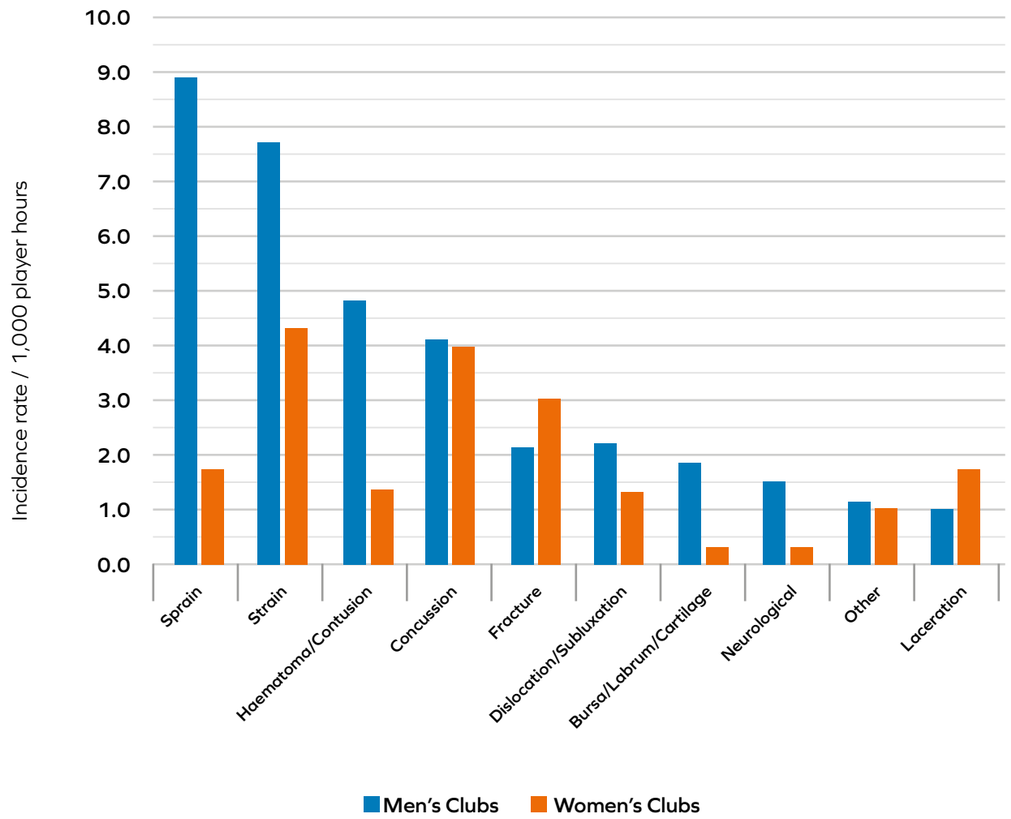


Figure 3: Nature of injury (IR/1,000 player hours)

3.6 Body Location of Match Injury

The shoulder was the most commonly injured body area in the men's clubs this season (2025-2026) accounting for 18% of injuries. The head was ranked second this season at 13% and the knee third at 12% of all injuries. The head and shoulder have both been within the three most common injury sites in each season to date.

Having reached its highest annual incidence rate in 2024-2025, (5.3/1,000 player hours), the posterior thigh reached its lowest annual incidence rate this season (2.8/1,000 player hours), compared to previous seasons reported in the men's clubs to date (2023-2024: 3.3; 2022-2023: 4.9; 2021-2022: 4.6; 2019-2020: 3.1; 2018-2019: 3.8; 2017-2018: 4.6/1,000 player hours).

Figure 4(a) shows the incidence of injury according to body location for the men's clubs.

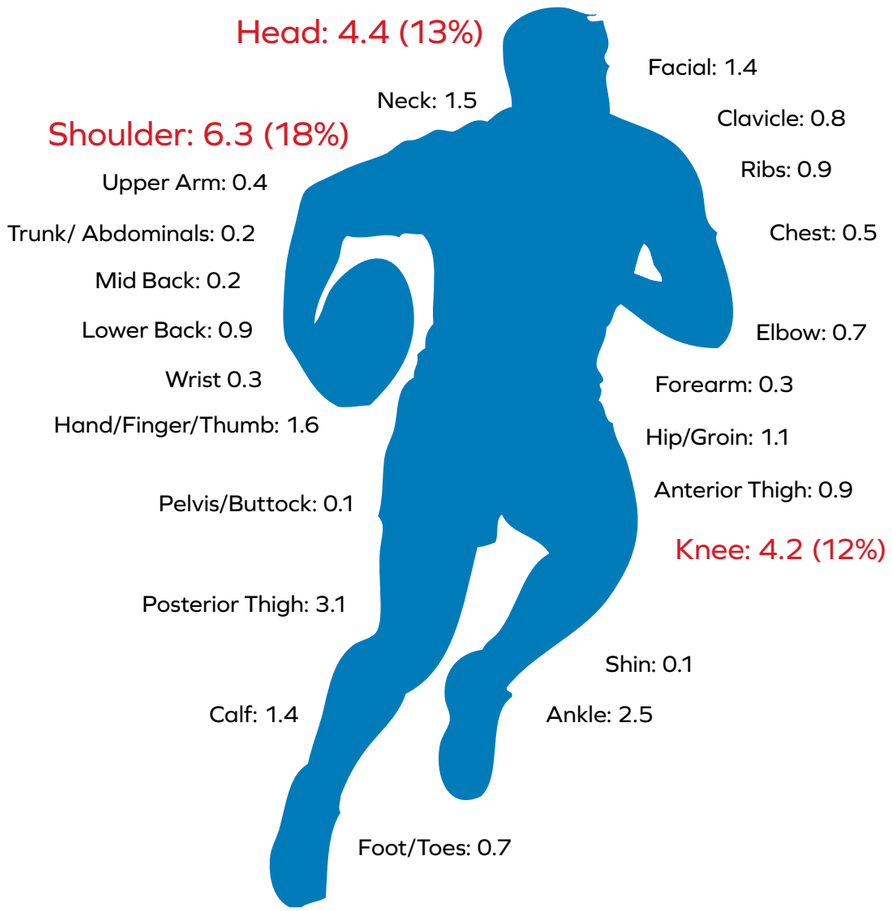


Figure 4(a): Location of injury for the men's clubs (IR/1,000 player hours)*

* Accounts for separation of dual injuries and mathematical rounding

The head (20%) followed by the hand and the knee (13% each) were the most commonly injured areas in the women's clubs this season.

This marks the first season the ankle has not been in the three most common injured locations in each season; the 2024-2025 season had the second highest rate since 2017 with 5.8/1,000 player hours (2023-2024: 3.9; 2022-2023: 6.8; 2021-2022: 5.1; 2019-2020: 4.8; 2018-2019: 3.9; 2017-2018: 6.4/1,000 player hours).

Figure 4(b) shows the incidence of injury according to body location for the women's clubs.

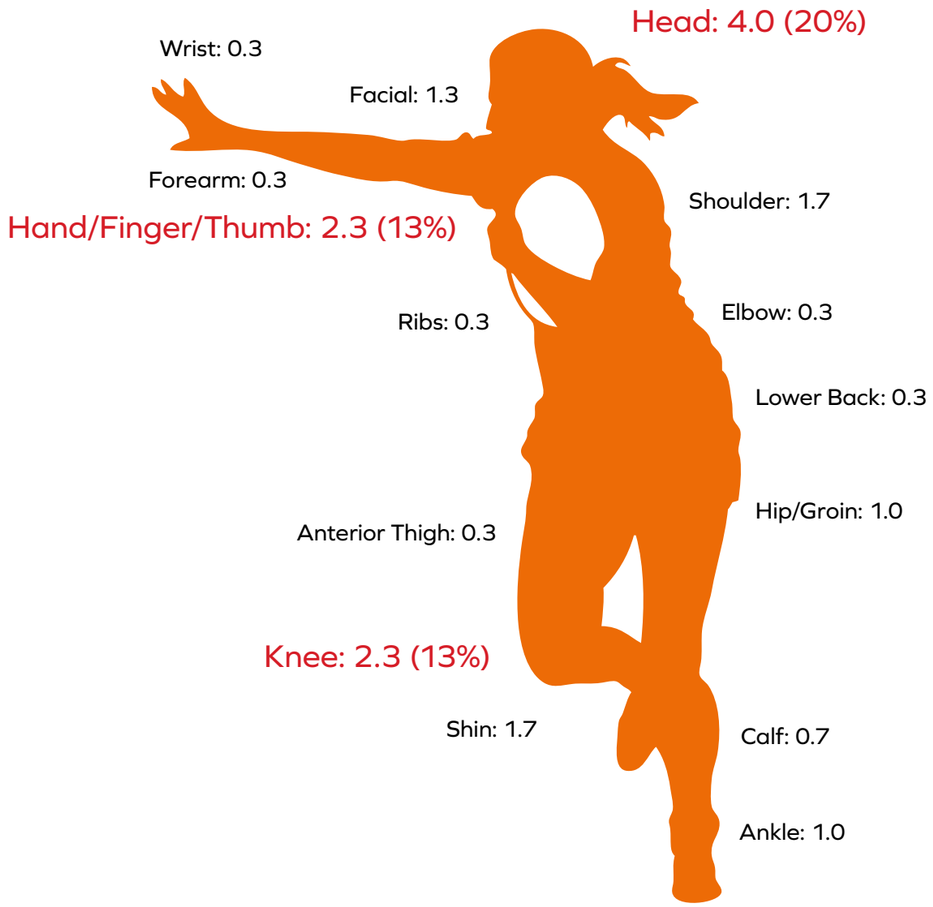


Figure 4(b): Location of injury for the women's clubs (IR/1,000 player hours)*

* Accounts for separation of dual injuries and mathematical rounding

3.7 Playing Position of Match Injury

Rugby player positions are split into 'forwards' (position no. 1-8) and 'backs' (position no. 9-15). In men's clubs, forwards sustained more reported injuries (57%) than backs (43%) in the 2025-2026 season.

The four positions that sustained the most time-loss injuries were the hooker (no. 2), openside flanker (no. 7), number 8, and the inside centre (no. 12) accounting for 9% each respectively. The blindside flanker (no. 6) and full back (no. 15) were the next on 8% of all time-loss injuries.

