REAL INJURY TIME REPORT

WITH DR SEAN WILLIAMS

COMMISSIONED BY

NAPROSYN® Pain Relief WITH UNIVERSITY OF BATH

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EXECUTIVE SUMMARY

We all think we know when injury time is, at the end of each half of a football match. But that just makes up for the stoppages throughout a game. Until now, the real injury time, the point in a game when injuries are more likely to occur or when the risk of injuries is at its highest, has been misunderstood.

Now, for the first time, sports scientists have pinned down the real injury time in tournament-based studies on professional football, and a high-risk window starts from the 60th minute, until the 75th minute[1,2,3]. That's the period of maximum peril for a team and its players, when statistically injuries occur more often than at any other time in a match. This report explains how fatigue plays an inevitable part in injuries, but other factors include the speed of the modern game, and the tendency for matches to become more intense as the minutes tick away.

Injury time extends to the gaps between games too. Fixture congestion remains a controversial topic, but when games come thick and fast, so do injuries. The risk of muscular injuries goes up by about 32% when there are fewer than four days between games[4].

The stresses and strains of professional football produce a lot of injuries. On average a team loses a male player every other game, while for female professionals there's an injury in the team every three games (see note)[5,6,7]. The difference between the training ground and match day is even starker. Rates of injuries in competitive matches are about ten times higher than in training in the men's game, while in the women's game the rate is approximately seven times[5,6].

This report uncovers another, potentially even more painful, **real** injury time. That's the period a player, whether they're a Premier League star or a Sunday parks player, spends away from a sport they love. In men's professional football, minor injuries resulting in 1-3 days out of action are most common[6.] However, the typical injury in women's professional football results in a two-week absence and in men's football, the average absence is one week[5,8].

Thankfully, there's much that can be done to prevent injuries and support rehabilitation. Sports science understands how desperately every player wants to be back, so through effective pain relief and proper rehabilitation, every player – from superstar to strictly Sunday league – can overcome the inevitable knocks sooner, and get back to the beautiful game.

Note: Practical metrics calculated based on: Match injuries: 27-36 injuries/1,000 hours × 16.5 player-hours per match (11 players × 1.5 hours) = 0.45-0.59 injuries per match (approximately 1 match injury every 1.7-2.2 matches). Training injuries: 3-4 injuries/1,000 hours × 150 squad hours per week (25 players × 6 hours) = 0.45-0.60 injuries per week (approximately 1 training injury every 1.7-2.2 weeks).

INTRODUCTION

Football is more than a game — it's an international obsession. There are approximately 270 million active players worldwide, which makes it the world's most popular sport[9]. Here in the UK, we play, watch and argue about potentially our greatest export every single day. But all that involvement takes its toll, with football consistently among the sports with the highest number of injuries[10].

To get the story behind the stoppages, the new **Real Injury Time Report** was commissioned by **Naprosyn® Pain Relief.** The report, based on a literature review conducted by Dr Sean Williams of the UK Collaborating Centre on Injury and Illness Prevention in Sport at the University of Bath, aims to lift the lid on injury in football. To do so it draws upon the latest data from UEFA, the Football Association and sports scientists from across the globe. It covers how often injuries occur, what the causes are, and how best to rehabilitate players and prevent future injuries.

This report inevitably focuses on the elite professionals playing the game at the top level, as this is where the majority of the research has been conducted. However, the types of injuries common in football and the underlying causes are the same whether you turn out at a Community Stadium or a community centre.

So, to find out the most injurious minutes of play, the real 'magic sponge' of rehabilitation, the knocks that sideline players, and just how long recovery really takes, read on...

270 MILLION FOOTBALLERS WORLDWIDE

THE REAL INJURY TIME

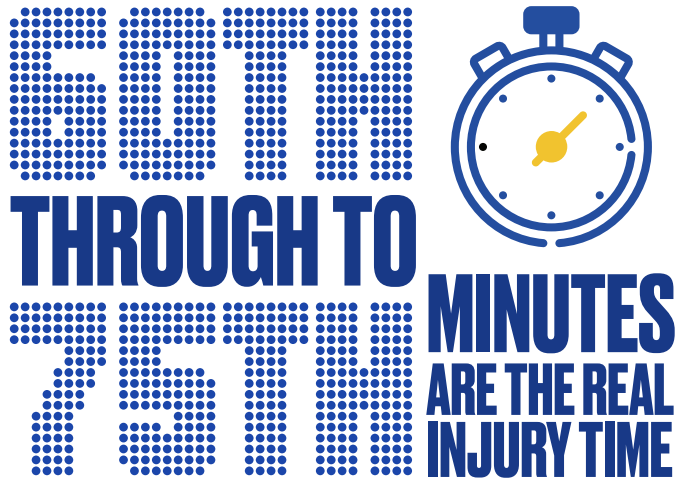
The 60th minute of a game of tournament football seems innocuous. Plenty of the game played, but still time for a lot of action. But that's the moment the real injury time starts. And that period of greatest peril continues until the end of the 75th minute[1,2,3].

