



Economics of sports injury

Web report | Last updated: 30 Nov 2022 | Topic: [Sports injury](#)

About

This report estimates that in 2018-19, up to \$1.2 billion in health spending could have been avoided through improved injury prevention and management in sport and other forms of physical activity (11% of total injury costs). This includes estimating the contribution of specific forms of physical activity and sports to this spending. Information is presented on the web pages using interactive visualisations, and downloadable Microsoft Excel workbooks. Estimates of avoided health spending due to better health status from participation in physical activity will be released in a future publication.

Cat. no: INJCAT 230

Findings from this report:

- \$1.2 billion was spent treating potentially avoidable injuries caused by physical activity in 2018-19
 - Male spending on physical activity injuries was \$686 million, while female spending was \$414 million
 - Around \$44 per person in Australia was spent treating physical activity related injuries in 2018-19
 - Hospital admission costs were highest for cycling (\$52 million) and wheeled motor sports (\$40 million)
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Summary

In June 2020, the Australian Sports Commission (ASC) commissioned the AIHW to investigate the benefits and costs to the health system associated with participation in physical activity. This analysis is part of a broader project to gather evidence around injuries arising by sport participation and the potential population benefits to be achieved through improved injury prevention and management and increased physical activity.

The purpose of this project is to quantify the health spending related to physical activity within the Australian population. This is done by assessing:

- costs due to immediate and long-term risk of injuries; and
- the avoided health spending due to better health status.

Estimates of the avoided health spending on chronic diseases from participating in physical activity will be released in a future publication.

The analysis presented in this report focusses on the immediate cost of injuries arising due to physical activity. This analysis expands on preliminary estimates presented in [Economics of sports injury and participation - preliminary results](#), to include costs for injuries treated outside of emergency departments and hospital admissions.

Attributing health costs to diseases is complex and generally not undertaken annually. The most recent total injury spending estimates are available from the Disease expenditure in Australia 2018-19 report, and are the basis for spending estimates in this report. It is estimated that the immediate cost of treating injuries caused by physical activity through the health system was \$1.2 billion in 2018-19, with:

- \$864 million spent in hospitals (including admitted patient care in public and private hospitals, outpatient clinics, and emergency departments)
- \$185 million on primary care (including general practice, allied health, pharmaceuticals, and dental), and
- \$133 million on referred medical services (including specialist services, medical imaging, and pathology).

The costs associated with injuries estimated in this report are assumed to reflect a preventable burden, in that the costs captured here reflect post-injury care rather than injury prevention activities, with the assumption that all injuries related to physical activity are potentially preventable (through improved prevention and injury management activities rather than avoiding activity).

Injury treatment also occurs through other areas of the health system, including physiotherapy, chiropractic, acupuncture/acupressure and osteopathic services. In 2018-19, a total of \$1.7 billion was spent on these services through private health insurance, though costs associated with these services are currently not able to be specifically attributed to injury versus other conditions.

Information on physical activity related injury costs is presented by age, sex, injury type, and treatment location. Additional information on the activity at time of injury and cost per participant is available for injuries treated during hospital admissions. [Data](#) in this report is available to download as an Excel workbook.

This report complements two others by the AIHW - [Sports injury hospitalisations in Australia, 2019-20](#) and [National sports injury data strategy](#).

Methods and data sources

Expenditure estimates presented in this report are sourced from the AIHW disease expenditure database. The disease expenditure [database](#) contains estimates of expenditure by Australian Burden of Disease Study (ABDS) condition, age group, and sex, for public and private admitted patient, emergency department, and outpatient hospital services, out-of-hospital medical services, and prescription pharmaceuticals (AIHW 2021b). A range of modelling techniques and data sources are used to apportion health spending to population groups. Due to data availability, allocated spending is skewed towards activity in hospitals, and estimates should be interpreted with this in mind.

This report uses additional data sources to allocate to sport and physical activity injury spending captured within the disease expenditure database. This analysis is part of a larger body of work to characterise the economic impact of sport and physical activity, and a broad classification of activities is used to maintain consistency between injury estimates and the ABDS physical inactivity risk factor.

The ABDS risk factor 'physical inactivity' largely adheres to the scope from the Australian physical activity guidelines to estimate activity levels in terms of activities counted as physical activity (all physical activity domains, such as leisure, transport, occupational and household chores). This is to ensure that an accurate measure of total physical activity levels undertaken in Australia are included.

