IRIS

# The Irish Rugby Injury Surveillance Project

## School Senior Cup Rugby

## 2025 - 2026

Season Report

IRFU

UNIVERSITY OF LIMERICK
OLLSCOIL LUIMNIGH

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# Irish Rugby Football Union Foreword

The Irish Rugby Football Union welcome the latest injury surveillance report from the Irish Rugby Injury Surveillance (IRIS) Project. The increased recruitment across our school's game is a positive step in our continued efforts to support performance and welfare for our younger players.

Now in its sixth season of data collection, the benefit of longitudinal data from our school's game has been made apparent over the course of the IRFU Tackle Behaviours Trial. We are encouraged to see that injury rates decreased over the course of the trial and that these reductions have been maintained overall. Despite the significant decreases in injury rates, we have not seen similar decreases in concussion rates as we did in our men's and women's club game. Ongoing video analysis suggests that we now need to address ball carrier behaviour and tackle technique to try reducing concussion risk in our school players.

To each and every school, 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. To date, this innovative project 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 a sixth season's data, and this 2025-2026 season report documents our collaborative work with the IRFU, and also with 15 School Senior Cup teams.

This season represents 229 matches, 560 players, and support from dedicated data injury recorders, coaches, doctors, physiotherapists, managers, and ancillary staff within schools - Thank You. The IRIS project includes the addition of amateur club game surveillance for men and women (reported separately). Crucially the underage schoolboy game in Ireland since 2023 has been involved, like the adult game, in the World Rugby Global Tackle Height Trial, and IRIS' 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 schoolboy level, reducing whole body injury rate by 19% 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, physiology, sport psychology, and strength and conditioning as well as post-doctoral and doctoral researchers. The integrated 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

Commencing in September 2025, the Irish Rugby Injury Surveillance (IRIS) project collected one full season of injury data across 229 matches from 15 School Senior Cup teams. The matches consisted of friendlies, league games and Cup games.

- There were 15 School Senior Cup teams involved in the IRIS Project for the 2025-2026 season.
- There was a total of 560 School Senior Cup players registered in the IRIS project this season.
- The overall match time-loss injury incidence rate for School Senior Cup players was 43.8/1,000 player hours.
- This is slightly higher than the overall match time-loss injury incidence rate reported for the Schools Senior Cup during the 2024-2025 season (41.1/1,000 player hours).
- A single Senior Cup player would have to play, on average, 20 matches to sustain one injury.

## 1.2 Training Injury

There were a total of 62 training injuries reported in the School Senior Cup across the season.

## 1.3 Most Frequent Injury

The shoulder was the most frequently injured body region across the season accounting for 25% of all injuries (a slight decrease from 26% in the 2024-2025 season), while injuries to the knee joint continue to represent the most severe (average 70 days absence per injury). Shoulder injuries were also the most burdensome injury (466 days lost per 1,000 player hours) in terms of days absent from play. In the 2024-2025 season, knee injuries were most severe (average 89.5 days absence per injury), and shoulder injuries were the most burdensome (433 days lost per 1,000 player hours).

The most commonly reported match injury diagnoses for the School Senior Cup were concussion (19%), followed by shoulder sprains (11%) and ankle sprains (11%). Reported concussion incidence includes suspected concussions as per IRFU 'Recognise and Remove' protocol. The Graduated Return to Play (GRTP) protocol requires a minimum of 23 days absence from play for players under 20 years of age.

Concussions resulted in an average of 27 days absence from rugby match or training activities, while ankle sprains resulted in an average of 40 days absence and shoulder sprains resulted in an average of 29 days absence per injury.



## 1.4 Injury Event

Sixty nine percent of all match injuries occurred during the tackle event. The proportion of injury to the tackler (52%) was similar to the ball carrier (48%). During the 2024-2025 School Senior Cup season, a higher rate (75%) of injury occurred during the tackle. The most common mechanism of training injury was non-contact mechanisms (31%), followed by tackling (21%) and being tackled (18%). This was similar to the 2024-2025 season, where non-contact mechanisms (25%), tackling (21%) and being tackled (17%) were most frequent.

## 1.5 Playing Position

Of all match injuries recorded in the Senior Cup across the season, 57% were to the forwards (position no. 1-8), while 43% were to the backs (position no. 9-15). Second row forwards (no. 4 and 5) and wingers (no. 11 and 14) had the highest proportion of match injury at 14% and 13% respectively, followed by the loose-head props (no. 1), inside centres (no. 12) and blindside flankers (no. 6) (all 9%). In the 2024-2025 season, forwards and backs reported a similar proportion of match injury (61% and 39%, respectively) and blindside flankers (no. 6) and loose-head props (no. 1) had the highest proportion of match injury at 12% respectively.

## 1.6 Injury Burden

The burden of an injury assesses the incidence of an injury in relation to the severity of the injury (measured as the number of days absent). Concussion carried the highest cumulative match injury burden accounting for 225 days lost per 1,000 player hours and resulted in an average of 27 days absence. Knee sprains and shoulder dislocation/subluxations accounted for 224- and 218-days absence per 1,000 player hours respectively. In the 2024-2025 season, concussion also carried the highest cumulative match injury burden (252 days lost per 1,000 player hours) and resulted in an average of 26 days absence from rugby matches or training.



# 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, type, 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 to minimise injury risk and enhance player welfare.

**IRIS Aims:**

- To develop and implement an injury surveillance system for underage and 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'[1] 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)).[2]

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 within two months of the player returning 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 injury severity. However, when analysing injury location and nature, dual injuries were separated as per international best practice.[1,2]

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 calculations.[1,2]

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 an injury and is used to quantify the overall impact of an injury within a cohort.

Match injury data are presented as proportions (%), incidence rates (injuries per 1,000 player hours of match exposure), severity (mean days lost) and burden (days lost per 1,000 player hours of match exposure).

To calculate match injury incidence rates, for a team, the following calculation was used:

School Senior Cup Teams match injury incidence rate (IR)[1]

$$IR = \frac{\text{Number of Injuries}}{\text{Number of Matches x Number of Players (15) x Match Duration (1.17)}} \times 1{,}000$$

To calculate injury burden, the following calculation was used:

School Senior Cup teams injury burden[2]

$$\text{Injury Burden} = \text{Incidence Rate} \times \text{Mean Severity (Days Lost)}$$

*Injury definitions are listed in Section 6.0 Glossary of Terms, page 29.*

## 2.3 Recruitment

In the 2025-2026 season, 16 Senior Cup teams were initially recruited into IRIS. The IRIS project had over 94% compliance for the School Senior Cup. One Senior Cup school team was excluded from data analysis due to poor compliance.

Fifteen teams and 560 Senior Cup players were included in analysis.