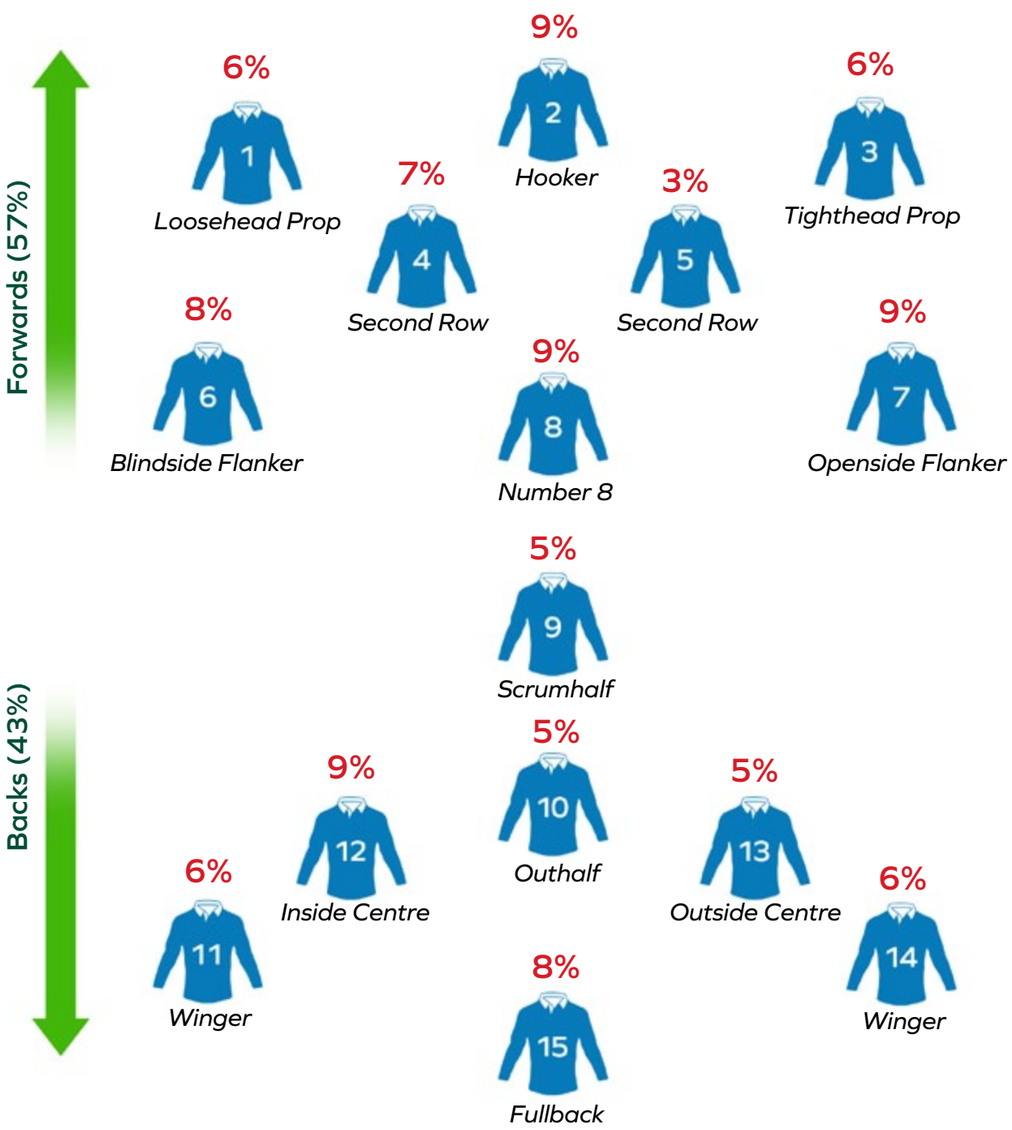


Figure 5(a): Percentage of injuries occurring per playing position in the men's clubs

Overall, for the women's clubs, forwards sustained 57% of injuries which is a slight decrease from 2024-2025 (60%) and a marked decrease from the 2023-2024 season (73%).

The position that sustained the most injuries was the left second row (no. 4) at 17% of all time-loss injuries. The next most by position, was the scrum half (no. 9) at 13% and the blindside flanker (no. 6) at 11%. In the previous season the most injuries were sustained by loosehead props (no. 1) and out halves (no. 10) at 11% each.

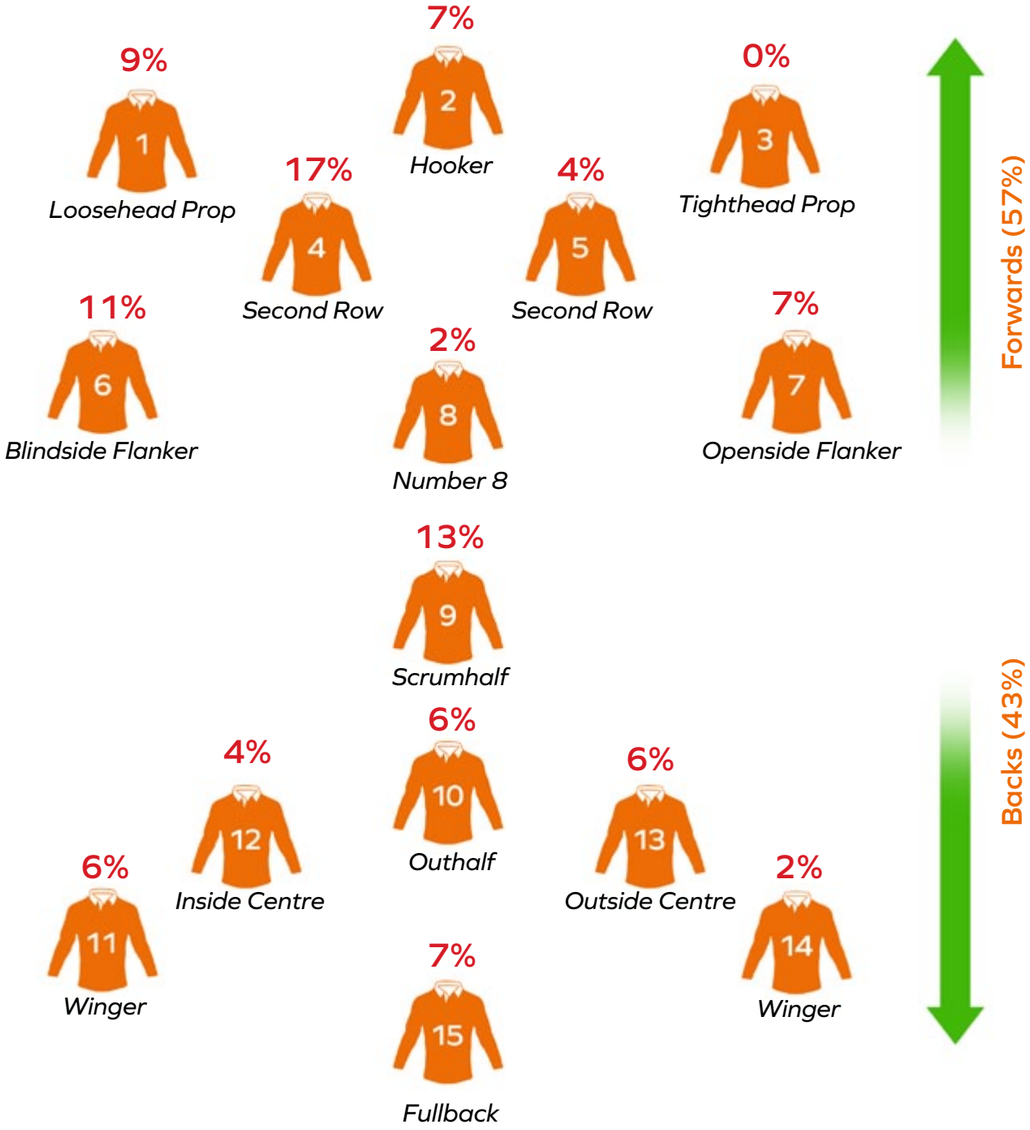


Figure 5(b): Percentage of injuries occurring per playing position in the women's clubs



3.8 Match Injury Severity

Injury severity was calculated as total number of days absent from rugby match or training and classified according to the World Rugby Consensus guidelines.[2] In line with the previous 4 seasons, most injuries had 'moderate' or 'severe' time-loss for both men's and women's clubs, as shown in Figure 6.

Slight injuries (0-1 days absence) were considered as 'medical attention' injuries and were not included in analysis of time-loss injuries.[2] Slight injuries are discussed in more detail in sub-section 3.10.

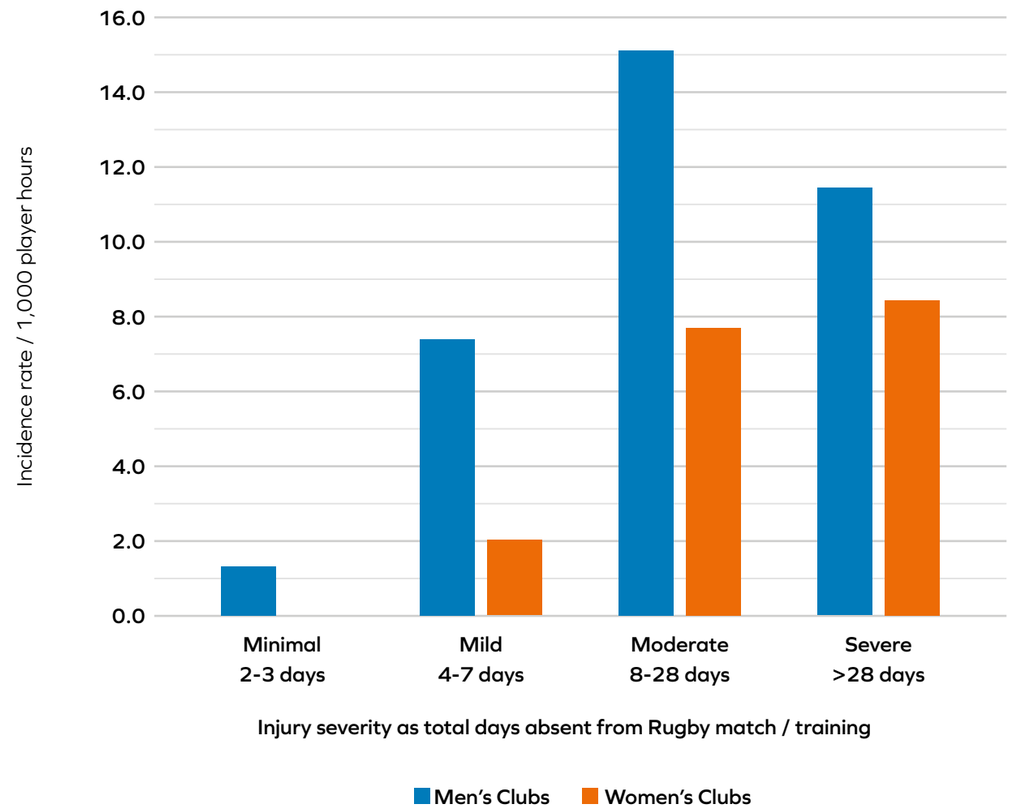


Figure 6: Injury severity of time-loss injuries (IR/1,000 player hours)

3.9 Match Injury Burden

The burden of an injury assesses the incidence rate of an injury in relation to the average severity of the injury ([IR] x [average number of days' absence]).