The cost of injuries presented in this report reflect injuries from all types of physical activity, not only 'sport related' injuries.

Measuring the hospital costs of physical activity related injury

Hospitalisations for injury are classified using the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian modification (ICD-10-AM) Principal Diagnosis codes S00-T75 or T79. These codes are supplemented with an ICD-10-AM 'Activity at the time of injury' code in the range U50-U71, which allows the grouping of hospitalisations into physical activity and non-physical activity related. The cost of injuries presented in this report reflect injuries from all types of physical activity, not only 'sport related' injuries. The classification of ICD codes into 'physical activity related' is broad, so as to capture the spectrum of activities that are considered physical activity in the specifications for the physical inactivity risk factor, and includes codes such as 'leisure activity not elsewhere classified'.

Unlike admitted patient data, emergency department diagnosis data does not contain an 'Activity at the time of injury' code. The proportion of injuries due to physical activity has been estimated using the attribution of each ICD-10-AM diagnosis code to activities in the admitted patient data, applied to ICD-10-AM diagnoses in emergency departments. This method potentially underestimates injury spending from physical activity, if there are differences in injury severity (and likelihood of hospital admission) based on how an injury was sustained.

Measuring the non-hospital and outpatient costs of physical activity related injury

Not all injuries are treated in an emergency department or during a hospital admission. General practitioners, physiotherapists, and sports medicine physicians are common locations where treatment of lower severity injuries may occur. Data relating to the activities undertaken when injuries occurred is not available in these non-hospital settings and is estimated from published studies.

Data from a general practice injury surveillance study was used to allocate injuries by type to sport/physical activity (Day 1998, Cassell 2003). The injury types reported in this study were grouped into fractures, soft tissue injuries, and all other injuries. As dislocations were not specified by the authors, the sport/physical activity proportion for dislocations was estimated as the average of fractures and soft tissue injuries. Costs of hip fractures were allocated to physical activity using the proportion of 'all other injuries', as the nature of these injuries often varies from that of other fractures.

Allocation of injury costs in hospitals to specific activities

Injury costs and average cost per participant are presented for the most popular sports. Selected sports are discussed in more detail, including the various football codes, wheeled motor sports, netball, and cricket. These estimates are only available for public and private admitted patients due to data availability.


The activities at time of injury recorded during an episode of admitted patient care are mapped from the ICD code to an activity group. The reporting categories are chosen for their consistency with [Sports injury hospitalisations in Australia, 2019-20](#) and the available participation data. Refer to the [Technical notes](#) for further information.

Participation rate data are drawn from the Clearinghouse for Sport's [AusPlay survey](#). Every year, the AusPlay survey asks a sample of 20,000 Australians about their participation in sports and physical recreation. The survey results include estimates of the number of participants in a range of activities. This report only includes estimates of participants aged 15 and over.

References

Cassell EP, Finch CF, Stathakis VZ, Cassell EP, Finch CF, Stathakis VZ, 2003. Epidemiology of medically treated sport and active recreation injuries in the Latrobe Valley, Victoria, Australia. *British Journal of Sports Medicine*;37(5):405-9.

Day, Lesley & Valuri, Giulietta & Ozanne-Smith, Joan. (1998). General Practice Injury Surveillance in the Latrobe Valley. *Monash Univ Acad Res Center*. 113.

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Overview of spending by demographics and injury type