That's not to say that injuries don't occur at any other time in a tournament game. It's just that statistically the second half of football matches is when injuries are more likely to occur, and the period between the 60th and 75th minute is when a third of total match injuries happen[1,2,3].

The main causes of this increased risk of injuries during this period may be related to:

- Increasing mental and physical fatigue[2]
- Increased intensity of play prior to the end of each half[2]
- High-speed running distances, particularly for midfielders and defenders[2]

Additionally, it may be that substitutions, tactical changes and the will to win as a game nears its conclusion, may also play a role.



THE IMPACT OF INJURY

The perils of fixture pile-ups

Fixture congestion is also associated with an increased risk of injuries. A study of injuries based on UEFA Champions League data indicates that muscle injuries become more common when the gap between games gets shorter[4].

- In matches separated by six or more days, the rate of muscle injuries was nine per 1000 hours of play[4]
- With four or fewer days separating games, muscle injuries occurred at a rate of approximately twelve per 1000 hours of play[4]
- This is a 32% increase in the incidence of muscle injuries when there are less than 4 days between matches[4]

Dr Sean Williams from the University of Bath, suggests that inadequate recovery periods between competitive fixtures may be elevating injury risk. But you don't need to be playing in Europe and the Premier League. **Over-training can increase anyone's risk of injuries.** Adequate recovery between matches is a critical part of keeping players in the game[4].

Football injuries: The who, why and where

Injuries aren't just part of the game; they're a regular fixture. There were a record 4,123 injuries across the top five men's European leagues in the 2023/2024 season, with 915 in the English Premier League (EPL) alone[11]. That's a lot of players receiving treatment. But what are the injuries most likely to be found in the physio's room?

Most common footballing injuries

Unsurprisingly, it's the legs that take the brunt of footie injuries, accounting for between 66-87% of all injuries in the sport[7,12]. In the league of football injuries, injuries to muscles top the table, comprising about a third (31%) of all time-loss injuries, with hamstring injuries the most common, making up nearly 1 in 4 (37%) of those muscle injuries[1,13].

Data from the UEFA Elite Club Injury Study indicates that **rates of hamstring injuries in men's professional football have roughly doubled over the last twenty years.** In 2001/02 12% of all reported injuries were to the hamstring muscles. By the 2021/22 season that had risen to 24%[14]. **Dr Williams suggests this may be due to the increasing speed and intensity of the modern game.**

32% INJURY SPIKE
with <4 days between matches

Other common muscle injuries are strains to quadriceps, groin and the calf[1].

A perennial high-performer in the league of injuries are ankle ligament sprains, accounting for 10-18% of injuries in men's football[15]. While at domestic club level, women's football sees similar patterns: in tournaments, ankle injuries make up almost a quarter of all injuries[5].

Knee injury, the bane of footballers whether they play in the Premier League or the Powerleague, represents 15-19% of injuries[16]. Despite being less common, injuries such as anterior cruciate ligament (ACL) damage can prolong players' time off the pitch, as rehabilitation periods range from approximately six and a half months to seven and a half months[17].

What are the causes?

The causes of injuries are difficult to pinpoint. However, a large review of the causes of injuries uncovered some distinct pattens to the two most common injuries in football:[18]

Hamstrings

Hamstring injuries occur mostly during high-speed running and sprinting activities, usually without any contact. The injury typically occurs just before the leg connects with the pitch during running[18,19].

Ankles

Ankle sprains, in contrast, occur predominantly in contact situations, with 59% resulting from player-to-player contact[20]. The most common scenarios are tackling (36%) and being tackled (18%), whilst 77% of non-contact sprains occur during landing, twisting and turning, and running, jumping in contact with an opposition player, contested challenges for a loose ball and slide tackles[20].

The goalkeepers union

Obviously, we all know that goalkeepers are different. This extends to their injuries too. Goalkeepers demonstrate distinct injury patterns with a higher proportion of non-contact ankle injuries (79%).[20] This is thought to relate to the specific technical demands of goalkeeping such as twisting, landing and diving[20].