In 2025-2026, knee sprains carried the greatest burden of all match injuries for the men's clubs with 241 days/1,000 player hours which is reduced slightly from 285 days/1,000 player hours in 2024 -2025. Similarly, in the women's game, knee sprains carried the greatest burden at 373 days/1,000 player hours. This is higher than last season when knee sprains carried an injury burden of 227 days/1,000 player hours but not as high as in 2023-2024 (657 days/1,000 player hours).

Shoulder dislocation/subluxation carried the second highest burden in the men's game at 143 days/1,000 player hours, whilst in the women's clubs the second most burdensome was shin fractures at 115 days/ 1,000 player hours.

For men's clubs, concussion led to an average absence of 26 days from matches or training, the shortest duration recorded in the past eight seasons. In 2024–2025, the average absence was 28 days, similar to 27 days in 2021–2022, slightly lower than 30 days in 2023–2024, and notably reduced compared to 38 days in 2019–2020.

For women's clubs, concussion led to an average absence of 31 days from matches or training in 2025–2026, up from 28 days in the previous two seasons. Absence duration peaked at 53 days in 2019–2020 and 51 days in 2021–2022, but has generally declined since, remaining well below these levels in recent seasons.

Table 8 shows the highest injury burden and average total days off (severity) for all the men's and women's clubs.

Table 8: Diagnosis, Injury Burden (days absence/1,000 player hours), average TDO (total days off)

	Diagnosis	Injury Burden	Average TDO
Men's Clubs	Knee sprain	241	114
	Shoulder dislocation/subluxation	143	113
	Concussion	95	26
Women's Clubs	Knee sprains	373	223
	Shin fracture	115	115
	Concussion*	103	31

* This excludes two concussions that had a prolonged recovery and therefore impacted on the calculation of injury mean severity and cumulative burden. These two concussions are outliers and therefore were not included in calculations above. However, for transparency if these two concussions were included, the average severity was 60 days' absence (TDO) and the cumulative injury burden was 242 days/1,000 player hours.

3.10 Medical Attention Match Injury (slight injury)

Any injuries resulting in 0-1 days' absence from rugby match or training are considered as slight or 'medical attention' injuries, therefore were excluded from the analysis of time-loss injuries as per international best practice.[2]

During the 2025-2026 season, 3 medical attention injuries were recorded in the men's clubs, with 1 recorded for the women's clubs.

The overall team match medical attention injury incidence rates:

- Men's AIL clubs – 0.3/1,000 player hours
- Women's AIL clubs – 0.3/1,000 player hours

The tackle event accounted for all medical attention injuries in the men's and women's clubs.

Table 9: Match medical attention injuries (slight injuries) per division

Division	No. Clubs	No. Players	No. Matches	Exposure Hours	No. Injuries	IR*
Men's AIL 1	10	372	196	3910	0	0.0
Men's AIL 2	12	411	279	5566	3	0.3
Overall Men's Clubs	**22**	**783**	**475**	**9476**	**3**	**0.3**
Women's Clubs	8	276	150	2993	1	0.3
Overall Women's Clubs	**8**	**276**	**150**	**2993**	**1**	**0.3**

** Incidence rate per 1,000 player hours*

3.11 New & Recurrent Injury

The majority of all injuries were 'New' compared to 'Recurring'. For time-loss injuries reported in the men's clubs, new injuries accounted for 97%, with 98% in the women's clubs recorded as new.

For medical attention injuries across the men's and women's clubs, 1 of the 3 men's injuries was 'recurring', whilst the 1 women's injury was 'new'.

3.12 Other Match-day Related Injury

A small proportion of injuries occurred during the match warm-up, and these were not included in the analysis of the match injury incidence, as only injuries occurring during the match play counted as match injuries.

In the men's clubs, 13 warm-up injuries were reported, of which all were time-loss. Of these 13 injuries, 7 were non-contact, 2 accidental collisions, 1 ruck, 1 lineout, and 2 from unknown mechanisms.

For the women's clubs, 2 warm-up injuries were reported both of which were time-loss. One of these injuries was as a result of an unknown mechanism and the other from non-contact.



4.0 Training Injury

4.1 Overall Time-loss Training Injury

For the 2025-2026 season, training injury data from the 30 clubs (22 men's and 8 women's) were also collected. For operational reasons, as the frequency and duration of training sessions were not recorded, training injury incidence rates are not available. Therefore, the total number of training injuries that occurred are reported.

Any injuries resulting in 0-1 days absence from Rugby match or training activities were considered to be medical attention injuries and are not included in the analysis of time-loss injuries, as per international best practice.[2]

The overall number of training injuries for the men's clubs was 71, while the overall number of training injuries for the women's clubs was 10. In 2024-2025 the number of training injuries sustained was 97 and 17 for men's and women's clubs respectively.

Table 10 shows the overall number of training injuries for the Division One men's clubs (Men's AIL 1), the Division Two men's clubs (Men's AIL 2) and the women's clubs (Women's AIL).

Table 10: Training time-loss injuries (excluding slight injuries)

Division	No. Clubs	No. Players	No. Injuries
Men's AIL 1	10	372	30
Men's AIL 2	12	411	41
Overall Men's Clubs	**22**	**783**	**71**
Women's Clubs	8	276	10
Overall Women's Clubs	**8**	**276**	**10**

4.2 Training Injury Classification

The injury diagnosis refers to the specific body location and nature of the injury.

The most common injury diagnosis for the men's clubs was hamstring strains, accounting for 25% of all training time-loss injuries. This was followed by calf strains which accounted for 13% of training injuries and ankle sprains at 7%.

Table 11 and 12 show the three common specific training time-loss injury diagnoses for both the men's and women's clubs over the past five seasons.

Table 11: Overall most common training injury diagnoses for the men's clubs (% of injuries)*

Men's Clubs				
2025-26	2024-25	2023-24	2022-23	2021-22
Hamstring Strains (25%)	Hamstring Strains (18%)	Hamstring Strains (20%)	Hamstring Strains (18%)	Ankle Sprains (20%)
Calf Strains (13%)	Ankle Sprains (11%)	Ankle Sprains (10%)	Ankle Sprains (11%)	Hamstring Strains (16%)
Ankle Sprains (7%)	Calf Strains (7%)	Calf Strains (8%)	Concussion (6%)	Groin Strains (7%)
Hip/groin Strains (7%)	-	-	-	-

* Accounts for separation of dual injuries and mathematical rounding

The most common injury diagnosis for the women's clubs was calf strains, accounting for 30% of all training time-loss injuries. This was followed by fractures in the knee and ankle sprains at 20% each.

Table 12: Overall most common training injury diagnoses for the women's clubs (% of injuries)*

Women's Clubs				
2025-26	2024-25	2023-24	2022-23	2021-22
Calf Strain (30%)	Ankle Sprains (24%)	Foot/Toe Strains (14%)	Shoulder Strains (18%)	Ankle Sprains (22%)
Knee Fractures (20%)	Wrist Sprains (12%)	Shin Fractures (14%)	Ankle Sprains (12%)	Hamstring Strains (22%)
Ankle Sprains (20%)	Hamstring Strains (12%)	Clavicle Sprains (14%)	Foot/Toe Sprains (12%)	-
-	Knee Sprains (12%)	Low-back Strains (14%)	-	-
-	Calf Strains (6%)	Shoulder Dislocation/ Subluxation (14%)	-	-
-	Anterior Thigh Strains (6%)	Chest Sprains (14%)	-	-
-	Wrist fractures (6%)	Knee Sprains (14%)	-	-

* Accounts for separation of dual injuries and mathematical rounding

Table 13 shows the top three most common specific training time-loss injury diagnoses for each of the men's divisions (Division 1 and Division 2).

Table 13: Most common training injury diagnoses for each men's Division 1 and Division 2 (% of injuries)

Men's AIL 1	Men's AIL 2
Hamstring Strains (23%)	Hamstring Strains (27%)
Calf Strains (23%)	Hip/groin Strains (10%)
Ankle Sprains (7%)	Concussions (7%)
Knee Sprains (7%)	Ankle Sprains (7%)

4.3 Body Location of Training Injury

As was the case in the 2024-2025 season, the posterior thigh (25%) was the most common injury site in the men's clubs, followed by the calf (13%). In the 2024-2025 season, these were also the top two locations at 18% and 11% respectively.

Figure 7(a) shows the incidences of training injury according to body location for the men's clubs

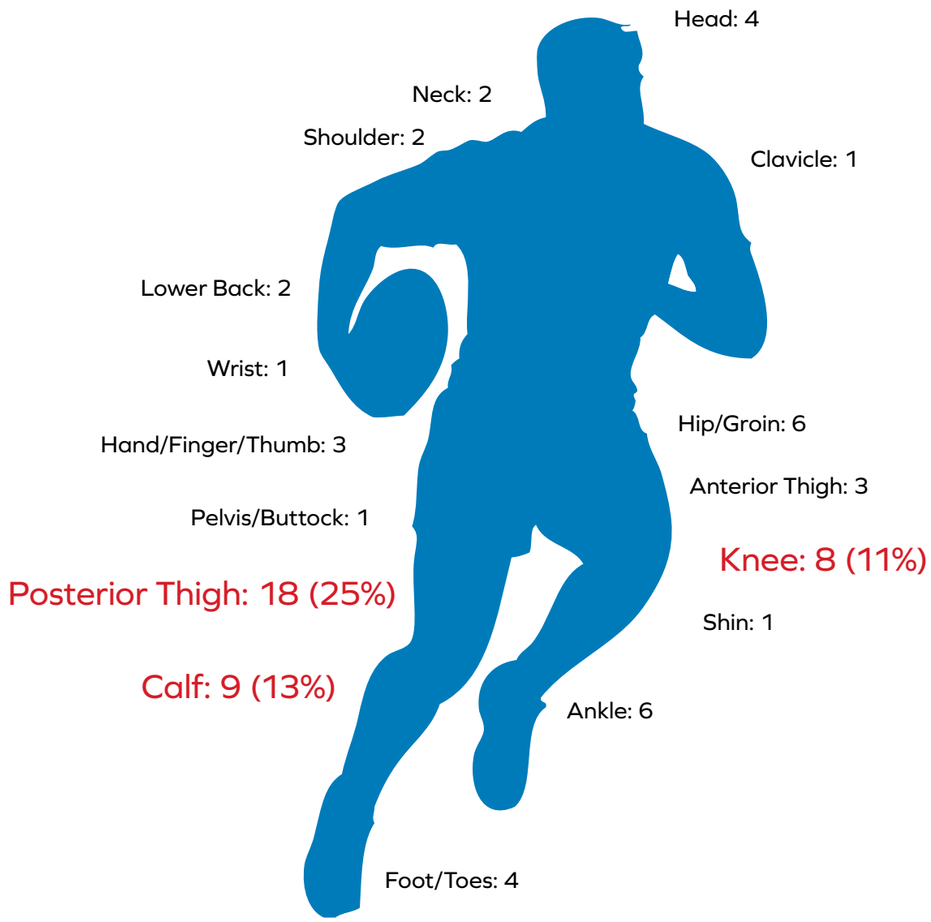


Figure 7(a): Location of training injury for the men's clubs (number of injuries)

Overall, the calf and knee (30% each) were the most common injury site in the women's clubs, followed by the ankle at 20%. Figure 7(b) shows the proportion of training injury according to body location for the women's clubs.