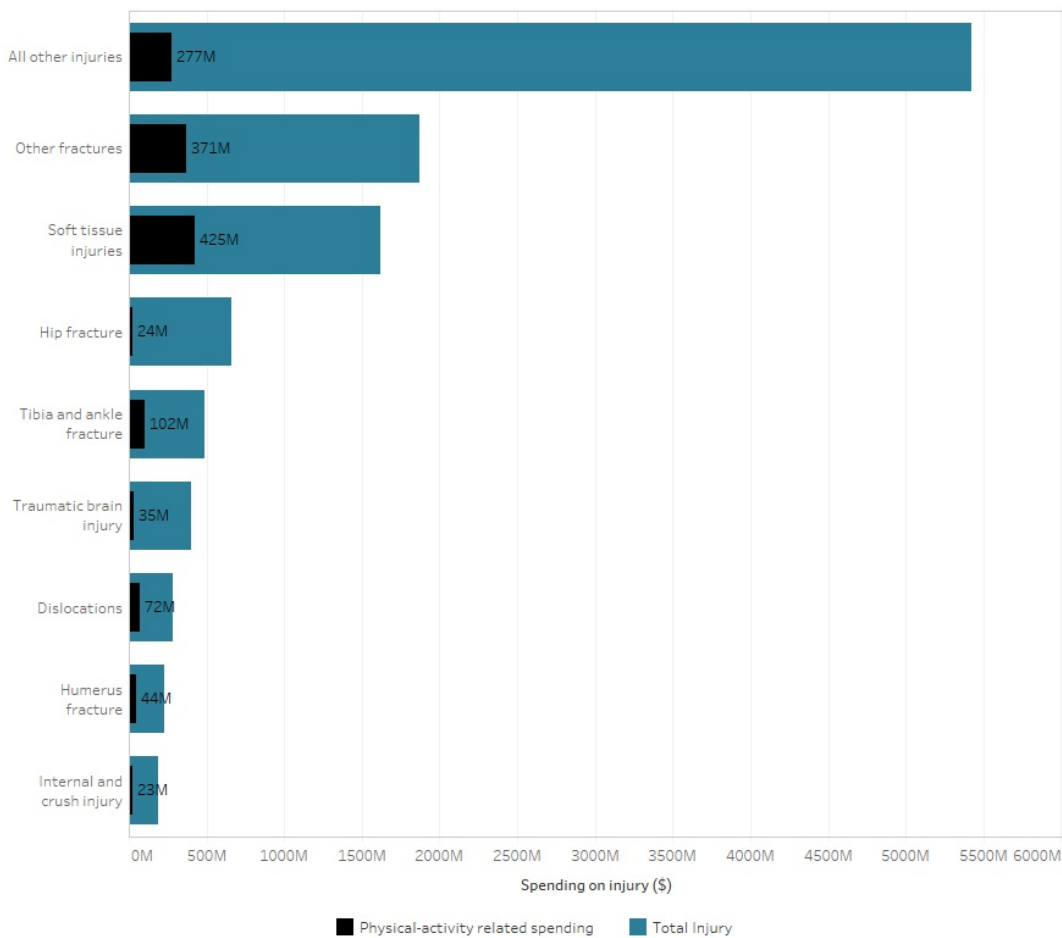
In 2018-19, total injury spending was \$11.2 billion. It was estimated that \$1.2 billion was spent treating injuries caused by physical activity (around 11% of total injury spending). This includes spending across hospital services, primary health care services and referred medical services.

Around a third of this spending was for *soft tissue injuries* (\$416 million), followed by *other fractures* (\$313 million) and *tibia and ankle fractures* (\$83 million).

The injury types with the highest proportion of total spending due to activity were *soft tissue injuries* (26%), *dislocations* (24%) and *tibia and ankle fractures* (17%).

Figure 1: Total spending and cost due to physical activity, by injury type, 2018-19

This stacked bar chart shows the spending from sport and total injury spending for each injury type.