**Table 1:** The IRIS Schools 2025-2026

| Division | Number of Schools | Number of Players |
|---|---|---|
| School Senior Cup | 15 | 560 |

Each school nominated an 'Injury Recorder', who was trained on use of the web-based IRIS system prior to the commencement of each season. Physiotherapists, school nurses or coaches adopted the role of injury recorder. In most schools (73%), coaches acted as injury recorders. However, 97% of match and training injuries were signed off by a medical doctor or physiotherapist.

Each injury recorder was given a secure and confidential login to their own school team's homepage on the IRIS system. Each team registered all players involved with the Senior Cup teams onto the IRIS system. Beginning with the pre-competitive season (each September), the injury recorder documented all injuries occurring to the Senior Cup team players. Injury specific data such as mechanism, nature, body location, occurrence, diagnosis and return-to-play date were recorded. Injury severity was calculated using the number of days absent from play.

All recorded injuries were subject to weekly audit by the IRIS research team to ensure accuracy of diagnosis and severity classification.






# 3.0 Match Injury

## 3.1 Overall Time-loss Match Injury

Across the season, data from 15 Senior Cup teams across 229 matches were collected. A total of 176 match time-loss injuries (any injury resulting in more than 1 day's absence from rugby match or training activities) were recorded. Any injury resulting in 0-1 days' absence from rugby match or training activities (slight injuries) were considered 'medical attention injuries' and are discussed separately in section 3.10. The overall team match time-loss injury incidence rates:

- School Senior Cup – 43.8/1,000 hours.
- This is approximately 2 injuries for every 3 school games.
- A Senior Cup School player would have to play on average 20 matches to sustain one injury.

Table 2 shows the overall team match time-loss injury incidence rate for the School Senior Cup teams.

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

| Division | No. Teams | No. Players | No. Matches | Exposure Hours | No. Injuries | IR* |
|---|---|---|---|---|---|---|
| School Senior Cup | 15 | 560 | 229 | 4019 | 176 | 43.8 |

*IR – Incidence rate per 1,000 player hours

- 34% of all Senior Cup injuries resulted in a player attending an accident and emergency department for imaging and/or management.
- 11% of Senior Cup injuries required at least 1 day's absence from school.

## 3.2 Match Injury Classification

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

The most common injury diagnoses for the School Senior Cup were concussion (19%), followed by ankle sprains (11%) and shoulder sprains (11%). In the School Senior Cup, there were five match injuries which had a 'dual' or multiple diagnosis.

Table 3 demonstrates the three most common specific match time-loss injury diagnoses for School Senior Cup teams for the current season (2025-2026) and for comparative seasons (2024-2025, 2023-2024, 2022-2023 and 2019-2020)*. The concussion incidence rate decreased from 9.7/1,000 player hours in 2024-2025 to 8.5/1,000 player hours for 2025-2026.

**Table 3:** Overall most common injury diagnoses for the School Senior Cup (IR/1,000 player hours, % of injuries)

| Schools Senior Cup | | | | |
|---|---|---|---|---|
| 2025-2026 | 2024-2025 | 2023-2024 | 2022-2023 | 2019-2020 |
| Concussion 8.5 (19%) | Concussion 9.7 (23%) | Concussion 7.5 (22%) | Concussion 7.5 (19%) | Concussion 9.6 (23%) |
| Shoulder Sprain 5.0 (11%) | Ankle Sprain 5.9 (14%) | Ankle Sprain 3.8 (11%) | Ankle Sprain 3.6 (9%) | Ankle Sprain 4.1 (10%) |
| Ankle Sprain 4.7 (11%) | Shoulder Sprain 5.3 (13%) | Shoulder Sprain 2.4 (7%) | Shoulder Dislocation/ Subluxation 2.7 (7%) | ACJ Sprain 3.2 (7%) |

* IRIS did not collect full season data during 2020-2021 and 2021-2022 due to training and match curtailment as a result of the COVID-19 pandemic.



The shoulder, followed by the head, were the most commonly injured body locations in the School Senior Cup, accounting for 25% and 22% of all injuries respectively in this season. Shoulder sprains were the most common injury diagnosis for the shoulder, while concussion was the most common diagnosis for the head.

This is slightly lower than the 2024-2025 School Senior Cup season where the shoulder accounted for 26% and head injuries 23%. In the 2023-2024 season, the head accounted for 22% and the shoulder for 18% of all injuries, respectively, decreasing further to 21% and 16% in 2022-2023. Similarly, in the 2019-2020 season, the head followed by the shoulder remained the most commonly injured body location, accounting for 24% and 17% of all injuries, respectively.

Table 4 shows the most common injury diagnoses for frequently injured body regions.

**Table 4:** Most common injury diagnoses with regards body location (IR/1,000 player hours, % of injuries)

| School Senior Cup 2025-2026 | |
|---|---|
| Location | Diagnosis |
| Shoulder 10.9 (25%) | Sprain 5.0 (11%) |
| | Dislocation/Subluxation 2.7 (6%) |
| | Haematoma/Contusion 1.2 (3%) |
| Head 9.5 (22%) | Concussion 8.5 (19%) |
| | Laceration 0.7 (2%) |
| Ankle 5.2 (12%) | Sprain 4.7 (11%) |
| | Fracture 0.2 (1%) |
| Knee 4.5 (10%) | Sprain 2.5 (6%) |
| | Haematoma/Contusion 1.0 (2%) |
| | Dislocation/Subluxation 0.5 (1%) |

* Incidence rates are rounded to the nearest one decimal place.

** Injuries with two categorical types are reported in isolation, therefore aggregation of diagnostic IRs may exceed the location IR.

## 3.3 Timing of Match Injury

The highest percentage of injuries for the Senior Cup occurred in the third quarter (32%).

A lower incidence of injury occurred in the third quarter compared to the previous season (2024-2025), while the incidence of injury in the fourth quarter was similar to previous seasons.