At-risk scenarios from the 2022 FIFA World Cup

A recent analysis of the injuries sustained during the 2022 FIFA World Cup identified specific 'at-risk situations'[21]. These include:

- **Running situations**, particularly linear runs at steady speed
- **Jumping situations**, with most potential injuries occurring whilst players were in the air rather than during take-off or landing
- **Direct contact** with an opposing player who was running
- **Slide tackles**, with sliding contact accounting for 15% of contact-related potential injuries

631 ANKLE SPRAINS due to player-to-player contact

How long do injuries keep players out of the game

'When will I be back playing again?' may well be the most common question fielded by physiotherapists and sports therapists, whether it's park football or the World Cup Finals.

The most common injuries across men's and women's professional tournament football are minor, keeping players away from the game for a matter of one to three days[6,7]. However, anything up to a fifth (11-22%) of all injuries are classified as severe, keeping players off the pitch for more than a month[6,7].

Men typically on the bench for one week, women on the bench for two weeks following injury

The **typical injury** in English women's football **resulted in 13-14 days absence[5]**. A seven-season study from the German Bundesliga (men's football) reported a median time loss of seven days[8]. Based on these studies, **female players may experience longer periods of injury than men.** The reasons for this are unclear, but Dr Williams suggests it could be related to different types of injuries sustained, or it could be that greater medical expertise is available to men.

What about the weekend warriors?

Based on these studies, there is far less information on minor sports injuries amongst amateur players. Most statistics focus on more serious injuries requiring medical attention, which whilst more severe than a muscle sprain or bruise, still provide insight into football injury patterns[10]:

- Young men may think they're invincible, but the peak age range for football-related injuries is 16-24[10]
- The second biggest peak in football-related injuries are middle-aged men (45-54)[10]
- Of all sports played commonly in the UK, rates of injuries in football are consistently among the highest[10]

When injuries reoccur

It may sound counter-intuitive, but experts suggest that players will return to competitive action before their injuries have completely healed[22]. This is often due to enthusiasm to return to play according to Martin Haines, Chartered Physiotherapist and Biomechanics Coach. The science suggests that for less severe strains, muscle tissue will continue to heal for eight weeks, while in more severe strains it could continue for up to four months[23]. Dr Williams suggests that this highlights the importance of taking a gradual approach to returning to playing full matches, and the importance of preventive exercises.

All of this is brought into stark focus: Some figures suggest up to a third of hamstring injuries recur within a year[1,14,24,25].

Previous hamstring injuries at least double the risk of a future injury, and the risk may be up to over ten times greater[25].

REHABILITATION AND RETURNING AFTER INJURY

Real Injury Time in any sport isn't just about being hurt in the moment, it's about what happens next. How you recover. How you bounce back. Because with the right care, advice, and effective pain relief, Real Injury Time in any sport doesn't have to last any longer than it needs to.

Rehabilitation and Return to Play: A Five-Phase Approach

The rehabilitation of soft tissue injuries like muscle and ligament strains is a matter of time. To follow is what experts term a structured, phase-based progression that emphasises active recovery, early therapeutic exercise, and a gradual return to function. Martin Haines, Chartered Physiotherapist and Biomechanics Coach explains that timelines will of course vary according to injury severity, tissue type, and individual factors, but the overall goal remains to restore pain-free performance while minimising reinjury risk.

NSAIDs Across the Rehabilitation Timeline

The key principle is that pain management should enable appropriate rehabilitation activities rather than masking symptoms to allow continued participation whilst significant tissue damage persists[26,27].

When used appropriately, anti-inflammatory medications can support active rehabilitation by reducing pain to tolerable levels that permit progressive loading and therapeutic exercise[26,27].

Medication should be only one component of pain management, combined with appropriate non-pharmacological measures to limit disability and optimise functional improvement[28].

Phase 1: Acute Phase (0–3 days) – Protection and Pain Control

The immediate goal following soft tissue injury is to protect the injured area, minimise further tissue damage, and manage pain and swelling. This may include raising the affected limb above heart level, and compression to limit swelling whilst maintaining mobility[29,30].

Pain management at this stage is essential to facilitate recovery. Non-steroidal anti-inflammatory drugs (NSAIDs) can be considered to control pain. Although concerns exist regarding potential interference with the initial inflammatory response, which is part of the healing process[31], only limited clinical evidence regarding this exists in humans[33,34].