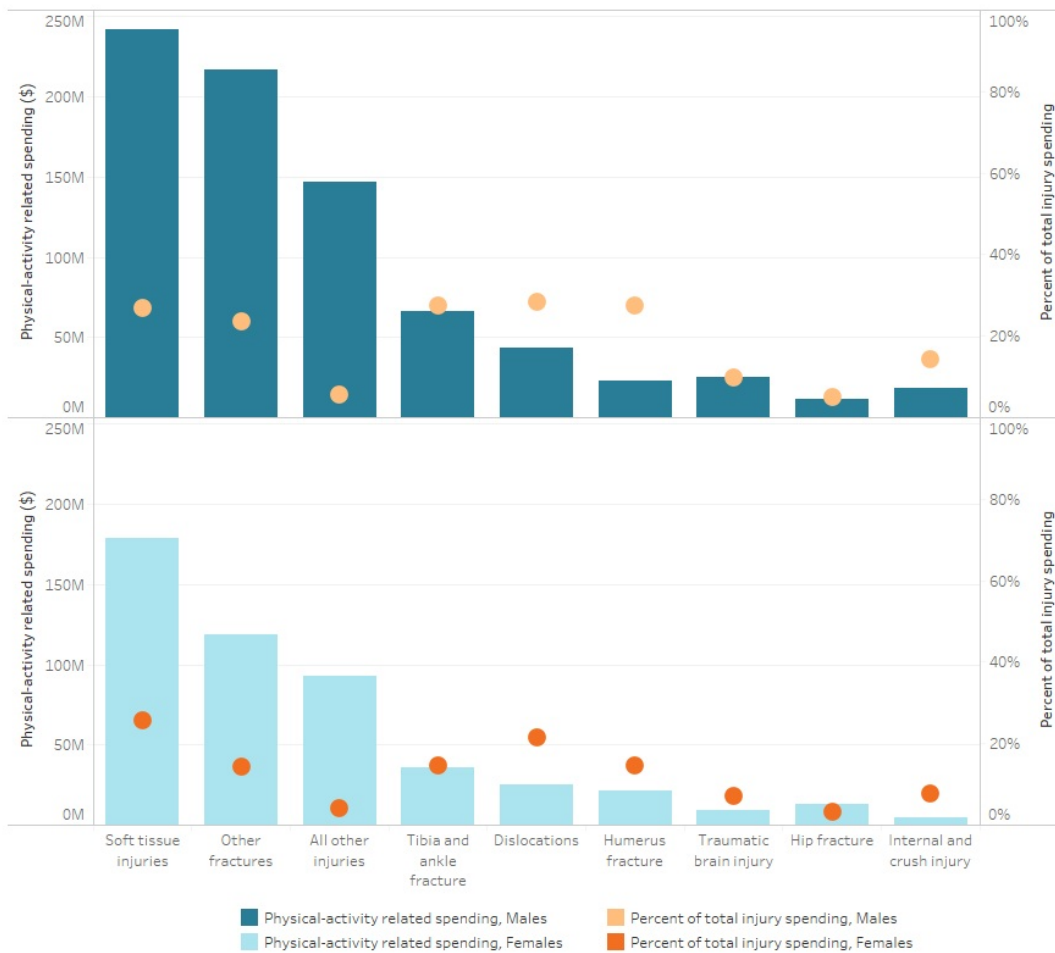


Males had higher injury spending from physical activity and a higher proportion of total injury spending due to activity than females. Male spending on physical activity injuries was \$686 million (12% of total male injury costs), while female spending was \$414 million (8% of total female injury costs).

The proportion of total injury spending from physical activity was higher for males than females for all types of injuries. The difference was greatest for *humerus fracture*, *tibia and ankle fracture*, and *other fractures*, around 9 to 13 percentage points higher than females.

Figure 2: Physical activity related injury spending by injury type and sex, 2018-19

This bar chart shows total injury spending for males and females by type of injury, and the percent of injury spending that is due to sport and physical activity.

