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PLAYER WELFARE

MYTHBUSTERS

MAY 2015



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World Rugby Player Welfare Myth-Busters

Player Welfare is World Rugby's number one priority and in a Rugby World Cup year there is significant focus, speculation and assumption regarding rugby's approach to injury prevention and management, particularly concussion. Here are some of the most common opinion statements and some simple evidence-based responses to bust the myths in what is a complex and often emotive topic.

For more information visit www.playerwelfare.worldrugby.org.

INJURIES

MYTH - THERE ARE MORE INJURIES THAN EVER BEFORE

- **INCORRECT.** Data from World Rugby and RFU injury surveillance studies prove that injury rates HAVE NOT INCREASED since 2002 and there is no evidence that injury severity has changed over this same period
- Injuries rates at community level are less than a quarter of those at the elite level and data from an Australian Government Hospital sports injury review confirmed that Rugby had a **LOWER** rate of hospital admissions compared with soccer, cycling, motorsport and even water sport.

PLAYER SIZE IS CONTRIBUTING TO INJURY

- The average increase in size of international rugby players over the past four years has increased, but by **LESS THAN 1%**.
- If injuries were directly related to increased size and collisions we would expect the most common contact injuries to increase, but this is not the case (MCL, shoulder instability & thigh hematoma).

RUGBY IS MORE DANGEROUS THAN OTHER SPORTS

- Rugby promotes positive health and social benefits as a team sport for all shapes and sizes and assists in tackling obesity and inactivity in young populations.
- There is an element of risk in everything we do in life, but it is **INCORRECT** to state that Rugby is disproportionately more dangerous than other sports or activities.
- A study of hospital admissions in Australia in 2013 reveals that rugby injuries accounted for 5% of total injuries with Cycling (25%), Motorsport (23%), Equestrian (23%), Roller Sports (10%), AFL (6%) above Rugby and soccer at 3%.
- Rugby injuries also tend to be less severe resulting in shorter stays in hospital (1.6 days) compared to Soccer (1.7 days), Roller Sports (2.3), Gymnastics (2.4), Cycling and Water Sports (2.6), Horse riding (3.1) and Motorsport (3.5).
- Physical inactivity is a major contributor to mortality rates worldwide (in 2013 150,000 people in Australia died through inactivity-related issues, while 30 people died through sporting-related injuries).

RUGBY IS DANGEROUS TO PLAY FOR CHILDREN

- **INCORRECT.** There is no difference between reported injury rates in Rugby, Football, Indoor Football and Rugby League at Under 12 level.

- Rugby promotes positive health and social benefits as a team sport for all shapes and sizes and assists in tackling obesity and inactivity in young populations.
- There are non-contact forms of Rugby which can be enjoyed by children and adults alike, but there is a risk of injury in everything that you do in life.
- Physical inactivity is a major contributor to mortality rates worldwide (in 2013 150,000 people in Australia died through inactivity-related issues, while 30 people died through sporting-related injuries).

CONCUSSION

RUGBY IS LOSING THE FIGHT AGAINST CONCUSSION

- **INCORRECT.** Concussion continues to be Rugby's number one player welfare priority and everything that we do is based on independent evidence and research, not emotion or opinion.
- We protect and support players through education, prevention, management and research strategies – we put players first.

CONCUSSION RATES ARE INCREASING OWING TO GREATER PHYSICALITY

- **INCORRECT.** Increased reported concussion rates at the elite level of the game are NOT directly related to player size or game physicality.
- Data confirms that the increase is most likely related to greater awareness achieved via World Rugby interventions such as compulsory education of team medical staff, the success of the temporary substitution which removes players with suspected and confirmed concussion and a lower diagnostic concussion threshold.

