COMMON RUGBY INJURIES Quick Reference Guide

INJURY TYPE AND AREA	MECHANISM OF INJURY	SYMPTOMS	TREATMENT	REHABILITATION	PREVENTION
Upper Limb					
A/C Joint ● Acromioclavicular (A/C) joint ● Collarbone (clavicle) meets the shoulder blade in front and top of shoulder	● Direct force to the joint with a tackle (often the tackler) or landing on the ground	● Pain on top of shoulder ● Pain lifting arm overhead or across body ● Swelling ● Loss of shoulder movement and strength ● Hard, visible lump on top of shoulder	● PEACE & LOVE for the first 24 to 72 hours ● Immobilise arm in sling ● Physical therapy to reduce pain and swelling, increase shoulder motion and range ● Surgery only in severe cases where bones have moved out of place	Up to 6 weeks ● Strengthen muscles of shoulder (rotator cuff) and shoulder girdle (the back of the shoulder by the shoulder blade) ● Correct shoulder posture ● Shoulder proprioception	● Ensure strong shoulder girdle and good shoulder movement patterns ● Shoulder proprioception exercises ● Warm up
Shoulder Dislocation or Subluxation ● The head of the humerus (top of the arm that forms the ball in the shoulder joint) comes out of the socket (formed by the shoulder blade)	● Arm in an outstretched position to the side ● Tackle ● Fall onto arm in poor position	● Sensation of the shoulder 'coming out' ● Shoulder pain ● Visible depression on top of shoulder ● Pins and needles, numbness, weakness in arm ● Apprehension in certain arm positions	● Relocate the shoulder by medical professional and x-rays to ensure no complications ● Physical therapy for pain relief, swelling reduction, ice, electrotherapy, massage ● Sling to support arm between 2–6 weeks ● Surgery to stabilise the shoulder only in repeat cases of dislocation or if complications like fracture, or cartilage damage	● Shoulder strengthening primary goal to restore stability ● Strengthen rotator cuff and shoulder girdle (upper back) ● Once strong, add flexibility and movement to shoulder exercises	● Primary prevention is key – that is to prevent first dislocation ● Good tackle techniques ● Strengthen shoulder girdle and rotator cuff ● Essential to continue strengthening following a dislocation as subsequent injuries are very common with shoulders

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TIME-SAVING RESOURCES FOR PHYSICAL AND MANUAL THERAPISTS

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INJURY TYPE AND AREA	MECHANISM OF INJURY	SYMPTOMS	TREATMENT	REHABILITATION	PREVENTION
Lower Limb					
Knee Ligament Injury					
MCL Sprain ● Medial collateral ligament (inner side of the knee) Or **LCL Sprain** ● Lateral collateral ligament (outer side of the knee)	● Sharp change in direction ● Twisting the knee, ● Landing badly from a jump ● Blunt force hit to the knee, like a tackle	● Pain ● Audible 'pop' sound ● Difficulty bending and straightening ● Difficulty walking ● Swelling ● Knee 'gives way' or buckles	● PEACE & LOVE for the first 24 to 72 hours ● Bracing ● Crutches to reduce load on knee if severe ● Physical therapy to increase mobility and joint range, reduce pain and swelling	● Can take between 2 weeks up to 4 months for full recovery depending on degree of injury severity ● Strengthening quadriceps and hamstring muscles ● Strengthen the pelvis, including gluteals or buttock muscles ● Functional exercises with squats, lunges, step-ups ● Wanting to increase stability around knee with balance and co-ordination exercises ● Ultimately plyometric (jumping loads) and drills with running, changing direction etc.	● Adequate warm up ● Correct any muscle imbalances or weaknesses around pelvis and thigh/ knee/calf area. ● Improve flexibility in lower limb ● Conditioning specific to rugby – practicing running drills with change in direction, side steps
ACL ● Anterior cruciate ligament (inside the joint) ● Critical stabiliser of the knee	● Pivoting with your weight on the leg ● Landing from a jump ● Less often a tackle forcing the knee into hyperextension	● Audible 'pop' ● Severe pain and swelling ● Unable to bare weight ● Feeling of knee collapsing/giving way	● PEACE & LOVE for the first 24 to 72 hours ● Bracing ● Crutches to reduce load on knee if severe ● Physical therapy to increase mobility and joint range, reduce pain and swelling ● Depending on sporting demands surgery is not always necessary	● Can take between 3-9 months until full sporting recovery with or without surgery ● Strengthening quadriceps and hamstring muscles ● Strengthen the pelvis, including gluteals or buttock muscles ● Functional exercises with squats, lunges, step-ups ● Wanting to increase stability around knee with balance and co-ordination exercises ● Ultimately plyometric (jumping loads) and drills with running, changing direction	● Adequate warm up ● Correct any muscle imbalances or weaknesses around pelvis and thigh/knee/ calf area ● Improve flexibility in lower limb ● Conditioning specific to rugby – practicing running drills with change in direction, side steps