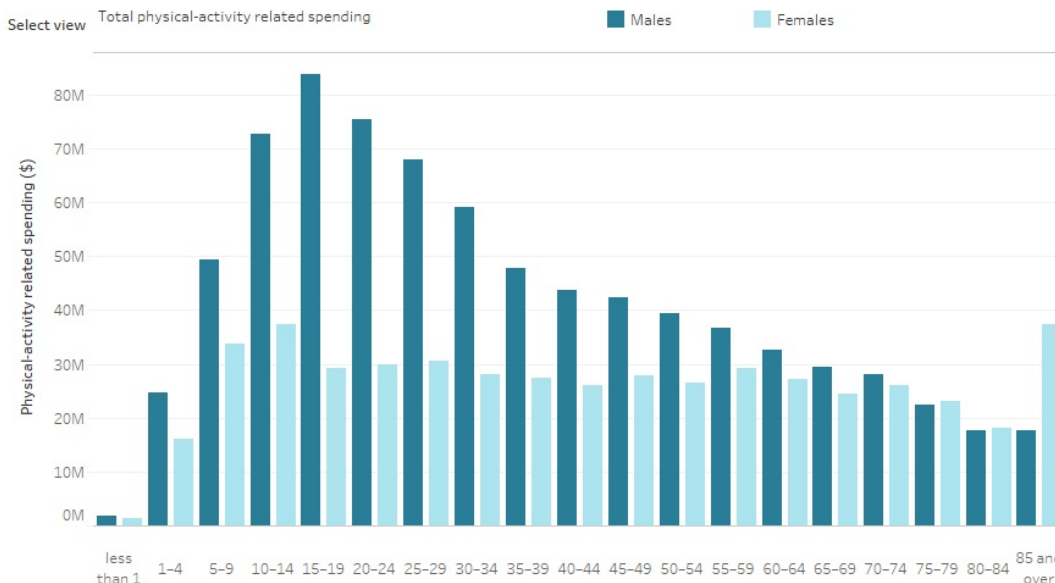


Spending on sports injuries was highest at younger ages, particularly for young males. Around \$60-75 million was spent for males in each age group between the ages of 10 to 29. Sports injuries accounted for 15% to 25% of all injury spending for males between the ages of 5 to 19. For females, spending and the proportion of all injury spending due to sports injuries was highest between 5 to 14 years. For both males and females, sports injury spending decreased steadily from age 30 onwards.

On a per person basis, around \$44 was spent treating and managing sports injuries for Australians in 2018-19. For males, this was \$55 per person and for females was \$33.

Figure 3: Physical activity related injury spending by age group and sex, 2018-19

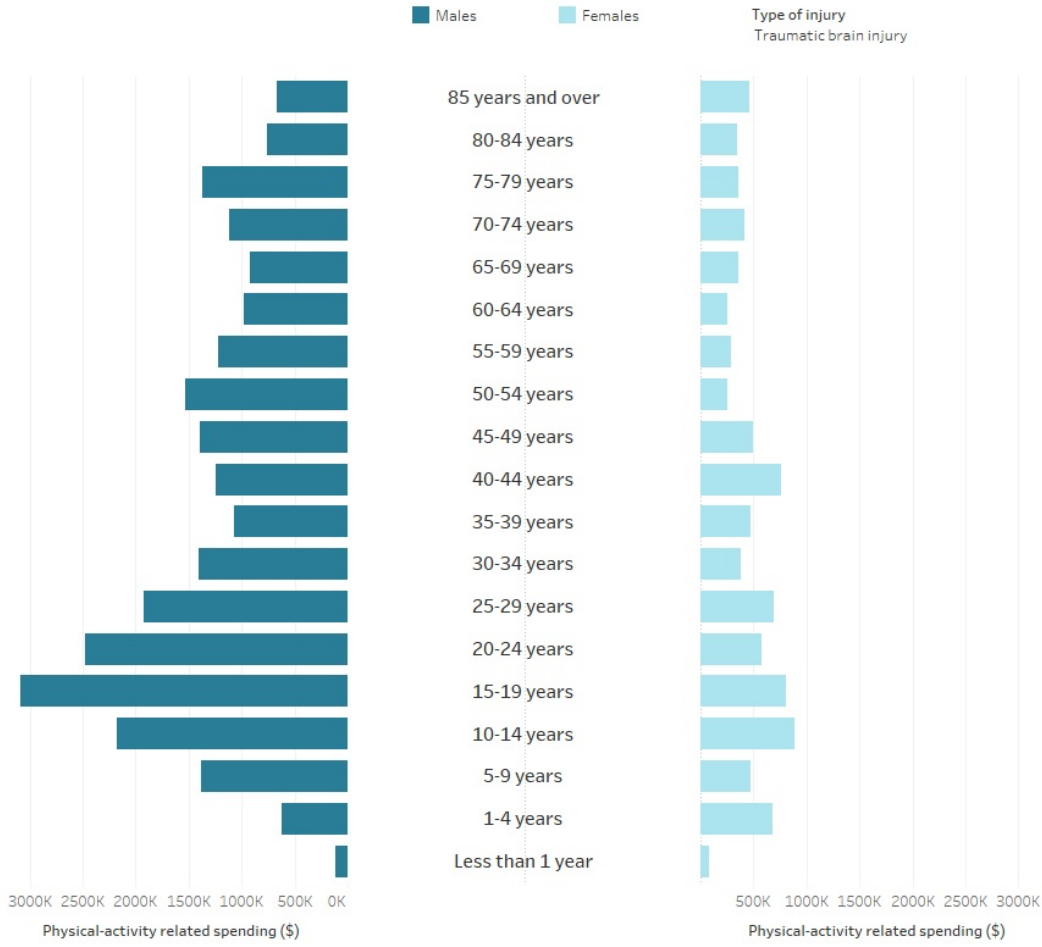
This chart shows total injury spending, injury spending attributed to sport and physical activity, and the percent of total injury spending attributed to sport and physical activity, for males and females in 5-year age groups.