RUGBY IS TRYING TO DIAGNOSE CONCUSSION IN 10 MINUTES

- **INCORRECT.** World Rugby has introduced a system that assists medical staff in managing pitch side head injuries. With the assistance of concussion subject experts clear criteria have been developed that identify when players should be immediately and permanently removed from play.
- If the diagnosis is unclear then a player can be removed for a Head Injury Assessment which is a 10 minute off field assessment. This HIA does NOT diagnose concussion it identifies a suspected concussion.
- If a player is suspected of concussion using the HIA they are removed permanently from the game
- The diagnosis of a concussion occurs after the game and over the next 36 hours.
- We are extra conservative and our message to the global community regardless of level is Recognise and Remove and permanently remove any player from the field of play with confirmed or suspected symptoms.
- The pitch-side assessment only operates at the elite level where expert medics are present and it is working. Prior to the temporary substitution 56% of players with a confirmed concussion remained on the field following their injury. Now that figure is less than 12% (BJSM, 2014).

- Every player who is permanently removed from the field of play or who undertakes an HIA (regardless of result) must undertake a SCAT 3 assessment before leaving the ground, and again after 24 and 36 hours.

NO OTHER SPORT IS TAKING THE SAME APPROACH AS RUGBY

- **INCORRECT.** All major contact sports have adopted a multi-modal pitch side assessment based on the SCAT 3
- The Zurich consensus statement on concussion recommends that that a graduated return to play protocol should operate for those returning from concussion and that youths should be treated more conservatively – **RUGBY DOES BOTH.**

THE GRADUATED RETURN TO PLAY PROTOCOLS PUT PLAYERS AT RISK

- The graduated return to play protocol is recommended by every concussion expert. All players with concussion must undertake a six-step graduated return to play monitored by a medical practitioner.
- The emphasis on return to play and return to train should be on a player being symptom free. Only players who are symptom-free may return to play.
- The GRTP is a core recommendation of the cross-sport Zurich consensus, of which Rugby is a participant along with football, hockey and other mainstream sports.

THE HIA IS TREATING ELITE PLAYERS LIKE GUINEA PIGS

- **INCORRECT.** Prior to the introduction of the HIA players were at 4 times the risk of further injury because 4 times as many concussed players were being returned to a high contact situation. Rugby is the only sport to have implemented research around the head injury assessment. This allows decisions to be made based on evidence, not individual opinion or emotion.
- The HIA has been developed with the support of international subject experts with the objective to improve player welfare and safety. Recently the International Players Association recognised the HIA as the major player welfare initiative introduced over the past 4 years.

HEADGEAR WILL PREVENT CONCUSSION

- **INCORRECT.** Padded headgear has never been approved or marketed by World Rugby to reduce the risk of concussion. Headgear is sanctioned on the basis that it should not cause harm or injury to any player.
- A major 2009 study in Australia published in *Medicine & Science in Sports & Exercise* states: its routine use cannot be recommended to reduce the chances of sustaining concussion while playing or training. It can reduce the chances of sustaining cuts and abrasions.

DOPING

A CULTURE OF SYSTEMATIC DOPING MUST EXIST TO CREATE SUCH BIG ATHLETES

- **INCORRECT:** Player size and physique at the elite level of the game is built on a combination of physical conditioning and diet.

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- While we do not believe that systematic doping exists at the elite level of the game, we are not complacent education is key to prevention – the deterrent begins and ends with players understanding the dangers and consequences of doping.
- The success of a programme is not measured on volume of tests, but on intelligent testing – based on risk factors and trends. Out of competition testing away from the event is key and random testing includes blood and we have conducted over 1000 blood tests since RWC 2011 and our registered testing pool includes biological passports.
- In 2014 World Rugby conducted a **RECORD TARGETED TESTING PROGRAMME**, comprising 2021 controls in and out of competition, across men's and women's sevens and fifteens with 4 positives (2 pending). This included targeted testing and blood testing.
- In 2013 6,126 tests were undertaken globally by NADOs and World Rugby combined, with 53 positives, which represents half the total number of positives from 2012.

TAKE-HOME MESSAGE

Rugby is a fun, exciting and thriving sport that builds healthy bodies and healthy minds. Through the promotion of character-building values, rugby boosts self-esteem and self-confidence, Rugby equips young people for life. Rugby looks after its participants.

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