phase. A study of injuries by the Scottish RFU (SRU, Edinburgh, 1985) in 1984/85 found that six out of ten injuries resulted from the tackle and they concluded that the tackle is by far the most dangerous phase of the game. This confirms that players should be undertaking regular tackling practice in conjunction with the acquisition of falling skills to try and minimise the risks associated with this phase of play.

Second phase play in our study accounted for one-quarter of injuries and highlights the importance of players joining rucks and mauls without causing injury to either themselves or others particularly those who have become trapped. Only a small number of injuries originated in the scrum despite the inherent danger of serious neck and back injuries in this phase of play. This could be a reflection of attention given by coaches (and referees) over recent years to good scrumming skills and the outlawing of dangerous practices such as lowering, deliberate collapsing and power-impacting.

Non-contact injuries accounted for thirteen per cent of the total and these occurred during running. This might question the performance of adequate warming-up as well as the particular skills of turning and twisting quickly.

Forwards were injured more often than backs (approx. 60/40). This contrasts with a similar study based in Gloucester (Durkin, 1977) where injuries to backs predominated (55/45). It may be postulated that this difference reflects a contrast in style between the game in Ireland compared with England. This hypothesis is reinforced when the individual position of the player is examined. Top of the injury list in Dungannon is the wing forward followed by the prop in contrast to Gloucester where the fullback is followed by the centre/third-quarter.

Limb injuries accounted for nearly two-thirds of all injuries and this would correlate with the tackle being the most causative event. Other injuries, especially those involving the neck, were few in number and not serious. Soft-tissue injuries formed the majority of those encountered (88%) and these were made up of ligament injuries of the ankle and knee plus various other categories including hamstring pulls and intra-muscular haematomas. More serious injuries (fractures, joint dislocation and concussion) were fortunately few and did not account for any significant long term morbidity.

Provision of adequate first-aid cover for rugby matches would seem to be a reasonable minimal requirement in the light of the results of this survey. The availability of additional sophisticated back-up would be dictated firstly by the resources and enterprise of the individual club and secondly by more extensive study showing a need for such a provision.

CONCLUSION

This survey, whilst suggesting the incidence of serious injury to be low, highlights the lack of comprehensive data relating to rugby injury in Ireland. Further study involving a number of clubs throughout Ireland, perhaps co-ordinated by the IRFU, would lead to a more definitive documentation of the problem. Hopefully our initial endeavours would stimulate and encourage such a process.

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References


BOOK REVIEW

Title: THE RUNNING ATHLETE — ROENTGENOGRAMS AND REMEDIES

Author: Pavlov & Torg

Publisher: Y. B. Medical, Chicago. UK Agents Wolfe Medical, London 1987

Price: £48.00 315 pages with Index ISBN 0 8151 6712 1

This book is written by two well-known authorities in their fields, one a Radiologist, the other an Orthopaedic Surgeon. The book is basically a collection of radiographs and radioisotopic images of pathological abnormalities seen in the lower limb most commonly, although not always, due to sports injuries. It is divided into chapters, the foot, the ankle, the leg (tibia and fibula), the knee, the femur, the groin and the spine. After the radiograph and discussion of each individual abnormality a remedy is proposed. The scope of contents is suitable apart from the fact that it would have been nice to have more information about avulsion fractures around the ankle joint before arthrography is considered. The description of sesamoid fractures is theoretically nice but in practice without clinical information or follow-up films the diagnosis is often difficult. Myositis ossificans is an important consideration and could usefully have been given more space. The same applies to the occasional similarities of stress and avulsion fractures to bone tumours. The history is important in the differential diagnosis.

I think the remedies enclosed add nothing to the book, they give the idea of treating the radiograph and not the patient. It must be remembered that the book is really a radiological atlas and there is no clinical information given within it. The book is nicely produced, the radiographs are of good quality but some could have been more clearly labelled. The book is well worth a read and I think will be of use from time to time for help in studying an X-ray. It must however be remembered that radiographs cannot be used in diagnosis on their own, they must be considered alongside the patient’s history and signs.

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