Below is an interactive data visualisation tool, where you can find estimates of health system spending by type of injury, age, and sex. This information is also available to download as an [Excel workbook](#).

Figure 4: Interactive: physical activity related spending on injury, by type of injury, age, and sex, 2018-19

This interactive chart shows sport and physical activity related injury spending for males and females, by 5-year age group and type of injury.



Spending by health system area

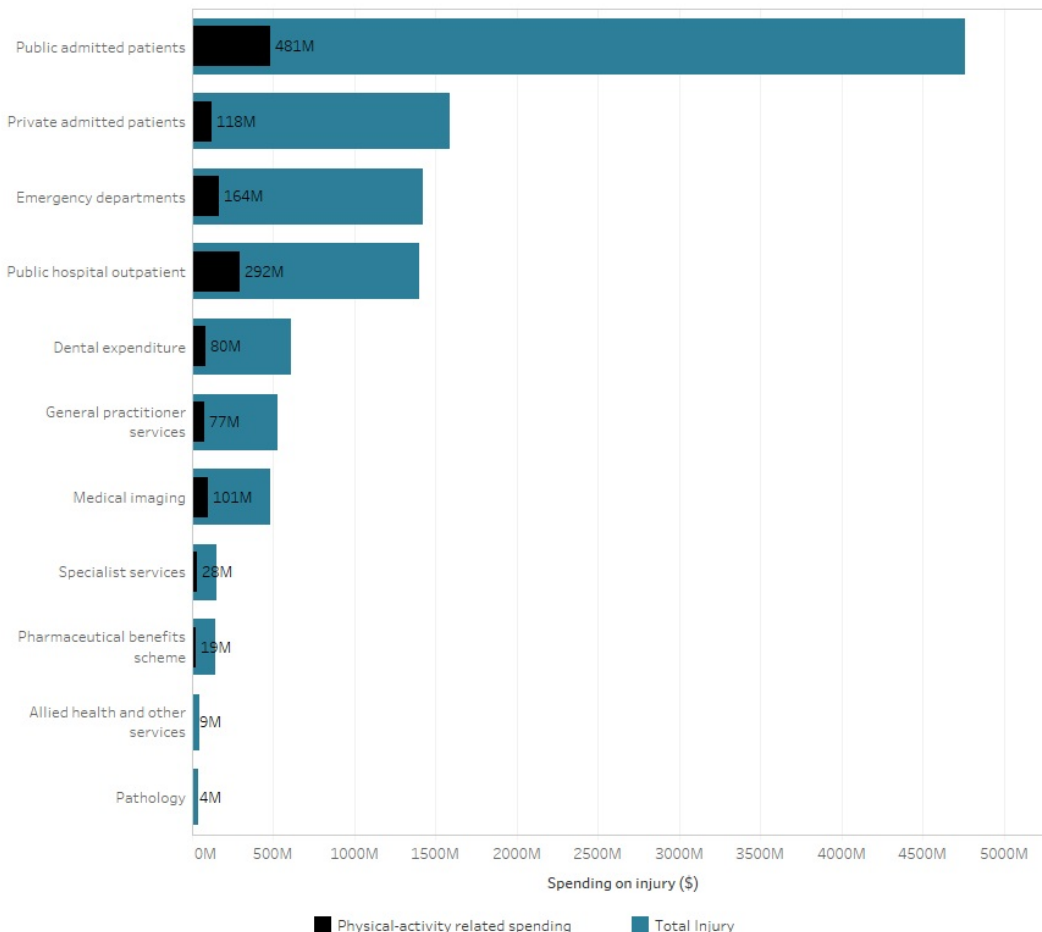
In 2018-19, total health spending was estimated at \$195.4 billion, approximately \$7,764 per person (AIHW 2021). This analysis estimated that \$1.2 billion of health spending related to injuries due to physical activity, around \$44 per person.