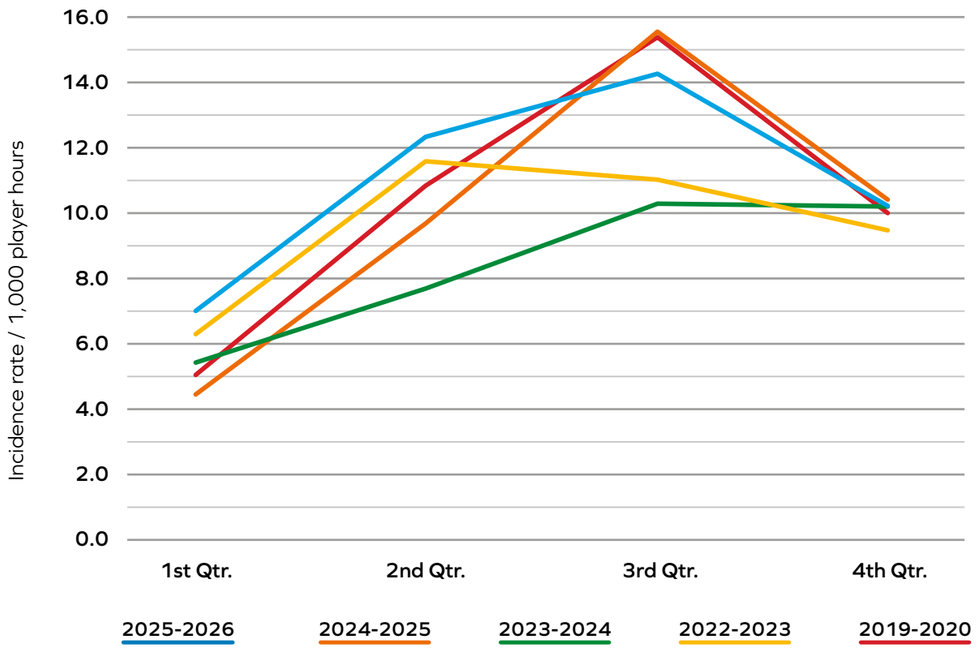



**Figure 1**: Timing of injury during match play for School Senior Cup teams (IR/1,000 player hours)



## 3.4 Match Injury Event

Figure 2 shows the event surrounding the occurrence of an injury. The tackle event (69%) accounted for the most common injury event in the School Senior Cup (tackler: 52%, ball-carrier: 48%). This is lower than what was recorded in the 2024-2025 season (75%), however the proportional breakdown has remained similar compared to last season (tackler: 51%, ball-carrier: 49%). The 2023-2024, 2022-2023 and 2019-2020 season also varied year by year, with the tackle event contributing 70%, 67% and 74% of match injuries in each season respectively.

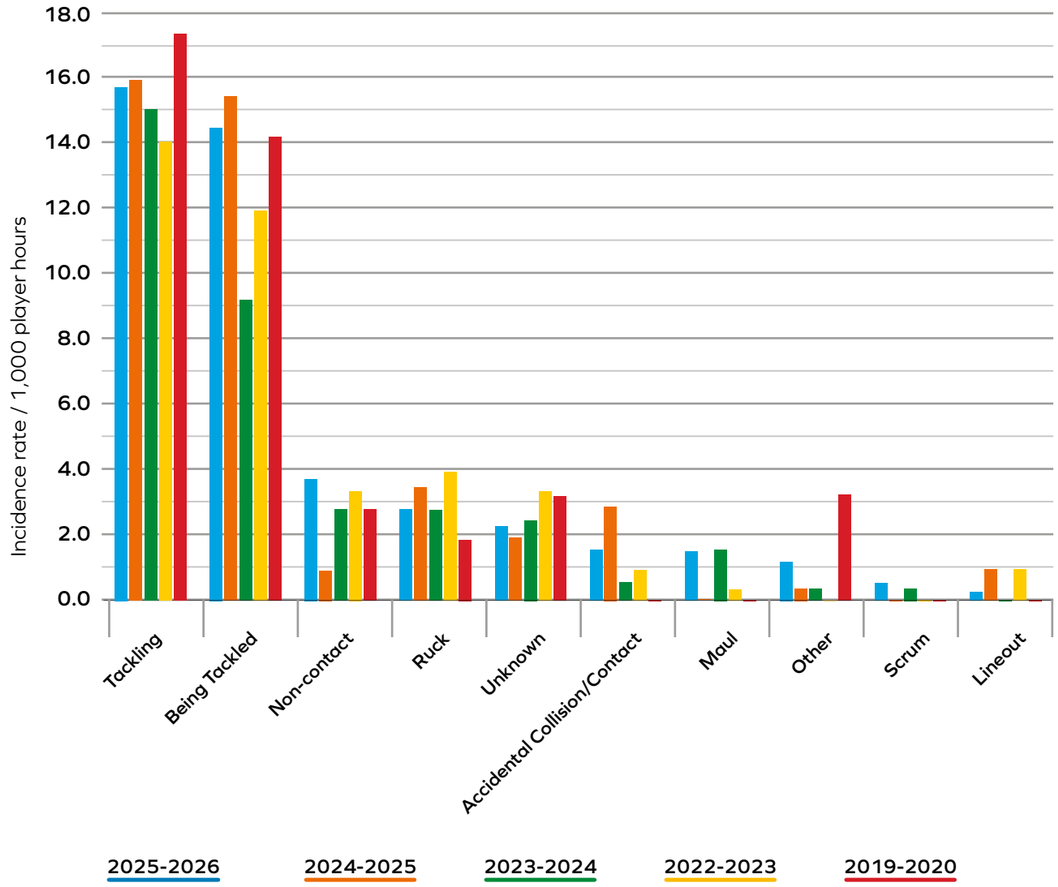



**Figure 2**: Match injury event (IR/1,000 player hours)

## 3.5 Nature of Match Injury

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

Ligament sprains (30%) followed by concussion were the most common type of injury for the School Senior Cup teams.

In the 2024-2025, 2023-2024, 2022-2023 and 2019-2020 seasons, ligament sprains and concussion were also the most common injury type for School Senior Cup teams.

