breakdown of scrums. Finally, the fact that collapsed mauls were no more likely to cause injury than non-collapsed mauls is particularly relevant in the context of the debate within the International Rugby Board about whether defending teams should be allowed to collapse mauls without penalty. At the present time, intentionally collapsing a scrum or maul is an offence under Law 10.4(i), as this action is deemed to be dangerous play. Although referees were significantly more likely to penalise a scrum that collapsed, they were no more likely to penalise a maul that collapsed, even though mauls were four times more likely to collapse than scrums.

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REFERENCES


What is already known on this topic?

The majority of injuries in rugby union result from contact phases of play. There is little information available about the frequency of the various types of contact event in a game of rugby union or the likelihood that a particular type of contact event will result in injury. It is not possible therefore to identify which type of contact event carries the greatest risk of injury.

What this study adds

Tackles were the most common event in rugby union and resulted in the most injuries. Collisions and scrums had the highest propensity to cause injury, whilst lineouts and rucks were the least likely to cause injury.

Table 4 Comparison of incidences of contact events (number of contacts/game) for this study with international games

<table>
<thead>
<tr>
<th>Event type</th>
<th>This study</th>
<th>Six nations tournament</th>
<th>Tri-nations tournament</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2003/06</td>
<td>2006</td>
<td>2005</td>
</tr>
<tr>
<td>Lineout</td>
<td>31.2</td>
<td>37</td>
<td>34</td>
</tr>
<tr>
<td>Maul/ruck</td>
<td>160.9</td>
<td>149</td>
<td>147</td>
</tr>
<tr>
<td>Scrum</td>
<td>28.9</td>
<td>28</td>
<td>27</td>
</tr>
<tr>
<td>All</td>
<td>8.7</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Resets</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Rugby union has long been recognised as a contact sport. This paper serves to describe the number, legality and outcome with regard to injury and occupational illness of such contacts and collisions over two different seasons for a very large cohort of players. Medical practitioners involved in assisting such teams need to be aware of the riskier elements of the game and also need to make the law-makers aware of how the game can be made safer. This could be done through educating law-makers themselves on the consequences of injuries and by outlining the potential to minimise serious harm in the various settings where injuries seem to occur repetitively.

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