The areas of spending in this analysis include hospital services, primary health care services and referred medical services (generally provided by medical specialists). Hospital services include public and private admitted patient services, public hospital emergency departments, and public hospital outpatient clinics. Primary health care includes general practitioner services, allied health services, pharmaceuticals and dental. Referred medical services include specialist services, medical imaging, and pathology. Due to data availability in the primary health care sector, these estimates are biased towards spending in hospitals, and estimates should be interpreted with this in mind.

Spending for public hospital admitted patients accounted for almost a third of all physical activity related injury spending (\$352 million), followed by outpatient clinics (\$292 million) and emergency departments (\$164 million). The areas with the greatest proportion of total injury costs due to physical activity were public hospital outpatient (21%), medical imaging (21%), and allied health and other services (20%).

Figure 5: Physical activity related injury spending, total injury spending, and percent of total due to physical activity, by area of spending, 2018-19

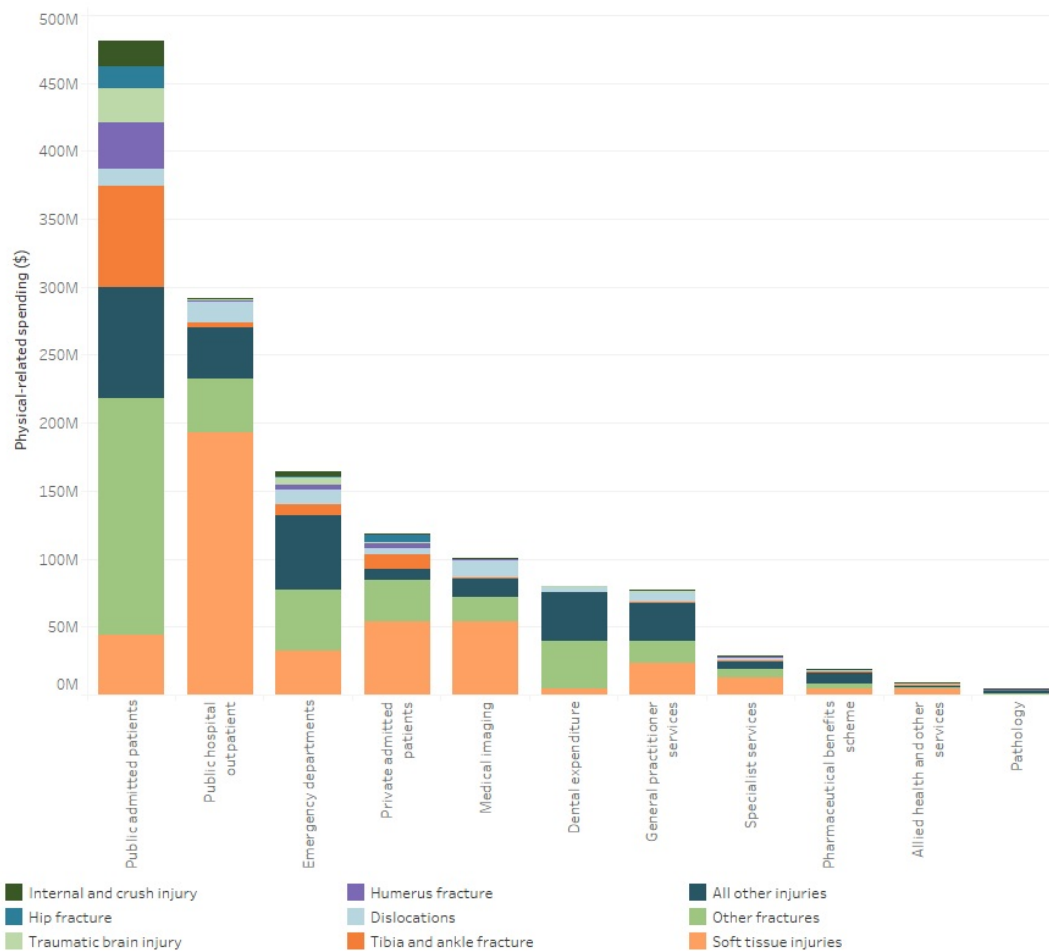
This stacked bar chart shows the spending from sport and total injury spending in each area of the health system.



