[Letter to the Editor]

Dear Editor:

My colleagues and I at US Rugby read with interest the study published recently in *Sports Health* by Karen Peck et al from West Point, New York.³ This is an institution with a long and rich history in rugby, and one that appears heavily invested in the growth of the sport. We wish to applaud the authors for their efforts in collating 5 years of injury data.

We do, however, note several issues that make the conclusions difficult to disseminate to the greater rugby playing community nationally and internationally. One discrepancy worth considering is the decision to describe all rugby injuries without the generally accepted standard of practice/training versus game injury.¹ There is such a huge difference between the incidence and severity of injury that results from competitive play in a game and that which occurs during rugby practice that reporting the 2 together becomes much less useful as an injury surveillance strategy. This was acknowledged in the limitations section of the paper; however, we believe that the lack of foresight in choosing such a reporting strategy goes beyond just a limitation and unfortunately affects the conclusions and results more profoundly. Previous investigation in collegiate rugby in the US had shown similar injury rates in men and women² when injuries have been collated for game and practice settings separately. I would have to respectfully disagree that the men's game has a higher incidence of injury than the women's, unless future research can be conducted appropriately to show otherwise.

Another contentious issue is the lack of specificity in the type of rugby being played. Sevens rugby differs significantly from the conventional game played with 15 players both in terms of incidence and severity of injury. The 7s game is played with the same playing field and half the participants of 15s, so there is a

great deal more open play and running. While the introduction to the study describes participation in both disciplines, there is no effort to separate this out in the analysis. This is disappointing as it limits the conclusions that can be drawn about specific injuries, such as anterior cruciate ligament (ACL) injuries, since the reader doesn't know what type of rugby is being discussed. One might suspect more ACL injuries in 7s rugby with a much more dynamic game; unfortunately, this is not possible to draw inference on given the methodology.

We would urge future efforts by US researchers interested in rugby to consider these flaws when collecting data. It certainly makes the conclusions much more easily disseminated worldwide when the consensus statement is adhered to. This would be valued by our international colleagues, who expect us to be cognizant of the global appeal of rugby as we approach its inclusion in the 2016 Olympic Games in Brazil.

Thank you.

Yours sincerely,

Hamish A. Kerr, MD, MSc, FAAP, CAQSM
*Chair, Medical & Risk Committee US Rugby
 Team Physician, US Rugby and United States
 Olympic Committee
 Fellowship Director, Primary Care Sports Medicine
 Associate Professor Medicine & Pediatrics,
 Albany Medical College*

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