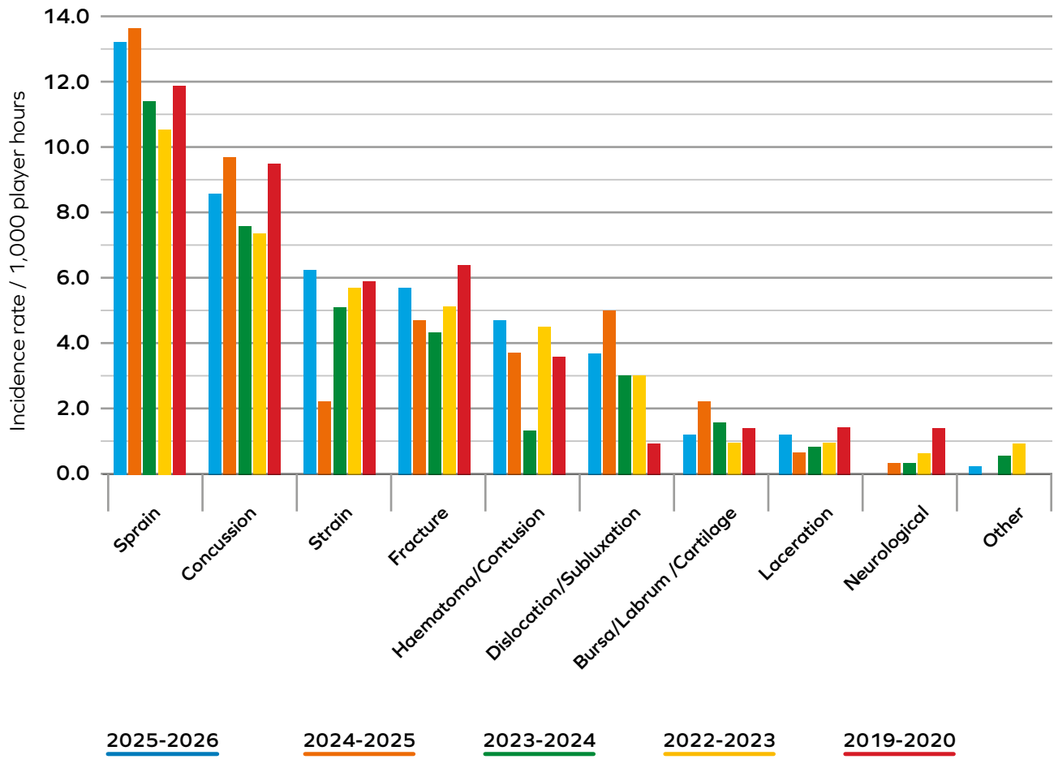



**Figure 3**: Nature of match injuries (IR/1,000 player hours)



## 3.6 Body Location of Match Injury

The shoulder was the most commonly injured body region in School Senior Cup games accounting for 25% (10.9/1,000 player hours) of all injuries. The incidence of shoulder injuries in this current season is comparable to that observed in the 2024-2025 season, where shoulder injuries accounted for 26% of all injuries (10.6/1,000 player hours). This represents an increase from the 2023-2024 season, 18% (6.2/1,000 player hours). In the 2022-2023 season, shoulder injuries accounted for 16% of all injuries (6.3/1,000 player hours), and in the 2019-2020 season, 17% (7.3/1,000 player hours).

The most common lower limb location of injury this season was the ankle (12%; 5.2/1,000 player hours) which is a decrease on the 2024-2025 season where it accounted for 14% of all injuries (5.9/1,000 player hours). In the 2023-2024, 2022-2023 and 2019-2020 seasons the ankle accounted for 12% (4/1,000 player hours), 10% (3.9/1,000 player hours) and 11% (4.6/1,000 player hours) of all injuries respectively.

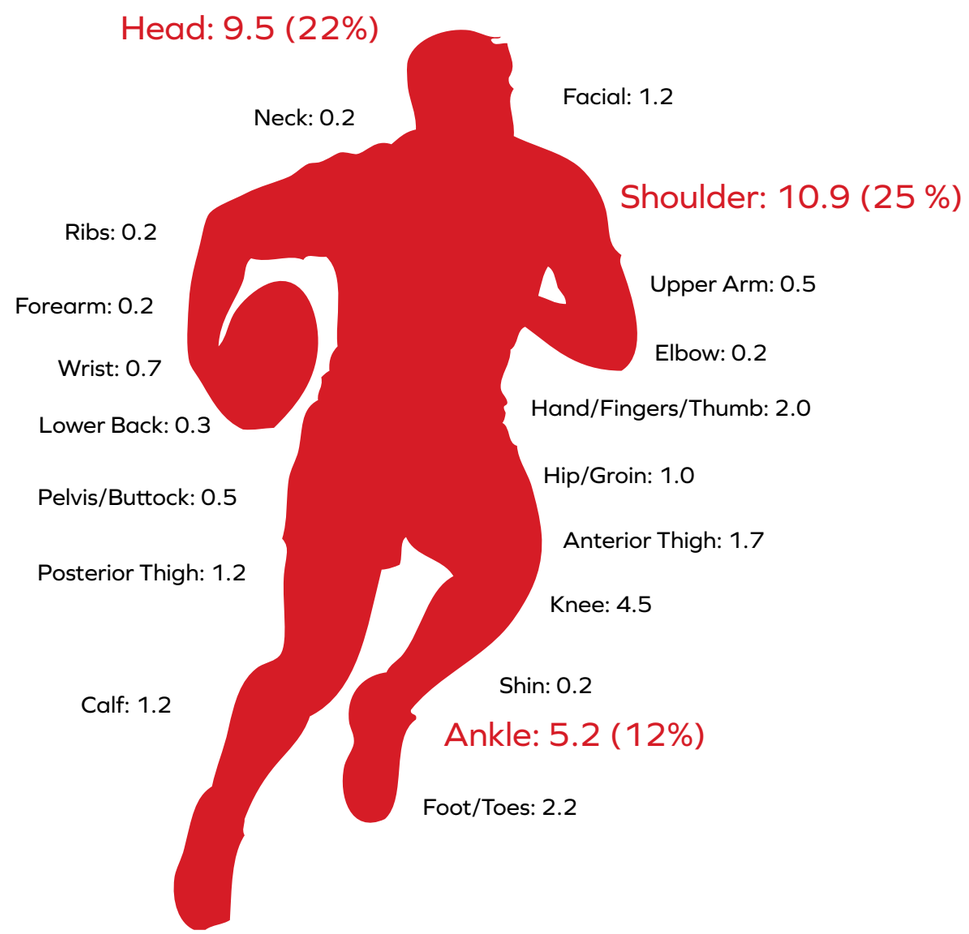



**Figure 4**: Location of match injury for the School Senior Cup (IR/1,000 player hours)

## 3.7 Playing Position of Match Injury

Rugby player positions are split into 'forwards' (position no. 1-8) and 'backs' (position no. 9-15). Forwards sustained more injuries with 57%, versus 43% occurring in the backs.

Second row forwards (no. 4 and 5) and wingers (no. 11 and 14) sustained the most match injuries at 14% and 13% respectively, followed by loose-head props (no. 1), inside centers (no. 12) and blindside flankers (no. 6) (all 9%).