Phase 2: Early Rehabilitation (3–10 days) – Controlled Loading and Promoting Bloodflow

Once acute symptoms subside, the focus shifts to gradual reloading of the injured tissue. Adding physical stress, through controlled movement and low-load exercise, stimulates the body to rebuild damaged tissue[34,35]. A few days after injury, cardiovascular exercise involving non-injured body parts (e.g., cycling, swimming) supports circulation and promotes healing[30].

Animal studies suggest that early, controlled movement of the affected body part following a brief period of rest may support muscle recovery, but these effects have not been confirmed in humans[23]. NSAID use may continue during this phase to enable early engagement with therapeutic exercise, preventing complications such as muscle wasting and loss of range of motion[26]. Pain management during rehabilitation may improve muscle tension and prevent fear of movement that affects functional outcomes[33]. As tolerance to load improves, rehabilitation progresses toward restoring strength and mobility.

Phase 3: Intermediate Rehabilitation (1–3 weeks) – Strength and Mobility Restoration

This stage emphasises progressive strengthening and neuromuscular re-education. Exercises typically progress, tailored to tissue tolerance and pain levels[27,36,37]. Manual therapy and flexibility training may be used to restore joint mobility and soft tissue extensibility[27]. During this sub-acute phase, the body actively lays down new soft tissue, and scar tissue begins to mature and strengthen[37]. Once foundational strength and neuromuscular control are re-established, training becomes more functional and sport-specific[27].

Phase 4: Advanced Rehabilitation (3–6 weeks) – Functional Integration

As the athlete regains strength and control, rehabilitation becomes increasingly sport-specific. Exercises will begin to simulate competitive demands[38,39]. During the remodeling phase, collagen fibres gradually realign along the directions of mechanical stress as the healing tissue restores[39].

Phase 5: Return to Sport (Variable Timeline) – Performance and Prevention

Final rehabilitation integrates technical, tactical, and psychological readiness for return to play. Athletes should demonstrate resolution of symptoms, adequate strength and range of motion, and psychological readiness before resuming unrestricted participation[40]. For acute ankle sprains, early mobilisation and NSAIDs are strongly supported, whilst exercise therapy and manual therapy improve function, and neuromuscular training and bracing help prevent recurrent injuries[41].

Preventing injuries in the first place

Prevention is of course better than cure, especially if your team is top of the league! There are a number of injury prevention frameworks. The FIFA 11+ Programme is a structured 15-minute warm-up comprising core stability, eccentric hamstring strengthening, proprioceptive training and plyometrics. In trials it has been shown to reduce the risk of injuries by around 35% when used regularly[42,43].

ABOUT NAPROSYN® PAIN RELIEF

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ABOUT THIS REPORT

(AND AUTHORS)

The Real Injury Time Report is based on a data and scientific analysis by Dr Sean Williams. It has been reviewed for accuracy by Dr Williams.

Martin Haines, Chartered Physiotherapist has offered his views within the report.

About Dr Sean Williams

Sean Williams is a Reader in Applied Statistics and Research Methods at the University of Bath. His research interests include sports injury prevention, training load monitoring, heart rate variability, and growth and maturation. He has published over 100 peer-reviewed articles on these topics. His research and consultancy portfolio includes work with the Rugby Football Union, Premier League, ECB, and the Ministry of Defence. He currently serves as statistics consultant for the Journal of Physiology.

About Martin Haines

Martin Haines is a Chartered Physiotherapist, Biomechanics Coach and former elite sports clinician with a four-decade track record at the forefront of human-movement science. He has advised global healthcare, pharmaceutical and sports organisations, shaping product innovation, rehabilitation protocols and clinical pathways.

A former university lecturer and international keynote speaker, he has contributed to research influencing footwear, implant design and AI-driven injury-management platforms. Martin's work spans F1, the PGA European Tour and multiple Olympic champions, bringing rare insight into performance, risk reduction and human factors.

About the University of Bath

The University of Bath is one of the UK's leading universities, recognised for high-impact research, excellence in education, an outstanding student experience and strong graduate prospects.

- We are ranked among the top 10% of universities globally, placing 132nd in the QS World University Rankings 2026
- We are ranked in the top 10 in all of the UK's major university guides
- The University achieved a triple Gold award in the last Teaching Excellence Framework 2023, the highest awards possible, for both the overall assessment and for student outcomes and student experience. The Teaching Excellence Framework (TEF) is a national scheme run by the Office for Students (OfS)
- We are The Times and The Sunday Times Sport University of the Year 2026

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