Figure 7(b) shows the incidences of injury according to bodily location for the women's clubs.

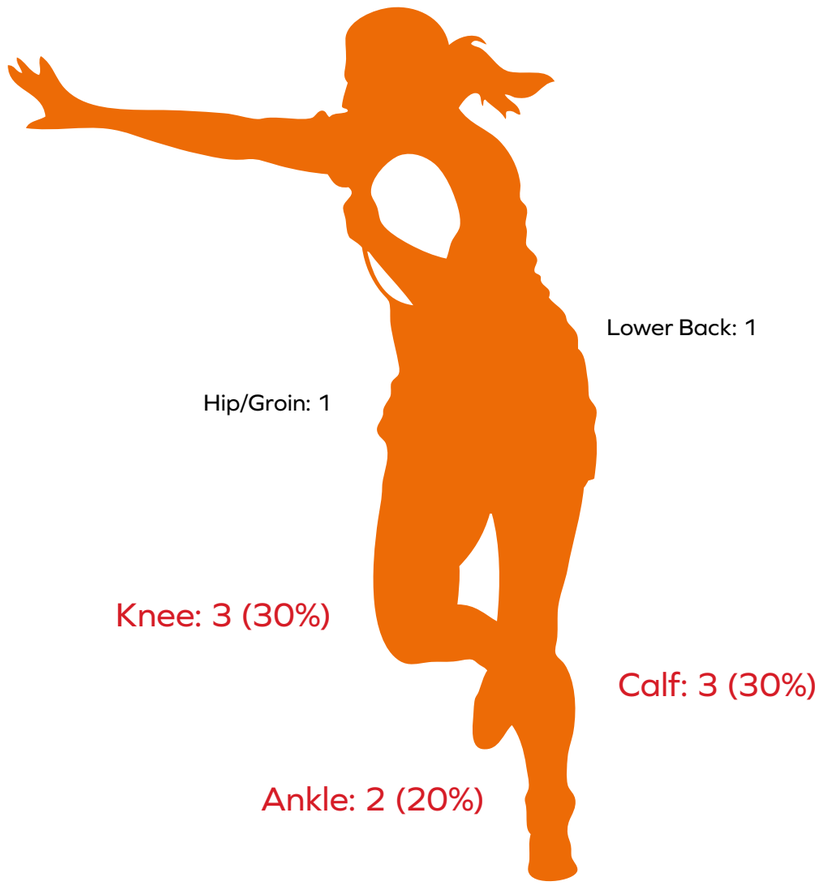


Figure 7(b): Location of training injury for the women's clubs (number of injuries)

4.4 Nature of Training Injury

The nature of injuries refers to the type of injury occurring.

In all eight seasons to date, sprains (referring to ligament injuries) and strains (referring to muscle or tendon injuries) have been responsible for the majority of training injuries in the men's clubs. In 2025-2026 similar to the previous three seasons, women's clubs experienced mainly sprains and strains, with other seasons more evenly distributed across natures. Figure 8 represents data from this season.

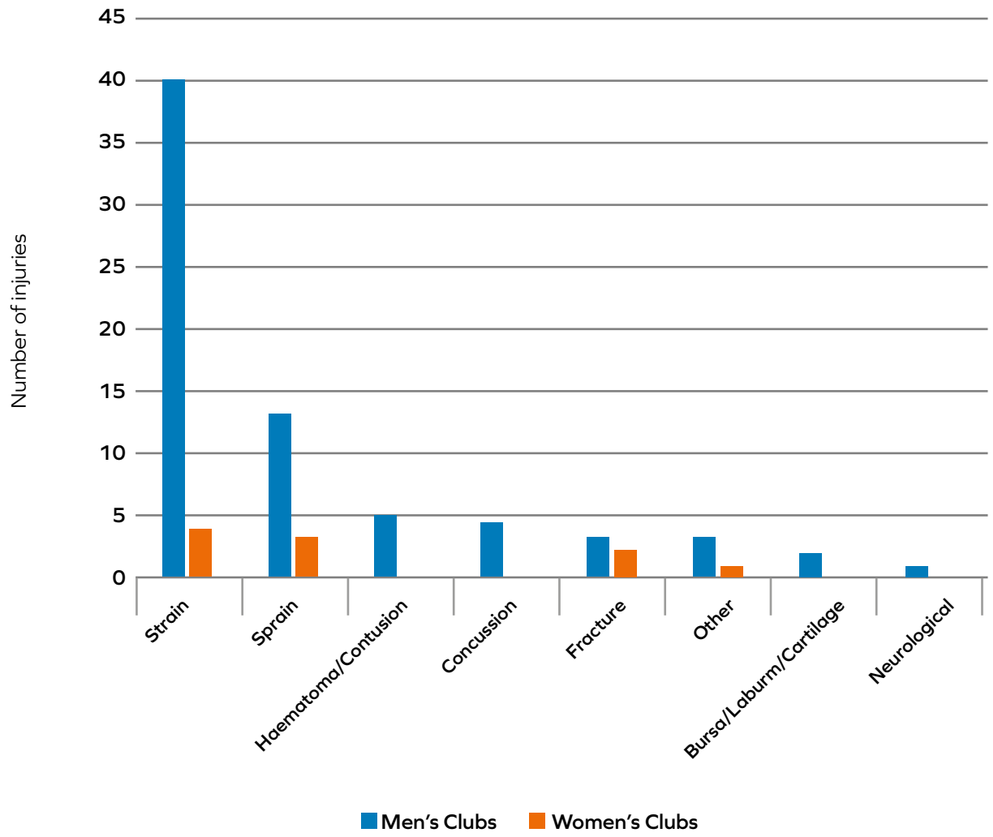


Figure 8: Nature of training injury (number of injuries)

4.5 Training Injury Event

Figure 9 shows the events surrounding the occurrence of an injury.

The training event responsible for the most men's injuries this season, similar to 2024-2025, was non-contact mechanisms, accounting for 46% (33/71 injuries). The tackle event was second most common, with the tackler sustaining 10% and the ball carrier 6% of all injuries. For women's clubs non-contact mechanisms, accounted for 80% of the injuries.

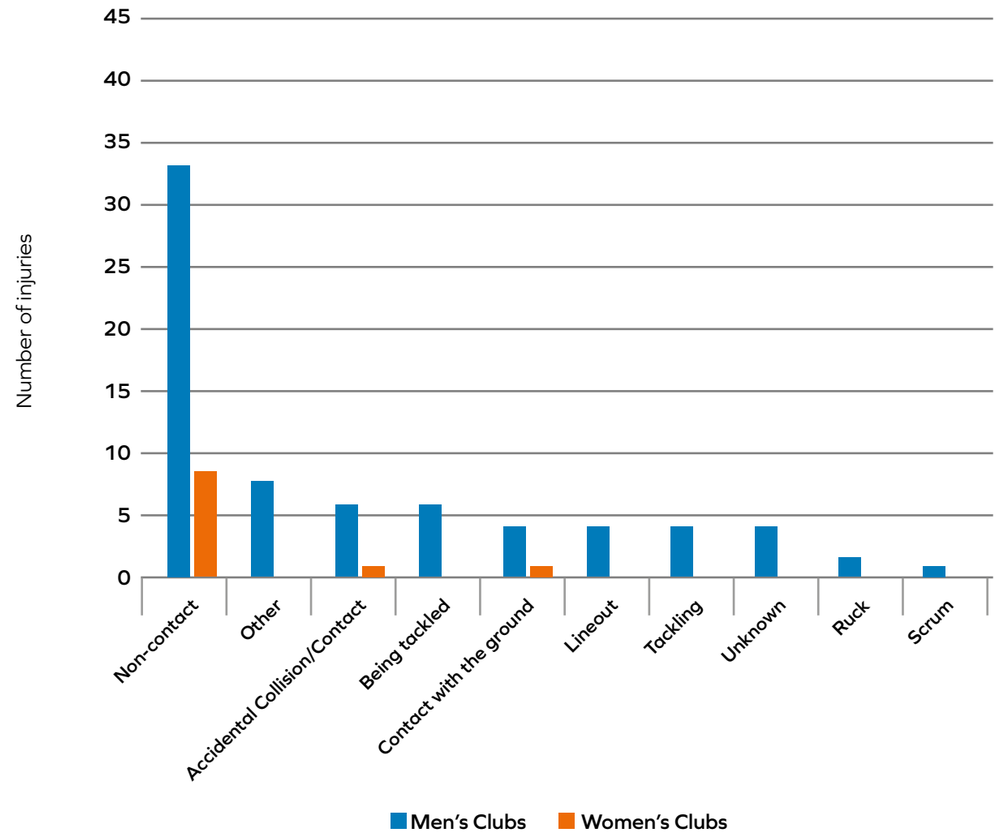


Figure 9: Training injury event (number of injuries)

4.6 Training Injury Severity

Injury severity was classified according to total days absent from rugby match or training in line with the World Rugby Consensus guidelines,[1] and the distribution of training injuries by severity is presented in Figure 10. The majority of injuries sustained in men's clubs were categorised as moderate (8–28 days) or severe (>28 days), with 24 moderate and 35 severe training injuries recorded. In contrast, minimal (2–3 days) and mild (4–7 days) injuries were less frequent, with 4 and 8 cases respectively.

A similar pattern is observed within women's clubs, although at a substantially lower overall injury count. Severe injuries represented the largest category (9 injuries), followed by moderate injuries (1 injury), while no minimal or mild injuries were reported. Slight injuries are discussed in more detail in sub-section 4.7.