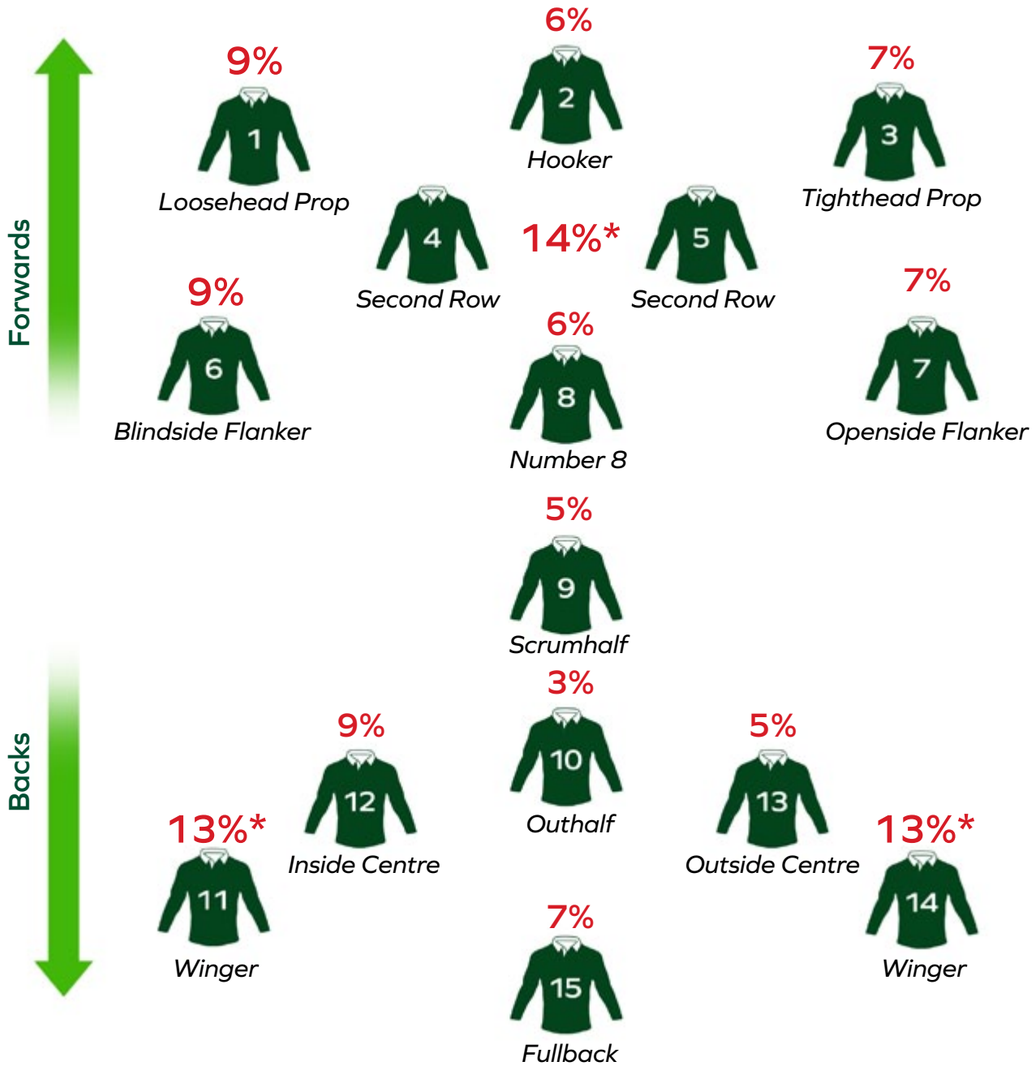



**Figure 5:** Percentage of injuries occurring per playing position in the School Senior Cup

* Second Row and Winger positions denote respective combined percentages for both players in these positions as no differentiation between these positions was applied. The winger % is displayed twice in this graph for illustration purposes but is included once in overall figures. Mathematical rounding applied for illustration purposes.



## 3.8 Match Injury Severity

Injury severity was calculated as total number of days absent from rugby match or training activities and classified according to the World Rugby Consensus guidelines.[1] The majority of injuries were moderate or severe (resulting in 8 days or more absence), 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.[1] Slight injuries are discussed in more detail in sub-section 3.10.

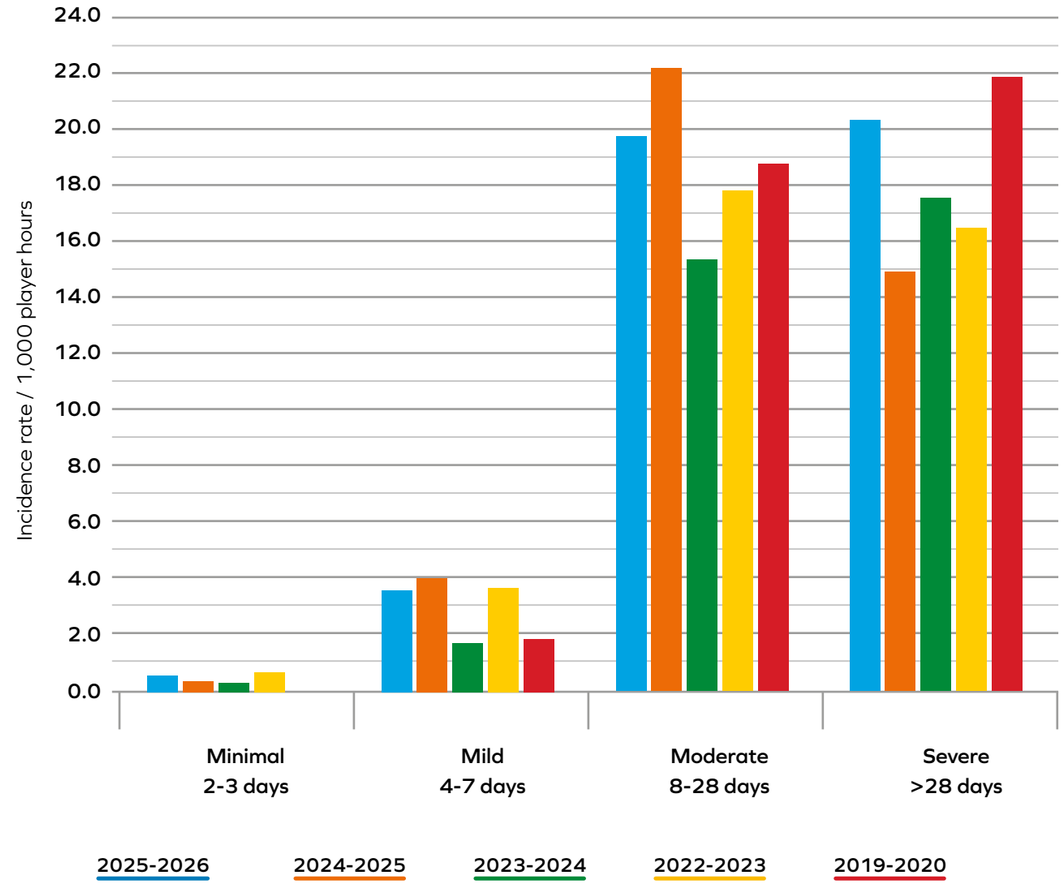



**Figure 6:** Injury severity of time-loss injuries (IR/1,000 player hours)

## 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). Injury burden was used to identify injuries with the greatest impact on player availability.

Concussion carried the highest cumulative match injury burden in the School Senior Cup (225 days lost per 1,000 player hours), with 81% classified as moderate severity (8-28 days' absence from rugby activities). This is consistent with the IRFU GRTP protocol requiring a minimum of 23 days' absence for players under 20 years of age. Consequently, the higher burden associated with concussion reflects the correct application of these return-to-play guidelines and thus their impact on player availability.

**Table 5:** Injury diagnoses, injury burden (days absence/1,000 player hours), average total days off

| | Diagnoses | Injury Burden | Average Total Days Off |
|---|---|---|---|
| School Senior Cup | Concussion | 225 | 27 |
| | Shoulder Dislocation/Subluxation | 218 | 80 |
| | Knee Sprain* | 209 | 84 |
| | Ankle Sprain | 189 | 40 |
| | Shoulder Sprain | 144 | 29 |

* Knee sprain is inclusive of two ACL tears.

