# Risks of youth rugby need urgent scrutiny

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The unknown risks of youth rugby need urgent assessment to ensure the safety of junior players, says a senior doctor in The *BMJ* this week.

Michael Carter, a paediatric neurosurgeon at Bristol Royal Hospital for Children, argues that "rugby sidesteps many safeguards intended to ensure pupil wellbeing" and calls on schools, clubs, medical facilities, and regulatory bodies to "cooperate now to quantify the risks of junior rugby."

In UK schools where rugby is played, it mostly begins as a near compulsory activity from the age of 8 years, he explains. By 10 years, most players engage in some form of contact competition, increasing the potential for injury.

But he points out that avoidance of injury requires considerable skills that not all children acquire, while squads may contain children of similar age but vastly different physical stature.

"Schools, coaches, and parents all contribute to a tribal, gladiatorial culture that encourages excessive aggression, suppresses injury reporting, and encourages players to carry on when injured," he adds.

Thankfully, most injuries are not serious, he says, but a substantial number are not.

A quick check with neurosurgical colleagues yielded around 20 children's rugby injuries over the past decade that needed neurosurgical consultation or intervention, he writes, including two deaths, four or five serious spinal fractures, and several depressed skull fractures, with varying degrees of associated brain injury.

But much can be done to improve the situation, he says. Creative match scheduling as well as preseason and early season strength and conditioning training "are possible solutions that other rugby playing countries have already adopted." In addition, weight as well as age should be considered during squad selection.

Consideration should be given to the non-contested scrum, he adds, while meticulous refereeing is needed, with zero tolerance of dangerous infractions. He also suggests the increased use of non-contact options such as touch rugby "as a prelude to full contact training" as well as a option for those who don't want to participate in the contact game.

Proponents of the sport, including governing bodies, claim there is little evidence of excess risk in school age players, he writes. Yet abundant anecdotal accounts suggest otherwise.

"The fundamental impediment is the lack of any comprehensive, systematically acquired, and nationally coordinated dataset of injuries acquired during children's rugby, and of the will to set one up," he argues.

"It is vital that schools, clubs, medical facilities, and, most importantly, regulatory bodies cooperate now to quantify the risks of school rugby. Failure to do so will inhibit the development of rational policies around the sport, put junior players at risk, and may ultimately threaten the survival of rugby in its present form," he concludes.

The *BMJ* Editor in Chief, Dr Fiona Godlee, says "let's call the current state of monitoring and prevention of rugby injury in schools what it is: a scandal. It needs urgent remedy before more children and their families suffer the consequences of collective neglect."

**More information:** *British Medical Journal*, www.bmj.com/cgi/doi/10.1136/bmj.h26

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