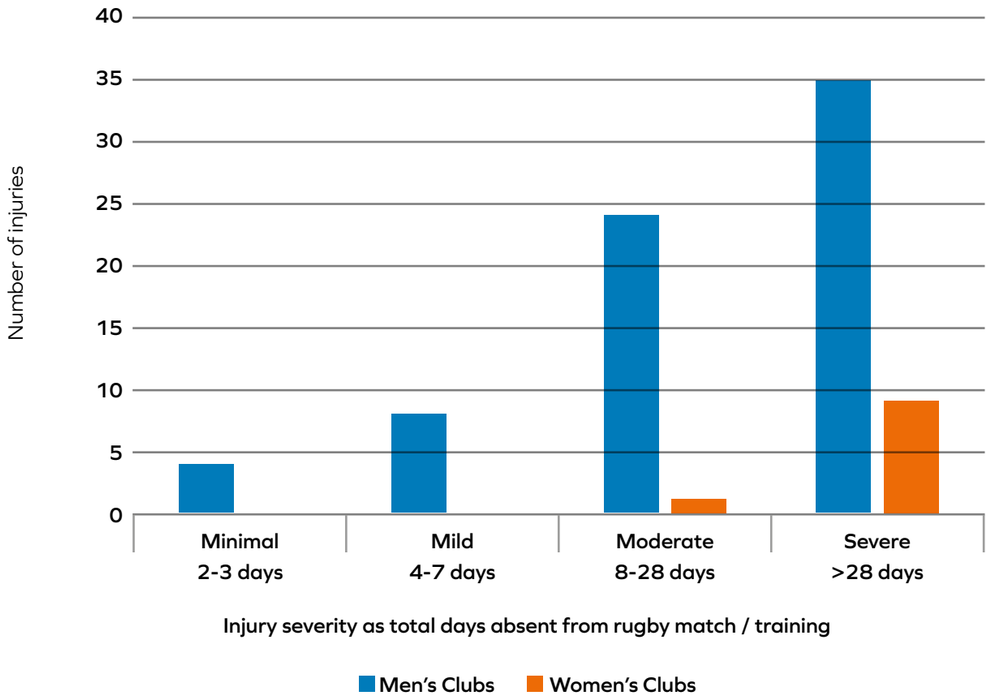


Figure 10: Training injury severity (number of injuries)

The burden of an injury assesses the incidence rate of an injury in relation to the average severity of the injury ([IR] x [average number of days' absence]). Exposure was not measured in relation to training injuries, therefore 'days lost per 1,000 hours' could not be calculated. However, frequency of training injuries along with average total days off are reported in table 14.

For training injuries reported in the men's clubs, hamstring strains represented the highest frequency of diagnosis (25%) and had an average days' absence of 41 days. For the women's game, calf strains (30%) had an average days' absence of 55 days.

Table 14: Diagnosis, number of training injuries, average total days off (TDO)

	Diagnosis	Number of Injuries	Average TDO
Men's Clubs	Hamstring Strain	18	41
	Calf Strain	9	34
	Ankle Dprain	5	18
Women's Clubs	Calf Strain	3	55
	Knee Fracture	2	90
	Ankle Sprain	2	52

4.7 Medical Attention Training Injury (slight injury)

Any injury resulting in 0-1 days absence from rugby match or training is considered a slight, or 'medical attention' injury and therefore were excluded from the analysis of time-loss injuries, as per best international practice.[2]

During the 2025-2026 season, no medical attention injuries were reported from training activities from the men's or the women's clubs. This was also the case in the previous season in 2024-2025. Slight injuries reported from training continue to be low similar to previous seasons, with the 2023-2024 season reporting 5, 2022-2023 season reporting 3 and the 2021-2022 season reporting only 1 from men's clubs. The 2019-2020 season reported 1 injury each for both men and women, and the 2018-2019 season reported 4 injuries for the men's clubs and 0 for the women's clubs.

Table 15: Training medical attention injuries

Division	No. Clubs	No. Players	No. Injuries
Men's Clubs	22	783	0
Women's Clubs	8	276	0



5.0 Future Directions of the IRIS Project

Following seven successful seasons of the IRISweb system, the IRIS project continued and completed its eighth season of data collection during the 2025-2026 campaign. Recruitment continued in the men's AIL across both Division One and Division Two, expanding a greater reach across Ulster and Connacht. Recruitment in the women's clubs was maintained across the women's AIL and also recruited high performing clubs within the first division of the Provincial Leagues. The Irish Rugby Football Union opted in to the World Rugby Global Tackle Height Law Trial that was monitored during the 2023/24 and 2024/25 seasons across adult amateur and also age-grade (schools) Rugby, and this has been reported separately. The IRIS Project data have been essential for the IRFU to assess the effectiveness of the IRFU Tackle Behaviours Law Trial on injuries, resulting in reducing concussion rate by up to 63% and whole body injury rate by up to 30% in Ireland. These findings were a fundamental component of the IRFU's decision to formally adopt the lowered tackle height into law for the 2025/26 season and beyond. The IRIS Project is also exploring stakeholder feedback on the implications of the IRFU Tackle Behaviours Trial.

The IRIS Project began a study in the senior amateur club 2021-2022 season measuring injury epidemiology and programme adherence for an intervention programme called ENGAGE. ENGAGE is a bespoke Rugby readiness and robustness programme which aims to improve overall player performance and reduce injury risk. Through a structured and progressive 3-phase programme, ENGAGE prepares players for the immediate training ahead and duration of the competitive matches across the season. The programme was found to be appropriate, highly acceptable, and feasible among the clubs adopting it, and the feasibility study resulted in moderate injuries, severe injuries, and concussion falling by 24%, 32%, and 40% respectively. IRIS has explored this programme in the underage school's game, with a heightened focus on coach support for programme delivery.

The IRIS project also completed surveillance into contact-related breast injuries and exercise-induced breast pain in adult female players in Ireland and internationally. This information helps inform all involved in the women's game regarding the prevalence of breast pain and injury and raise knowledge and awareness. In the 2024/25 season, IRIS added 'breast' as a distinct injury location and have been monitoring this prospectively over the coming seasons to gain a better understanding of the incidence, severity and burden of breast-related injury. IRIS are now complementing this research with dedicated studies examining the prevalence of female cohorts in rugby related research internationally, and detailed examination of injury epidemiology trends in the women's game.

Relative Energy Deficiency (REDs) in the women's and men's populations is also now being explored, examining awareness, prevalence, and education.

In 2024 IRIS also commenced a collaboration with UPMC Ireland (University of Pittsburgh Medical Centre) to further explore concussion symptoms, recovery duration and treatment. This collaborative project aligns to the work of IRIS and will over the coming years enhance our understanding of concussion treatments within the Irish amateur Rugby context.

6.0 Glossary of Terms

Ankle sprains are ligament tears (sprains) of any ligament in the ankle joint, inclusive of lateral (outside of joint), medial (inside of joint) and syndesmosis sprains (also called high ankle sprains).

ATFL sprain (anterior talo-fibular ligament sprain) refers to a tear of the ligament located on the outside of the ankle joint. It is also called an inversion sprain or lateral ligament sprain.

Calf/Achilles strain refers to a tear of one or more of the muscle groups located on the posterior aspect (back) of the lower leg.

Concussion refers to an injury to the brain resulting from a direct blow to the head, face or elsewhere on the body with an "impulsive" force transmitted to the head.

Finger nerve damage refers to an injury to any nerve(s) located in the fingers.

Finger sprain refers to a tear of the ligaments that connect the bones of the finger joints.

Foot/toe sprain refers to a tear of the ligaments that connect the bones of the foot joints.

Fracture refers to a partial or complete break in the continuity of bone.

Groin strain refers to a tear of primarily the iliopsoas or adductor muscle groups.

Haematoma/contusion refers to bruising located anywhere in the body.

Hamstring strain refers to a tear in the muscle group located on the posterior aspect (back) of the thigh.

Knee sprains are inclusive of all tears to any ligaments of the knee (anterior cruciate ligament or ACL, posterior cruciate ligament or PCL, medial collateral ligament or MCL, and lateral collateral ligament or LCL).

Knee tendon strain is a tear to one of the two tendons in the knee joint (patellofemoral or quadriceps tendon).

Laceration refers to a cut or tear in the skin.

Lumbar herniation refers to damage to the discs that are located between each vertebra (bones) of in the lower back.

Neck strain is a tear to one of the muscles or tendons in the neck region.

Quadriceps contusion is a deep bruise in the muscle group at the front of the thigh (also known as a 'dead leg' or a 'charley horse').

Rotator cuff strain refers to a tear of one or more of the muscles or tendons of the rotator cuff located around the shoulder joint.

Shoulder dislocation/subluxation refers to either partial or complete separation of the humerus (upper arm bone) from the glenoid fossa (shoulder socket).

Shoulder sprain refers to a tear in one of the ligaments in the glenohumeral (shoulder) joint.

Sternoclavicular sprain refers to a tear of the ligaments that stabilise the sternoclavicular joint between the sternum (breastbone) and clavicle (collarbone).



7.0 Publications and Conferences

7.1 Journal Publications

Guilfoyle L., Bibby K., Dolan P., Leahy T., Purtill H., Yeomans C., McLoughlin R., Comyns T.M., Kenny I.C. Tackle behaviour trial lowers concussion and overall injury rates: A seven-season prospective study in adult men's, women's and schoolboy Rugby Union. Journal of Science and Medicine in Sport. Xx(xx), xxxx [in press]

Power L., Comyns T.M., Purtill H., Mulvihill J., Collins M.W., Kontos A.P. and Kenny I.C., (2026) Sport-related Concussion Characteristics and Time-Loss Among Rugby Union Players across Six Seasons. Sports Health. Xx(xx), xxxx-xxxx [in press]

Power L., Kenny I.C., Mulvihill J..J.E., Bibby K.L., Purtill H., Zynda A.J., Collins M.W., Kontos A.P. and Comyns T.M. (20xx) The Development and Mixed-method Stakeholder Evaluation of a Sport-related Concussion Symptom and Treatment Monitoring System in Community Rugby. Irish Journal of Medical Science. Xx(xx), xxxx-xxxx [in press]

Billingham T., Comyns T.M., Norton C., Warrington G.D., Sweeney G., Purtill H., Kenny I.C. (2026) Relative Energy Deficiency in Sport (REDs) in Elite Adult Team Ball Sport Athletes: A Systematic Review. Journal of Science and Medicine in Sport. 29(4), 342-350. https://doi.org/10.1016/j.jsams.2025.10.011

Power L., Kenny I.C., Zynda A.J., Collins M.W., Mulvihill J., Kontos A.P. and Comyns T.M. (2026) Concussion Recovery Time, in Relation to Return- to- Play Protocols, and Mandated Sit- Out Periods among Adult Amateur Contact Field Sports: A Systematic Review. Irish Journal of Medical Sciences. 195, 793-805. https://doi.org/10.1007/s11845-025-04242-6

Bibby K., Comyns T.M., Cahalan R., Purtill H. and Kenny I.C. (2025). Before and After - The Development and Assessment of an Education Intervention about Female Breast Health in Rugby Union. Health Education. 126(3), 361-377. https://doi.org/10.1108/HE-05-2025-0053

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Bibby K., Kenny I.C., Cahalan R., Guilfoyle, L. and Comyns T.M. (2025). Breast Health Knowledge and Awareness among Stakeholders in Women's Rugby. International Journal of Sports Science & Coaching. 20(2), 529-539. https://doi.org/10.1177/17479541251314186

Guilfoyle L., O'Sullivan K., Comyns T.M. and Kenny I.C. (2025) What do coaches want? Exploring the preferences of youth Rugby Union coaches for education in the implementation of injury prevention programmes. Physical Therapy in Sport. 72, 1-8. https://doi.org/10.1016/j.ptsp.2024.12.002

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Bibby K., Kenny I.C., Cahalan R., Purtill H. and Comyns T.M. (2025). The awareness, knowledge, and experience of female rugby players of impact related breast injuries and exercise induced breast pain – an international survey. Science et Sports. 40(1), 75-82. https://doi.org/10.1016/j.scispo.2024.08.004

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Guilfoyle L., Kenny I.C., O'Sullivan K., Campbell M.J., Warrington G.W., Glynn L.G. and Comyns T.M. (2024) Coaches of youth field-sports as delivery agents of injury prevention programmes: how are we training the trainers? A systematic scoping review. British Journal of Sports Medicine. 58(3), 114-153. doi: 10.1136/bjsports-2023-106934

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7.2 Conference Communications

Curran D., Kenny I.C., O'Sullivan K., Purtill, H. and Comyns T.M. (2026) Adaptation and Enforcement under the Tackle Height Law trial: Insights from key Stakeholders. Proceedings of the 2026 Irish Sport and Exercise Sciences Association Annual Conference, 21-22 May 2026, Athlone, Ireland.

