An urgent call for clarity regarding England Rugby’s injury claims

This item was submitted to Loughborough University’s Institutional Repository by the/an author.


Additional Information:

- The review was published on the Nordic Sports Science Forum, http://idrottsforum.org/

Metadata Record: https://dspace.lboro.ac.uk/2134/25533

Version: Accepted for publication

Publisher: Idrottsforum.org © the authors

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Please cite the published version.
An urgent call for clarity regarding England Rugby’s injury claims

Dr Joe Piggin and Prof Alan Bairner

Over the last twelve months, governing bodies of collision sports in the USA and Europe have faced increased scrutiny about the risk of injury inherent in their sports. As a result, various governing bodies have been involved in education, public relations and marketing exercises to allay fears about the risk involved in participation. For rugby union in particular, rule changes, angst about head injuries, and concerns about elite player burnout are all pertinent topics for the sport’s administrators.

However, it is clear that much work still needs to be done in rugby union. We offer one instance of current improper practice in the English game which must be dealt with as a matter of urgency. We do so in the belief that one of the duties of academics is to prevent misleading claims (or alternative facts) being put into the public domain, especially so when the claims involve the risk of physical harm to children.

The false and misleading claim about injury risk in English rugby union:

England Rugby currently endorses the view that “There is no evidence to show that rugby poses a specifically greater risk than other sports.”

“ There is no evidence to show that rugby poses a specifically greater risk than other sports”

Colin W Fuller,
Centre for Sports Medicine,
University of Nottingham

1: The erroneous and misleading claim in the “Rugby Safe” booklet

The above claim is made in England Rugby’s booklet called “Rugby Safe”, under the heading “Rugby as a safe sport,” and is attributed to CW Fuller from the Centre for Sports Medicine, University of Nottingham. However, this claim is totally contrary to a vast array of published research, and it is concerning that such a claim will give parents and participants a false sense of safety when playing rugby.
The actual published evidence:

It is striking that a wide range of evidence refutes the claim made in the Rugby Safe booklet, much of it attributed to CW Fuller himself. We have italicised these for effect. In 2008 CW Fuller wrote that “Rugby union is a full contact sport with a relatively high overall risk of injury...”. Also, in 2005 Brooks, Fuller, Kemp and Reddin claimed that that “Rugby union is one of the most popular professional team sports in the world, but it also has one of the highest reported incidences of injury, irrespective of the injury definition used”. CW Fuller was a co-author of a published article that claimed “Compared with semi-contact team sports such as soccer, rugby union has 4 times the incidence of injury, with the potential for more serious injuries.” Other authors also contradict the Fuller claim that is published in the Rugby Safe booklet. A 1995 study by Nicholl and others found that “the risk of a substantive injury in rugby was three times that in soccer.” More recently, in 2013, Roberts and others wrote that “rugby union has a relatively high risk of injury compared with other team sports”. Recent research by Hume and others (2016) in New Zealand indicates that community and elite former rugby union players reported a substantially higher number of concussions (76.8% and 84.5% respectively) than non-contact-sport players (23.1%). A 2014 Australian report noted that rugby is a sport with a high participation-based hospitalisation rate compared to many others. It is simply unacceptable that so much research could be produced and then ignored.

What should England Rugby now do?

There are a number of immediate actions which England Rugby can take in order to commit to player welfare:

1) England Rugby should immediately retract the erroneous and misleading “Rugby Safe” booklet from circulation.

2) England Rugby should publically announce they have misled the public about the safety claims they made (in the same way that a manufacturer of an unsafe or faulty product would). England
Rugby should use appropriate media for this including their home page, facebook page and twitter page.

3) England Rugby should publish a revised booklet using the wide variety of evidence which shows the risk of injury in rugby.

To be clear, it is not acceptable for England Rugby to merely retract the false information. In order to be “a leader in player welfare”, as well as ethically and legally diligent, England Rugby should implement all 3 of the above steps.

(We note that CW Fuller may have been misquoted in the booklet. Whatever the cause of this false claim being published, it is concerning that England Rugby is not alone in spreading misleading information. In 2016, the CEO of World Rugby apologised in the British Journal of Sport Medicine for promoting the false claim that “Compared with other sports and activities, rugby has a relatively low injury rate”. The research they used actually claimed the opposite – a high injury rate.).

**Wider policy implications - The Duty of Care in British sport**

In this “post truth”, alternative fact era, our only hope for developing good sport policy is to collect robust data and to be transparent about this to our stakeholders. In the UK, it is heartening to see the Duty of Care in Sport report by Tanni Grey-Thompson which was published recently. The report includes many useful ideas, although one area which is too “light touch” is the recommendation for “Government to consider the feasibility of a national register for fatalities and serious sporting injuries.” Based on the fact that two rugby organisations have recently promoted false and misleading claims about injury rates in the past year, there is clearly a need for much greater scrutiny of injury data.

Rugby is a compulsory sport at many schools in England and it is, therefore, a serious matter of concern if such faulty claims are being used to justify the promotion of rugby. If children and parents are being given false and misleading information about risk, they cannot possibly give informed consent.

The practice of disseminating false claims about injury risk in sport must end.

**References:**