## 3.10 Medical Attention Match Injury (slight injury)

Any injury resulting in 0-1 days absence from rugby match or training are considered as 'slight' or 'medical attention' injuries and therefore were excluded from the analysis of time-loss injuries, as per international best practice.[1-3]

During the 2025-2026 School season, one medical attention injury was recorded in the Senior Cup.

## 3.11 Other Match-related Injury

Three injuries occurred during the warm-up in the Senior Cup competitions, and these were not included in the analysis of the time-loss match injury incidence as only injuries occurring during match play counted as match injuries.

Two of these injuries were neck and upper arm muscle strains, sustained during tackling and lineout components of the warm-up, resulting in 16 days' absence from rugby activities, respectively. The third warm-up injury was a knee sprain (of the medial collateral ligament; MCL), the mechanism of injury was unknown and this injury resulted in 60 days' absence from rugby activities.





# 4.0 Training Injury

## 4.1 Overall Time-loss Training Injury

For the 2025-2026 school season, training injury data are presented below. For operational reasons, as the frequency and duration of training sessions were not recorded for this season, training injury incidence rates were not available. Therefore, the total number of training injuries that occurred is reported.

Any injury resulting in 0–1-day absence from rugby match or training activities were considered to be a medical attention injury and were not included in the analysis of time-loss injuries, as per international best practice.[1-3]

The overall number of training injuries for the School Senior Cup teams across the season was 62.

**Table 6:** Training injuries in the School Senior Cup

| Season | No. Teams | No. Players | No. Injuries |
|---|---|---|---|
| 2025-2026 | 15 | 560 | 62 |
| 2024-2025 | 13 | 445 | 48 |
| 2023-2024 | 15 | 481 | 51 |
| 2022-2023 | 14 | 481 | 46 |
| 2019-2020 | 10 | 270 | 28 |



## 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 School Senior Cup teams was ankle sprains accounting for 27% of all training time-loss injuries, followed by concussion accounting for 10% of all training time-loss injuries. Ankle sprains were also frequent in the 2024-2025, 2023-2024 and 2019-2020 seasons.

Table 7 shows the most common specific training time-loss injury diagnoses for the School Senior Cup teams across the season.

**Table 7:** Overall most common injury diagnoses for the School Senior Cup teams (% frequency)

| School Senior Cup | | | | |
|---|---|---|---|---|
| 2025-2026 | 2024-2025 | 2023-2024 | 2022-2023 | 2019-2020 |
| Ankle Sprain (27%) | Ankle Sprain (19%) | Ankle Sprain (20%) | Hamstring Strain (15%) | Ankle Sprain (21%) |
| Concussion (10%) | Calf Strain (13%) | Hamstring Strain (16%) | Ankle Sprain (13%) | Hamstring Strain (14%) |
| Shoulder Sprain (6%) | Knee Sprain (8%)<br>Shoulder Dislocation/ Subluxation (8%) | Concussion (14%) | Shoulder Sprain (13%) | ACJ Sprain (11%) |

## 4.3 Body Location of Training Injury

Overall, the ankle was the most commonly injured site in the School Senior Cup training sessions, accounting for 29% of all training time-loss injuries.

Figure 7 shows the incidences of injury according to body location for the School Senior Cup teams.

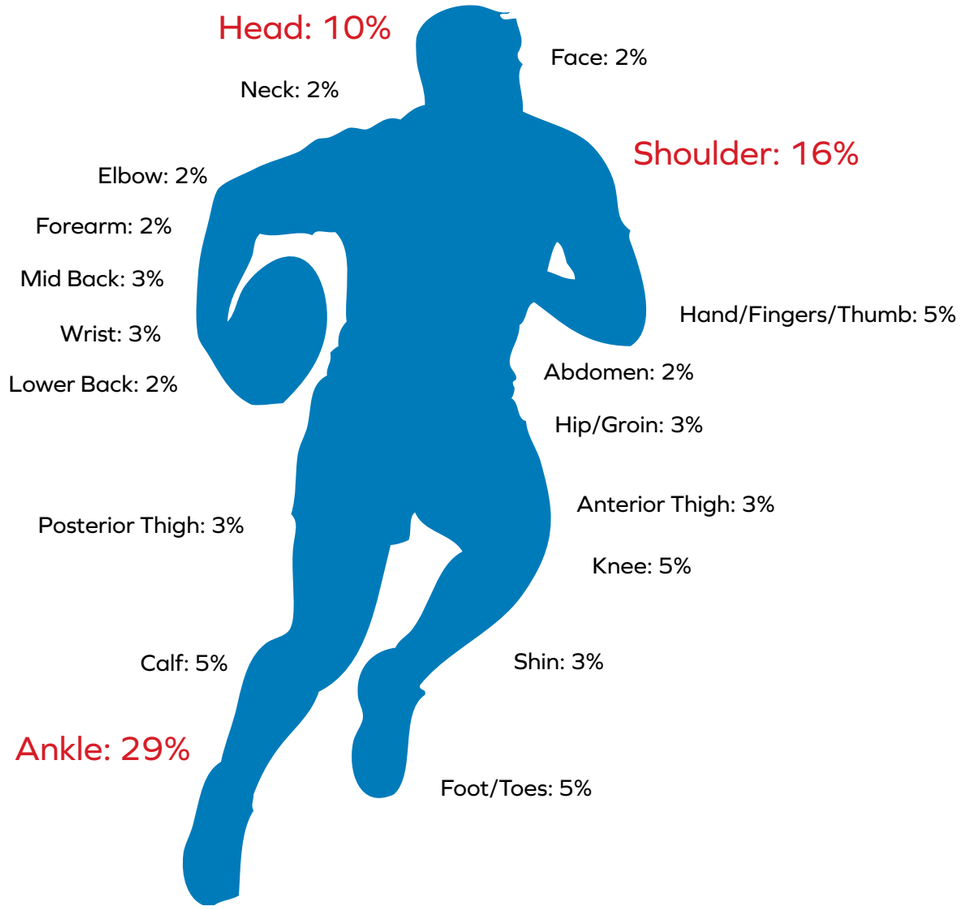



**Figure 7:** Location of training injuries for the School Senior Cup (% frequency)

* Mathematical rounding applied to one decimal place.



## 4.4 Nature of Training Injury

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

Sprains (referring to ligament injuries) and strains (referring to muscle or tendon injuries) were the most common injury type in the Senior Cup teams across the season.

Figure 8 shows the nature of time-loss training injuries for the School Senior Cup teams.