Hickey J., Kenny I.C., McAuliffe S, Barry L. and Comyns T.M. (2026) The prevalence of the Female Athlete in Athletic Development Research for Rugby Literature: Preliminary Findings of a Scoping Review. Proceedings of the 2026 Irish Sport and Exercise Sciences Association Annual Conference, 21-22 May 2026, Athlone, Ireland.

Willis, S., Comyns T.M., Bibby, K. and Kenny I.C. (2026) Profile of non-contact injuries in schoolboy Senior Cup and men's club rugby across match and training contexts. Proceedings of the 2026 Irish Sport and Exercise Sciences Association Annual Conference, 21-22 May 2026, Athlone, Ireland.

Scanlon S., Comyns T.M., Purtill H., and Kenny I.C. (2026) Are We Measuring the Right Thing? Under-Reporting of Key Tackle-Related Injury Metrics in Youth Rugby Epidemiology. Proceedings of the 2026 Irish Sport and Exercise Sciences Association Annual Conference, 21-22 May 2026, Athlone, Ireland.

Billingham T., Comyns T.M., Norton C., Warrington G., Sweeney, G., Purtill H. and Kenny I.C. (2026) Knowledge and Awareness of Relative Energy Deficiency in Sport (REDs) among Key Rugby Stakeholders: Players, Coaches, and Medical Support Staff – An International Survey. Proceedings of the 2026 Irish Sport and Exercise Sciences Association Annual Conference, 21-22 May 2026, Athlone, Ireland.

Hughes W., Comyns T.M., Bibby K., Yeomans C., Dolan P. and Kenny I.C. (2026) Longitudinal Analysis of Match-Play Shoulder Injury Incidence Rate and Burden in Male Amateur Rugby Union. Proceedings of the 2026 Irish Sport and Exercise Sciences Association Annual Conference, 21-22 May 2026, Athlone, Ireland.

Willis, S., Comyns T.M., Bibby, K. and Kenny I.C. (2026) Non-contact injury characteristics in schoolboy and male adult amateur rugby across match and training exposure. Proceedings of the 2026 All-Ireland Conference of Undergraduate Research (AICUR), 25 March 2026, Limerick, Ireland.

Power, L.C., Kenny, I.C., Mulvihill, J.J.E., Purtill, H., Collins, M.W., Kontos, A.P. and Comyns, T.M. (2026) Sport-related Concussion History, Characteristics, and Treatment among Community Adult Rugby Union Players. Proceedings of the 14th Annual Concussion & Brain Health Symposium, 14-16 May 2026, Cleveland Ohio, USA.

Power, L.C., Comyns, T.M., Purtill H., Mulvihill, J.J.E., Bibby, K., Yeomans C., Dolan, P, Collins, M.W., Kontos, A.P. and Kenny, I.C. (2025) Sport-related Concussion Characteristics among Male and Female Community Rugby Union Players. Proceedings of the 14th Annual Concussion & Brain Health Symposium, 14-16 May 2026, Cleveland Ohio, USA.

Bibby K., Comyns T.C., Cahalan R., Purtill H. and Kenny I.C. (2025) Enhancing Breast Health Knowledge and Awareness in Female Rugby Union - A Novel Educational Intervention. Proceedings of the BASEM British Association of Sport and Exercise Medicine Conference 2025, 18-19 November 2025, Leeds, UK.

Power, L.C., Kenny, I.C., Mulvihill, J.J.E., Kontos, A.P., Collins, M.W. and Comyns, T.M. (2025) Comparison of sport-related concussion and time-loss in male and female amateur Rugby Union players across a 2-year time period. Accepted for presentation at the World Federation of Athletic Training and Therapy (WFATT) - 13th World Congress, 16-18 October 2025, Maynooth, Ireland.

Billingham T., Comyns T.M., Norton C., Warrington G.D., Sweeney G., McArdle S., Purtill H., Kenny I.C. (2025) Prevalence of Relative Energy Deficiency in Sport (REDs) and Low Energy Availability (LEA) in Elite Adult Female Team Ball Sport Athletes. Accepted for presentation at the Women in Sport and Exercise Conference 2025, 24-25 June 2025, Leeds, UK.

Bibby K., Comyns T.C., Cahalan R., Purtill H. and Kenny I.C. (2025) How much do they know? Perspectives of players and coaches on breast health issues in women's Rugby. Accepted for presentation at the Women in Sport and Exercise Conference 2025, 24-25 June 2025, Leeds, UK.

Power, L.C., Kenny, I.C., Zynda A.J., Mulvihill, J.J.E., Collins, M.W., Kontos, A.P., and Comyns, T.M. (2025) Concussion Recovery Time, Return-to-Play Protocols, and Mandated Sit-Out Periods among Adult Amateur Contact Field Sports: A Systematic Review. Proceedings of the 2025 Irish Sport and Exercise Sciences Association, 22-23 May 2025, Waterford, Ireland.

Bibby K., Comyns T.C., Cahalan R., Purtill H. and Kenny I.C. (2025) How to Develop And Assess An Education Intervention (EI) On Female Breast Health In Rugby Union. Proceedings of the 2025 Irish Sport and Exercise Sciences Association, 22-23 May 2025, Waterford, Ireland.

Billingham T., Comyns T.M., Norton C., Warrington G.D., Sweeney G., McArdle S., Purtill H., Kenny I.C. (2025) Low Energy Availability (LEA) in Elite Adult Team Ball Sport Athletes: A Systematic Review. Proceedings of the 2025 Irish Sport and Exercise Sciences Association, 22-23 May 2025, Waterford, Ireland.

Kenny, I.C., Billingham, T., Cahalan, R., Warrington, G., O'Sullivan, K., Yeomans, C., Glynn, L.G., Lyons, M., Purtill, H., Mulvihill, J.J.E., Campbell, M.J., Bibby, K. & Comyns, T.M. (2024) Five Year Analysis of Playing Surface Injuries in Female and Male Adult Amateur Community Rugby Union. Proceedings of the 20th SASMA South African Sports Medicine Association Conference 2024, 17-19 October, Stellenbosch, South Africa.

Comyns,T.C., Guilfoyle, L., Dolan, P., Bibby, K., Cahalan, R., Warrington, G., O'Sullivan, K., Glynn, L.G., Lyons, M., Purtill, H., Mulvihill, J.J.E., Campbell, M.J., & Kenny, I.C. (2024) Comparison of Training Injuries in Male Adult Amateur Community Rugby Union and Schoolboy Rugby Union in Ireland. Proceedings of the 20th SASMA South African Sports Medicine Association 2024 Conference, 17-19 October, Stellenbosch, South Africa.

Cahalan, R., Comyns,T.C., Guilfoyle, L., Dolan, P., Bibby, K., Warrington, G., O'Sullivan, K., Glynn, L.G., Lyons, M., Purtill, H., Mulvihill, J.J.E., Campbell, M.J., & Kenny, I.C. (2024) Comparison of Match Injuries in Male Adult Amateur Community Rugby Union and Schoolboy Rugby Union in Ireland. Proceedings of the 20th SASMA South African Sports Medicine Association 2024 Conference, 17-19 October, Stellenbosch, South Africa.

Guilfoyle L., Kenny I.C., O'Sullivan K. & Comyns C. (2024) What we don't know can hurt us: the under-reporting of coach education characteristics in sports injury prevention. Proceedings of the 20th SASMA South African Sports Medicine Association 2024 Conference, 17-19 October, Stellenbosch, South Africa.

Bibby K., Comyns T.C., Cahalan R., Purtill H. and Kenny I.C. (2024) An International Investigation on Exercise Induced Breast Pain and Contact Breast Injuries among Female Rugby Union Players. Proceedings of the 20th SASMA South African Sports Medicine Association 2024 Conference, 17-19 October, Stellenbosch, South Africa.

Warrington, G.D., McGrath, E., Comyns, T.M., Cahalan, R., Yeomans, C., and Kenny, I.C. (2024) Comparison of Women's and Men's Injury Epidemiology in Amateur Rugby Union. Proceedings of the 20th SASMA South African Sports Medicine Association 2024 Conference, 17-19 October, Stellenbosch, South Africa.

Comyns, T.M. (2024) ENGAGE: Development and implementation of the ENGAGE injury prevention programme with Irish amateur and schoolboy rugby players. Invited talk. Proceedings of the UK Collaborating Centre on Injury and Illness Prevention in Sport (UKCCIIS) International Conference 2024, 8-9 July 2024, Edinburgh, Scotland.

Guilfoyle, L., Comyns, T.M., O'Sullivan, K. and Kenny, I.C. (2024) "Tell me what you want, what you really, really want": Rugby Union coach preferences for education and support in injury prevention. Proceedings of the UK Collaborating Centre on Injury and Illness Prevention in Sport (UKCCIIS) International Conference 2024, 8-9 July 2024, Edinburgh, Scotland.

Power, L.C., Comyns, T.M., Mulvihill, J.J.E., Collins, M.W., Kontos, A.P. and Kenny, I.C., (2024) Sports-related concussion frequency and time-loss in Irish adult amateur and schools underage rugby training and matches. Proceedings of the 2024 All Ireland Postgraduate Conference in Sport Science, Physical Activity and Physical Education, 22 May 2024, ATU Galway, Ireland.

Kenny, I.C., Power, L.C., Mulvihill, J.J.E., Collins, M.W., Kontos, A.P. and Comyns, T.M. (2024) Concussion Time-Loss Severity in Amateur Rugby Union. Proceedings of the TREAT sport-related concussion Conference, 20-21 April 2024, Pittsburgh, USA.

Power, L.C., Kenny, I.C., Mulvihill, J.J.E., Collins, M.W., Kontos, A.P. and Comyns, T.M. (2024) Whole body injury and time-loss following sports related concussion in Irish amateur Rugby players over a competitive season. Proceedings of the TREAT sport-related concussion Conference, 20-21 April 2024, Pittsburgh, USA.

Griffin, A., Kenny, I.C., Comyns, T.M., Tiernan, C. and Lyons, M. (2024) Practical considerations for the use of pre-session subjective wellness as a tool for injury risk mitigation in amateur Rugby Union. Submitted to the European College of Sport Science Conference 2024, 2-5 July 2024, Glasgow, UK.