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Lower Limb					
Knee Ligament Injury					
Meniscus (cartilage) ● Shock absorber of the knee ● As speed of running or jumping increases the amount of force to be dissipated increases exponentially	● Traumatic from tackle or landing and twisting the knee ● Chronic degeneration common in older people	● Clicking, popping or locking joint ● Dull aching pain ● Pain after activity ● Stiffness after long sitting ● Not always swollen	Traumatic injury ● PEACE & LOVE for the first 24 to 72 hours ● Bracing ● Physical therapy to increase mobility and joint range, reduce pain and swelling Depending on type of meniscus tear, age and demands of sports, surgery may or may not be necessary	Recovery can take between 3-8 weeks (with or without surgery) ● Strengthening quadriceps and hamstring muscles ● Strengthen the pelvis, including gluteals or buttock muscles ● Functional exercises with squats, lunges, step-ups ● Wanting to increase stability around knee with balance and co-ordination exercises ● Ultimately plyometric (jumping loads) and drills with running, changing direction	● Adequate warm up ● Correct any muscle imbalances or weaknesses around pelvis and thigh/knee/calf area ● Ensure good biomechanics of lower leg ● Improve flexibility in lower limb ● Conditioning specific to rugby – practicing running drills with change in direction, side steps
Ankle **Lateral Ankle Sprain** ● Tearing the ligaments on the outside of the ankle	● Rolling over the outside of the ankle ● Sudden change in direction, twisting ● Uneven ground	● Severe pain ● Swelling ● Inability to walk or bear full weight ● Bruising ● Cracking noise at time of injury	● PEACE & LOVE for the first 24 to 72 hours ● Bracing ● Crutches to reduce load on ankle if severe ● Physical therapy to increase mobility and joint range, reduce pain and swelling ● 'Moon' boot to restrict ankle movement and load, may be worn for few days or weeks	● Strengthen ankle and calf muscles ● Eccentric strength important ● Balance and proprioception critical ● Functional movements including squats, lunges, agility drills ● Sports-specific drills	● Warm up ● Balance and proprioception exercises, especially if you have a history of ankle sprain ● Eccentric strength on calf and shin muscles

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Lower Limb					
Hip/Groin ● Common with running, changing direction, jumping, kicking ● Very complex area with multiple possible structures to be injured	● Acute: sudden lunge, kick or change in direction can strain a muscle or ligament ● Chronic overloading of structures causing tendinopathy, inflammation, strain	● Pain in the groin, hip, buttock, side of the thigh, up into the abdomen ● Clicking or snapping in the hip ● Pain doing sit ups, running or jumping ● Stiffness in hip ● Pain whilst coughing or sneezing	● If an acute injury - PEACE & LOVE for the first 24 to 72 hours ● Require thorough assessment for accurate diagnosis, including possible scans/x-rays ● Reduce training load, cross train (do other sports that are not painful eg. cycling or swimming) ● Physical therapy to reduce pain and swelling, massage, increased joint mobility	● Can take anywhere from 2 weeks to months ● Strengthen core ● Strengthen pelvis including buttocks and hamstrings ● Correct lower limb alignment ● Functional exercises with good body position	● Training load and intensity correction ● Technique of kicking ● Muscle imbalances and weakness from core strength to pelvis and hip ● Assess foot biomechanics ● Functional strength for entire lower limb ● Warm up
Spine					
Neck Pain ● Wry neck, joint strain ● Muscle spasm or strain ● Disc or nerve injury	● Acute collapsed scrum or tackle ● Whiplash injury during tackle ● Collision with another player ● Chronic overloading, poor technique in scrum	● Pain ● Stiffness ● Headache ● Pins and needles, numbness down arms	Physical therapy includes: ● Massage, dry needling, electrotherapy, joint mobilisation, trigger point therapy, stretching, nerve mobilisation	● Strengthening deep neck flexors that stabilise neck ● Strengthen upper back ● Stretching ● Proprioception exercises	● Correct technique in tackle and scrum ● Strengthening deep neck flexors that stabilise neck ● Strengthen upper back ● Stretching ● Warm up
Lower Back ● Muscle strain or spasm ● Disc injury ● Ligament injury	● Acute injury from tackle or falling incorrectly ● Accidental kick in the back during a ruck ● Chronic overloading, scrum	● Pain across lower back, buttocks, down the legs ● Pins and needles, numbness into legs ● Stiffness moving	Physical therapy includes: ● Massage, dry needling, electrotherapy, joint mobilisation, trigger point therapy, stretching, nerve mobilisation ● Pilates	● Strengthening your core ● Strengthening pelvis including buttocks/ gluteals ● Improve flexibility and nerve stretches	● Core and pelvis strengthening ● Stretching ● Warm up ● Good technique in scrum and tackles

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