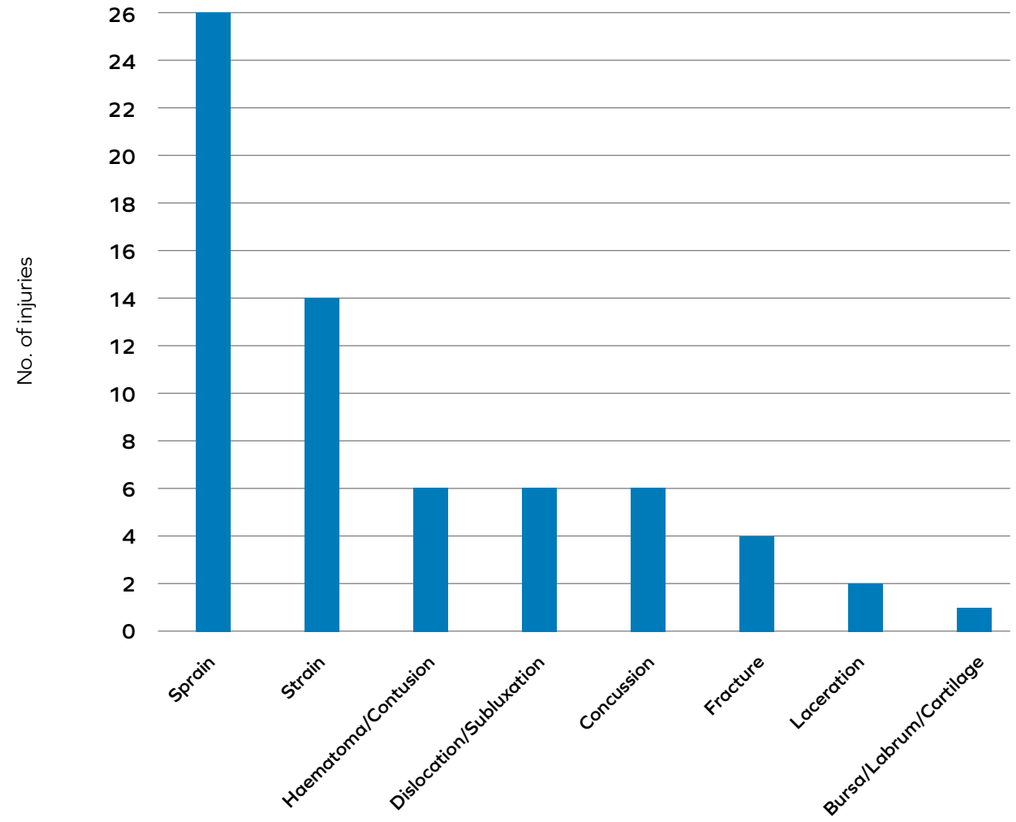



**Figure 8:** Nature of training injury (number of injuries)

## 4.5 Training Injury Event

Figure 9 shows the mechanism of injury for the Schools Senior Cup across the season.

Non-contact mechanisms of injury were most frequent (31%), followed by tackling (21%) and being tackled (18%).

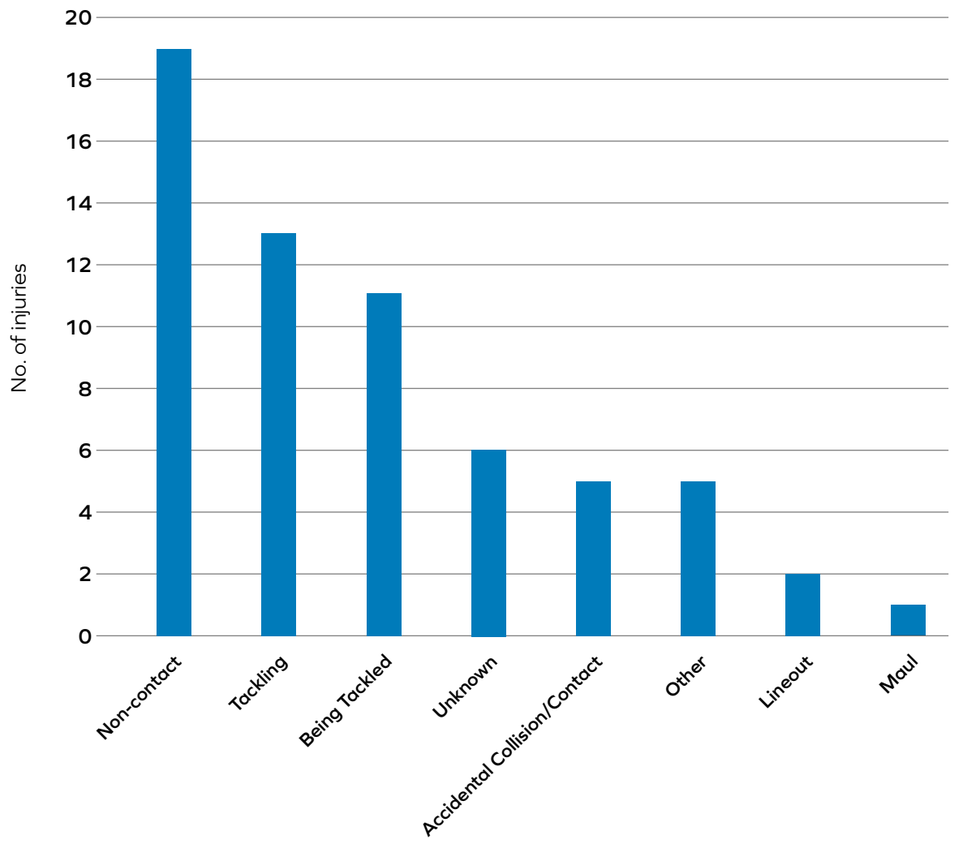



**Figure 9:** Training injury event (number of injuries)

## 4.6 Training 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. Fifty percent of training injuries were severe (>28 days absence), 47% were moderate (8-28 days absence) and 3% were mild (4-7 days absence), as shown in Figure 10.

Slight injuries (0-1 days absence) were considered as 'medical attention injuries' and were not included in analysis of time-loss injuries, as per international best practice.[1-3] Slight injuries are discussed in more detail in sub-section 4.7.

The severity of training injuries for the School Senior Cup grade differed from the 2024-2025 season. The majority of training injuries were severe (54% >28 days) in terms of time-loss from rugby training or matches during the 2024-2025 season.