Bibby K., Comyns T.M., Cahalan R., Warrington G.D., Purtill H. and Kenny, I.C. (2024) A Silent Injury - Breast Pain And Injury Among Female Rugby Union Players. Proceedings of the 71st ACSM American College of Sports Medicine Conference 2024, 28 May – 31 June 2024, Boston, USA.

Bibby, K., Kenny, I.C., Cahalan, R, and Comyns T.M. (2023) Impact related breast injuries among female athletes – a systematic review. Proceedings of the National Sport & Human Performance Conference 2023, 29 September 2023, Limerick, Ireland.

Kenny, I.C., Billingham, T., Dolan, P., Cahalan, R., Warrington, G.D., Yeomans, C., Glynn, L., Campbell, M.J., Lyons, M., Harrison, A.J., Purtill, H., Mulvihill. J.J.E. and Comyns, T.M. (2023) Four Year Analysis of Playing Surface Relationship to Injuries in Adult Amateur Rugby Union. Proceedings of the National Sport & Human Performance Conference 2023, 29 September 2023, Limerick, Ireland.

Guilfoyle, L., Comyns, T.M., O'Sullivan, K. and Kenny, I.C. (2023) Mechanism of Injury in Irish Schoolboy Rugby Union: How much does contact contribute? Proceedings of The Royal College of Surgeons Ireland Faculty of Sports and Exercise Medicine (RCSI FSEM) Conference 2023, 15 September 2023, Dublin, Ireland.

Guilfoyle, L., Comyns, T.M., O'Sullivan, K. and Kenny, I.C. (2023) Ligament sprain injuries in Irish Schoolboy Rugby Union. Proceedings of the Irish Society of Chartered Physiotherapists ISCP Conference 2023, 13 October 2023, Galway, Ireland.

Bibby, K., Kenny, I.C., Cahalan, R, and Comyns T.M. (2023) Are existing injury surveillance systems in Rugby Union capable of reporting and monitoring breast injuries? Proceedings of the Irish Society of Chartered Physiotherapists ISCP Conference 2023, 13 October 2023, Galway, Ireland.

Billingham, T., Comyns, T.M., Mulvihill, J.J.E., Dolan, P., Yeomans, C., Viviers, P.L. and Kenny, I.C. (2023) Concussion and Subsequent Injuries In Amateur Community Rugby Union. Proceedings of the 70th ACSM American College of Sports Medicine Conference 2023, 30 May – 2 June 2023, Denver, USA.

Comyns, T.M., Purtill, H., Warrington, G.D., Cahalan, R., O'Sullivan, K., Glynn, L.G., Campbell, M.J., Lyons, M., Harrison, A.J., Yeomans, C., Dolan, P. and Kenny, I.C. (2023) Comparison Of Amateur Rugby Match-injury Incidence Rates Between Pre And Post Covid-19 Lockdown Seasons. Proceedings of the 70th ACSM American College of Sports Medicine Conference 2023, 30 May – 2 June 2023, Denver, USA.

Dolan, P., Comyns, T.M., Glynn, L.G., Purtill, H. and Kenny, I.C. (2023) A Customized Warm-up Design And Controlled Feasibility Trial In Adult Amateur Rugby Union. Proceedings of the 70th ACSM American College of Sports Medicine Conference 2023, 30 May – 2 June 2023, Denver, USA.

Guilfoyle, L., Leahy, T., Comyns, T.M., O'Sullivan, K. and Kenny, I.C. (2023) Injury Trends Across Two Seasons Of Senior Cup Schoolboy Rugby Union In Ireland. Proceedings of the 70th ACSM American College of Sports Medicine Conference 2023, 30 May – 2 June 2023, Denver, USA.

Kenny, I.C., Billingham, T., Dolan, P., Cahalan, R., Warrington, G.D., Yeomans, C., Glynn, L., Campbell, M.J., Lyons, M., Harrison, A.J., Purtill, H., Mulvihill. J.J.E. and Comyns, T.M. (2023) Characteristics of Injury in Rugby Union on Artificial and Natural Playing Surfaces. Proceedings of the 70th ACSM American College of Sports Medicine Conference 2023, 30 May – 2 June 2023, Denver, USA.

Warrington, G.W., Leahy, T., Cahalan, R., Glynn, L.G., Campbell, M.J., Lyons, M., Harrison, A.J., Purtill, H., Kenny, I.C. and Comyns, T.M. (2023) Characteristics of Training Injuries in School-Boy Rugby Union in Ireland. Proceedings of the 70th ACSM American College of Sports Medicine Conference 2023, 30 May – 2 June 2023, Denver, USA.

Guilfoyle, L., Comyns T.M., O'Sullivan and Kenny I.C. (2023) Tackle-event injuries in Irish Schoolboy Rugby Union: A closer look. Proceedings of the 2023 All Ireland Postgraduate Conference in Sport Science, Physical Activity and Physical Education, 26 May 2023, Cork, Ireland.

Bibby, K., Kenny, I.C., Cahalan, R, and Comyns T.M. (2023) An investigation into existing injury surveillance systems in Rugby Union and their capability to report and monitor breast injuries. Proceedings of the 2023 All Ireland Postgraduate Conference in Sport Science, Physical Activity and Physical Education, 26 May 2023, Cork, Ireland.

Yeomans, C., Comyns, T.M., Kenny, I.C. and Liston, M. (2022) Concussion knowledge and attitudes in elite Rugby Union in Ireland. Submitted for presentation at the IBIA International Brain Injury Association 14th World Congress on Brain Injury, 29 March – 1 April 2023, Dublin.

Dolan P., Comyns T.M., Glynn L.G., Yeomans C. and Kenny I.C. (2022) An Evidence-Supported Warm-up Design and Feasibility Trial in Adult Amateur Rugby Union. Proceedings of the 2022 All Ireland Postgraduate Conference in Sport Science, Physical Activity and Physical Education, 9 September 2022, Dublin, Ireland.

Li Y. and Kenny I.C. (2022) Comparison of injury for non-contact sports (track) versus contact sports (rugby). Proceedings of the 69th ACSM American College of Sports Medicine Conference 2022, 31 May - 4 June 2022, San Diego, USA.

Kenny, I.C. & Comyns T.M. Invited plenary speakers. (2021) 'Irish amateur community Rugby women's and men's comparative injury surveillance'. Proceedings of the 2021 University of Bath Female Rugby Union Research Symposium. 2 December 2021, Bath, UK.

Yeomans, C., Comyns, T.M., Cahalan, R., Warrington, G.D., Harrison, A.J., Purtill, H., Lyons, M., Campbell, M.J., Glynn, L.G. and Kenny, I.C. (2021) A Comparison of Injuries between Male and Female Amateur Rugby Union Players. International Olympic Committee (IOC) World Conference on Prevention of Injury & Illness in Sport, 25-27 November 2021, Monaco.

Dolan P., Comyns T.M., Glynn L.G., Yeomans C. and Kenny I.C. (2021) A 3 Year Investigation of Match Injuries in Amateur Rugby Union. Proceedings of the European College of Sport Science Conference 2020, 8-10 September 2021, Cologne, Germany.

Griffin, A., Kenny, I.C., Comyns, T.M. and Lyons, M. (2021). Training load monitoring in team sports: a practical approach to addressing missing data. Proceedings of the European College of Sport Science Conference 2020, 8-10 September 2021, Cologne, Germany. [Shortlisted for Young Investigator Award]

Yeomans C., Kenny I.C., Comyns T.M. and Van Dyk N. (2021) The Burden of Injury, from Amateur to Elite Women's Rugby Union. Proceedings of the Women In Sport & Exercise Conference 2021 (WISE), 19-22 April 2021, Worcester, UK.

Dolan P., Comyns T.M., Glynn L.G., Yeomans C. and Kenny I.C. (2021) Distinction Between Women's and Men's Amateur Rugby Union Match Injury: A 3 year Examination. Proceedings of the Women In Sport & Exercise Conference 2021 (WISE), 19-22 April 2021, Worcester, UK.

Murphy G. and Kenny I.C. (2021) A Qualitative Investigation into the Individual Injury Burden of Amateur Rugby Player. Proceedings of the 2021 All-Ireland Conference of Undergraduate Research (AICUR), 24 March 2021, Limerick, Ireland.

Leahy T.M., Kenny I.C., Campbell M.J., Warrington G.D., Cahalan R., Harrison A.J., Lyons M., Glynn L.G., O'Sullivan K. and Comyns T.M. (2021) Upper limb injuries in Irish Schoolboy Rugby Union. Proceedings of the 68th ACSM American College of Sports Medicine Conference 2021, 1 - 5 June 2021, Washington D.C., USA.

Griffin, A., Kenny, I.C., Comyns, T.M. and Lyons, M. (2020). The development and evaluation of a training monitoring system for amateur Rugby Union. Proceedings of the 2020 Australian Strength and Conditioning Association (ASCA) Conference on Applied Strength and Conditioning, 19-29 November 2020, (virtual), Australia.

Griffin, A., Kenny, I.C., Comyns, T.M. and Lyons, M. (2019). Training load monitoring in amateur Rugby Union: A survey of current practices. Accepted for presentation at the European College of Sport Science Conference 2020, 3-6 July 2020, Prague, Czech Republic.

Griffin, A., Kenny, I.C., Comyns, T.M. and Lyons, M. (2019). The relationship between the acute:chronic workload ratio and injury and its application in team sports: a systematic review. Proceedings of the British Association of Sport and Exercise Sciences (BASES) Conference 2019, 19-20 November 2019, Leicester, UK.

Leahy T.M., Kenny I.C., Campbell M.J., Warrington G.D., Cahalan R., Harrison A.J., Lyons M., Glynn L.G., and Comyns T.M. (2019) Injury Surveillance in School Rugby Union in Ireland. Proceedings of the SASMA South African Sports Medicine Association BRICSCESS BRICS Council of Exercise and Sports Science 2019 Congress. 10-13 October 2019, Cape Town, South Africa.

Yeomans, C., Kenny, I.C., Cahalan R., Costello V., Warrington G.D., Cahalan R., Harrison A.J., Lyons M., Glynn L.G., and Comyns T.M. Relationship between physical and wellness baseline screening measures and seasonal amateur Rugby injury. ACSM Annual Conference. Florida. May 2019.

Warrington G.D., Yeomans C., Comyns T.M., Cahalan R., Glynn L.G., Harrison A.J., Hayes K., Lyons M., Campbell M.J., Kenny I.C. Developing a Rugby-specific injury surveillance project. ACSM Annual Conference. Florida. May 2019.

Comyns T.M., Yeomans C., Cahalan R., Warrington G.D., Glynn L.G., Harrison A.J., Hayes K., Lyons M., Campbell M.J., Kenny I.C. Injury Surveillance in Amateur Rugby n Ireland. ACSM Annual Conference. Florida. May 2019.