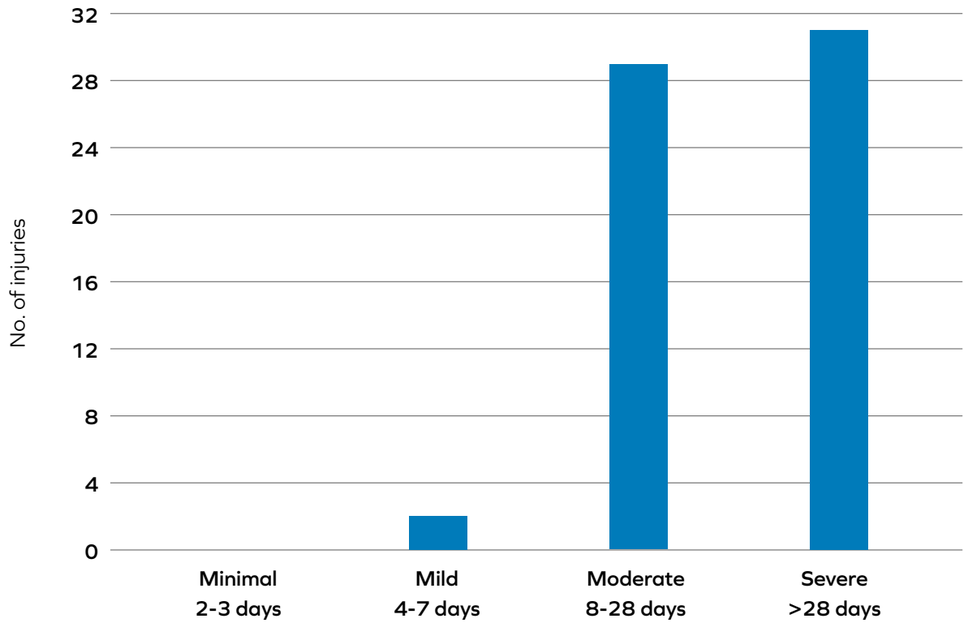



**Figure 10:** Training injury severity (number of injuries)

The burden of an injury assesses the frequency of an injury in relation to the severity of the injury (measured as the 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 8.

Ankle sprains (27%) and concussion (10%) resulted in an average of 34- and 23-days absence from rugby match and training activities across the season respectively.

**Table 8:** Frequency of training injuries along with average total days off

| | Diagnosis | Number of injuries | Average Total Days Off |
|---|---|---|---|
| School Senior Cup | Ankle Sprain | 17 | 34 |
| | Concussion | 6 | 23 |
| | Shoulder Sprain | 4 | 48 |
| | Calf Strain | 3 | 83 |

## 4.7 Medical Attention Training Injury (slight injury)

Any injury resulting in 0-1 days absent 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.[1-3]

During the season there were zero medical attention training injuries reported in the School Senior Cup training sessions.



# 5.0 Future Directions of the IRIS Project

Following five successful seasons of the IRISweb system in school's rugby, the IRIS project continued and completed its sixth season of data collection during the 2025-2026 campaign. Participation amongst schools continued to increase this season after a successful increase in numbers following COVID-19.
The Irish Rugby Football Union opted in to the World Rugby Global Tackle Height Law Trial that that was monitored during the 2023/24 and 2024/25 seasons across adult amateur and age-grade (schools) rugby and has been reported on separately. The IRIS Project data has been essential for the IRFU to assess the effectiveness of the IRFU Tackle Behaviours Law Trial on injuries in the amateur game, resulting in reducing tackle event 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 to better understand underage schoolboy adaptions to the tackle change and resulting injury rates.

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 schools and club 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 enhance our understanding of concussion treatments within the Irish amateur rugby context over the coming years.



# 6.0 Glossary of Terms

**ACJ sprain** refers to a tear of the ligaments around acromioclavicular joint of the shoulder.

**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).

**Bursa/labrum/cartilage** refers to damage to intra-articular or peri-articular soft tissues, including bursae, the labrum, or articular cartilage, resulting in pain, inflammation, and/or impaired joint function.

**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.

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

**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 tears to any ligament of the knee joint (anterior cruciate ligament or ACL, posterior cruciate ligament or PCL, medial collateral ligament or MCL, and lateral collateral ligament or LCL).

**Laceration** refers to a cut or tear in the skin.

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

**Neurological** refers to an injury which results in nerve pain or radiating symptoms such a "nerve pinch" or "nerve burner" injury.

**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.



# 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]

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# 9.0 Appendix

**Appendix Table 1**: Seasonal summary of Senior Cup Schoolboy incidence rate per 1,000 player hours, number of teams and players participating and overall compliance*

| Schools Senior Cup | | | | | | |
|---|---|---|---|---|---|---|
| | 2025-2026 | 2024-2025 | 2023-2024 | 2022-2023 | 2019-2020 | 2018-2019 |
| No. of Teams | 15 | 13 | 15 | 14 | 10 | 11 |
| No. of Players | 560 | 445 | 481 | 481 | 270 | 305 |
| No. of Matches | 229 | 183 | 212 | 191 | 125 | 95 |
| Match Injury Incidence Rate | 43.8 | 41.4 | 34.7 | 38.5 | 42.4 | 67.8 |
| Overall Compliance | 94% | 87% | 93% | 93% | 90% | 90% |

* IRIS did not collect full season data during the 2020-2021 and 2021-2022 seasons due to training and match curtailment as a result of the COVID-19 pandemic.

**Appendix Table 2**: Overall most common match injury diagnoses for the Senior Cup Schoolboy teams (IR/1,000 player hours, % of injuries)*

| Schools Senior Cup | | | | | |
|---|---|---|---|---|---|
| 2025-2026 | 2024-2025 | 2023-2024 | 2022-2023 | 2019-2020 | 2018-2019 |
| Concussion 8.5 (19%) | Concussion 9.7 (23%) | Concussion 7.5 (22%) | Concussion 7.5 (19%) | Concussion 9.6 (23%) | Ankle Sprain 11.4 (17%) |
| Shoulder Sprain 5.0 (11%) | Ankle Sprain 5.9 (14%) | Ankle Sprain 3.8 (11%) | Ankle Sprain 3.6 (9%) | Ankle Sprain 4.1 (10%) | Shoulder Dislocation/ Subluxation 7.2 (11%) |
| Ankle Sprain 4.7 (11%) | Shoulder Sprain 5.3 (13%) | Shoulder Sprain 2.4 (7%) | Shoulder Dislocation/ Subluxation 2.7 (7%) | ACJ Sprain 3.2 (7%) | Concussion 6.6 (10%) |

* IRIS did not collect full season data during the 2020-2021 and 2021-2022 seasons due to training and match curtailment as a result of the COVID-19 pandemic.



**Appendix Table 3**: Overall most common training injury diagnoses for the Senior Cup Schoolboy teams (% of injuries)*

| Schools Senior Cup | | | | | |
|---|---|---|---|---|---|
| 2025-2026 | 2024-2025 | 2023-2024 | 2022-2023 | 2019-2020 | 2018-2019 |
| Ankle Sprain (27%) | Ankle Sprain (19%) | Ankle Sprain (20%) | Hamstring Strain (15%) | Ankle Sprain (21%) | Hamstring Strain (19%) |
| Concussion (9%) | Calf Strain (13%) | Hamstring Strain (16%) | Ankle Sprain (13%) | Hamstring Strain (14%) | Ankle Sprain (14%) |
| Shoulder Sprain (6%) | Knee Sprain (8%)<br>Shoulder Dislocation/ Subluxation (8%) | Concussion (14%) | Shoulder Sprain (13%) | ACJ Sprain (11%) | Knee Ligament Sprain (10%)<br>Head Laceration (10%)<br>Calf Strain (10%) |

* IRIS did not collect full season data during the 2020-2021 and 2021-2022 seasons due to training and match curtailment as a result of the COVID-19 pandemic.



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