Kenny I.C., Yeomans C., Cahalan R., Warrington G.D., Glynn L.G., Campbell M.J., Harrison A.J., Hayes K., Lyons M., Comyns T.M. Comparison of Injury in Male and Female Amateur Rugby Union. ACSM Annual Conference. Florida. May 2019.

Griffin, A., Kenny, I.C., Comyns, T.M. and Lyons, M. (2019). A comparison of the rolling average and exponentially weighted moving average models for calculating the acute:chronic workload ratio: a systematic review. AIPG Conference. Athlone IT. May 2019.

Leahy, TM., Kenny I.C., Campbell M.J., Warrington G.D., Cahalan R., Harrison A.J., Lyons M., Glynn L.G., and Comyns T.M. A Systematic review of injury epidemiology and surveillance practices in school Rugby. AIPG Conference. Athlone IT. May 2019.

Yeomans, C., Comyns, T.M., Cahalan, R., Hayes, K., Costello, V., Warrington, G.D., Harrison, A.J., Lyons, M., Campbell, M.J., Glynn, G. L., Kenny, I.C. Injury Risk Profiling in Irish Amateur Rugby Union. AIPG Conference. Athlone IT Ireland. May 2019.

Yeomans, C., Kenny, C. I., Cahalan, R., Warrington, D. G., Harrison, J. A., Hayes, K., Lyons, M., Campbell, J. M., Glynn, G. L., Comyns, M. T. Injuries in Irish Amateur Rugby AUDGPI Annual Conference. Ireland. 2019.

Leahy, T.M., Kenny, I.C., Cahalan, R., Warrington, G.D., Harrison, A.J., Hayes, K., Lyons, M., Campbell, M.J., Glynn, L.G. & Comyns, T.M. (2019) IRIS Schools Methods and Aims. Irish Rugby Football Union – Irish Rugby Injury Surveillance Schools' Injury Surveillance and Prevention Workshop 2019. 17 January 2019, Limerick, Ireland.

Yeomans, C., Kenny, I.C., Cahalan, R., Warrington, G.D., Harrison, A.J., Hayes, K., Lyons, M., Campbell, M.J., Glynn, L.G. & Comyns, T.M. (2019) Irish Rugby Injury Surveillance Season 2017/18 Results. Irish Rugby Football Union – Irish Rugby Injury Surveillance Schools' Injury Surveillance and Prevention Workshop 2019. 17 January 2019, Limerick, Ireland.

Kenny, I.C., Comyns, T.M., Yeomans, C., Cahalan, R., Warrington, G.D., Harrison, A.J., Hayes, K., Lyons, M., Campbell, M.J., & Glynn, L.G. (2019) Irish Rugby Injury Surveillance. Irish Rugby Football Union – Irish Rugby Injury Surveillance Schools' Injury Surveillance and Prevention Workshop 2019. 17 January 2019, Limerick, Ireland.

Yeomans, C., Comyns, T.M., Cahalan, R., Warrington, G.D., Glynn, L.G., Harrison, A.J., Hayes, K., Lyons, M., Campbell, M.J. & Kenny, I.C. (2018) 'Seasonal Injury Incidence in Irish Amateur Rugby Union'. Poster presentation at the Health Research Institute, Research Day. University of Limerick, Limerick, Ireland.

Kenny, I.C. & Comyns T.M. Invited plenary speakers. Kenny, I.C., Yeomans, C., Cahalan, R., Warrington, G.D., Harrison, A.J., Hayes, K., Lyons, M., Campbell, M.J., Glynn, L.G., & Comyns, T.M. (2018) 'Injury Surveillance in Irish Rugby 'The Irish Rugby Injury Surveillance (IRIS) Project'. 6th World Congress of Sports & Exercise Medicine. 3-4 November 2018, Dublin, Ireland.

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9.0 Appendix

Appendix Table 1: Seasonal summary of incidence rate per 1000 player hours, number of teams and players participating and overall compliance (IR/1,000 player hours)*

	2025-26	2024-25	2023-24	2022-23	2021-22**	2019-20	2018-19	2017-18
Men's Clubs								
Men Teams	22	21	19	22	17	20	25	15
Men Matches	475	460	431	496	361	325	55	340
Men Players	783	839	854	878	709	929	959	479
Men Match Injury Rate	35.1	44.1	36.3	43.3	55	49.1	47.2	49.7
Women's Clubs								
Women Teams	8	9	4	4	4	5	7	4
Women Matches	150	157	77	81	69	63	103	78
Women Players	276	244	145	139	129	196	195	129
Women Match Injury Rate	18.0	25.2	22.8	30.3	29.8	34.9	27.7	46.2
Overall Compliance	94%	94%	96%	93%	83%	89%	90%	90%

* Accounts for separation of dual injuries and mathematical rounding

** IRIS did not collect full season data during 2020-2021 due to training and match curtailment as a result of the COVID-19 pandemic. For 2019-20 approximately 120 matches missed due to a shortened competitive season therefore reduced exposure.

Appendix Table 2: Overall most common injury diagnoses for the men's clubs over seven seasons (IR/1,000 player hours, % of injuries)*

Men's Clubs							
2025-26	2024-25	2023-24	2022-23	2021-22**	2019-20	2018-19	2017-18
Concussion 4.1 (11%)	Hamstring Strains 5.2 (12%)	Concussion 4.4 (12%)	Concussion 9.1 (20%)	Concussion 7.6 (13%)	Concussion 7.1 (14%)	Concussion 5.3 (11%)	Concussion 6.1 (12%)
Hamstring Strains 3.1 (9%)	Concussion 4.7 (11%)	Ankle Sprains 3.4 (9%)	Ankle Sprains 5.0 (11%)	Ankle Sprains 5.3 (9%)	Ankle Sprains 4.5 (9%)	ATFL Sprains 4.1 (9%)	ATFL Sprains 5.7 (11%)
Ankle Sprains 2.2 (6%)	Ankle Sprains 4.0 (9%)	Hamstring Strains 3.0 (8%)	Hamstring Strains 4.7 (10%)	Hamstring Strains 4.6 (8%)	Hamstring Strains 2.9 (6%)	Hamstring Strains 3.9 (8%)	Hamstring Strains 4.1 (8%)

* Accounts for separation of dual injuries and mathematical rounding

** IRIS did not collect full season data during 2020-2021 due to training and match curtailment as a result of the COVID-19 pandemic. For 2019-20 approximately 120 matches missed due to a shortened competitive season therefore reduced exposure.

Appendix Table 3: Overall most common injury diagnoses for the women's clubs over seven seasons (IR/1,000 player hours, % of injuries)*

Women's Clubs							
2025-26	2024-25	2023-24	2022-23	2021-22**	2019-20	2018-19	2017-18
Concussion 4.0 (22%)	Concussion 4.5 (18%)	Knee Sprains 2.6 (11%)	Ankle Sprains 4.3 (14%)	Concussion 3.6 (10%)	Concussion 5.6 (16%)	Concussion 5.3 (19%)	Concussion 5.1 (11%)
Knee Sprains 1.7 (9%)	Ankle Sprains 4.2 (16%)	Ankle Sprains 2.6 (11%)	Knee Sprains 3.7 (12%)	Ankle Sprains 2.9 (8%)	Ankle Sprains 4.8 (14%)	ATFL Sprains 3.4 (12%)	ATFL Sprains 5.1 (11%)
Hand, Finger & Thumb Fractures 1.3 (7%)	Knee Sprains 1.6 (6%)	Concussion 2.0 (9%)	Concussion 2.5 (8%)	Finger Sprains 2.9 (8%)	Knee Sprains 4.0 (11%)	Knee MCL Sprains 2.9 (11%)	Rotator Cuff Strains 3.2 (7%)

* Accounts for separation of dual injuries and mathematical rounding

** IRIS did not collect full season data during 2020-2021 due to training and match curtailment as a result of the COVID-19 pandemic. For 2019-20 approximately 120 matches missed due to a shortened competitive season therefore reduced exposure.

Appendix Table 4: Overall most common training injury diagnoses for the men's clubs over seven seasons (% of injuries)*

Men's Clubs							
2025-26	2024-25	2023-24	2022-23	2021-22**	2019-20	2018-19	2017-18
Hamstring Strains (25%)	Hamstring Strains (18%)	Hamstring Strains (20%)	Hamstring Strains (18%)	Ankle Sprains (20%)	Hamstring Strains (23%)	Hamstring Strains (13%)	Hamstring Strains (12%)
Calf Strains (13%)	Ankle Sprains (11%)	Ankle Sprains (10%)	Ankle Sprains (11%)	Hamstring Strains (16%)	Ankle Sprains (13%)	Ankle Sprains (12%)	Ankle sprains (11%)
Ankle Sprains (7%)	Calf Strains (7%)	Calf Strains (8%)	Concussion (6%)	Groin Strains (7%)	Calf Strains (6%)	Calf Strains (10%)	Groin Strains (11%)
Hip/Groin Strains (7%)	-	-	-	-	Knee Tendon Strains (6%)	-	-
-	-	-	-	-	Quadricep Contusions (6%)	-	-

* Accounts for separation of dual injuries and mathematical rounding

** IRIS did not collect full season data during 2020-2021 due to training and match curtailment as a result of the COVID-19 pandemic. For 2019-20 approximately 120 matches missed due to a shortened competitive season therefore reduced exposure.

Appendix Table 5: Overall most common training injury diagnoses for the women's clubs over seven seasons (% of injuries)*

Women's Clubs							
2025-26	2024-25	2023-24	2022-23	2021-22**	2019-20	2018-19	2017-18
Calf strain (30%)	Ankle Sprains (24%)	Foot/Toe Strains (14%)	Shoulder Strains (18%)	Ankle Sprains (22%)	Finger Fractures (29%)	Hamstring Strains (18%)	Ankle Sprains (19%)
Knee Fractures (20%)	Wrist Sprain (12%)	Shin Fractures (14%)	Ankle Sprains (12%)	Hamstring Strains (22%)	Sternoclavicular Sprains (14%)	Concussions (18%)	Hamstring Strains (13%)
Ankle Sprains (20%)	Hamstring Strains (12%)	Clavicle Sprains (14%)	Foot/Toe Sprains (12%)	-	Neck Strains (14%)	-	Lumbar Spine Strains (13%)
-	Knee Sprains (12%)	Low-back Strains (14%)	-	-	Wrist Strains (14%)	-	-
-	Calf Strains (6%)	Shoulder Dislocation/ Subluxation (14%)	-	-	Lumbar Herniation (14%)	-	-
-	Anterior Thigh Strains (6%)	Chest Sprains (14%)	-	-	Finger Nerve Damage (14%)	-	-
-	Wrist Fractures (6%)	Knee Sprain (14%)	-	-	-	-	-

* Accounts for separation of dual injuries and mathematical rounding

** IRIS did not collect full season data during 2020-2021 due to training and match curtailment as a result of the COVID-19 pandemic. For 2019-20 approximately 120 matches missed due to a shortened competitive season therefore reduced exposure.



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