The types of injuries treated vary between treatment locations. Over half of public admitted patients spending related to treating fractures (61%), while the majority (66%) of outpatient clinic spending was on *soft tissue injuries*. *Soft tissue injuries* were also the main cause of spending for medical imaging (53%) and private admitted patients (50%).

Figure 6: Physical activity related injury spending area of spending and type of injury, 2018-19

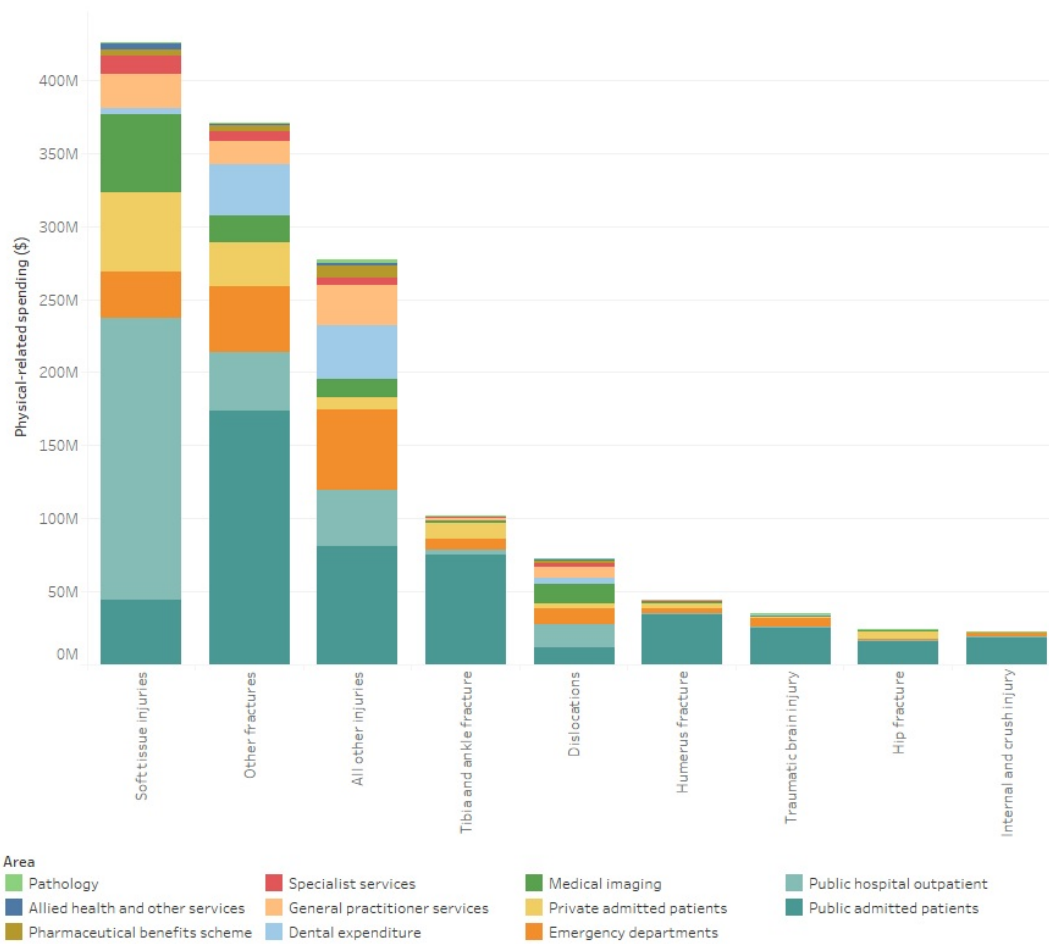
This stacked bar chart shows the spending from sport and total injury spending in each area of the health system.



The treatment location of injuries varied substantially by injury type. For *dislocations*, spending was relatively similar across areas, with around 10% to 15% of spending in emergency departments, medical imaging, public hospital admitted patient, and public hospital outpatient. Over 70% of all spending was for public hospital admitted patients for *internal and crush injury* (83%), *tibia and ankle fracture* (72%), and *traumatic brain injury* (70%). For *soft tissue injuries*, 46% of spending was in public hospital outpatient clinics, and 10% to 13% was on medical imaging, private admitted patients, and public admitted patients.

Figure 7: Physical activity related injury spending by type of injury and area of spending, 2018-19

This stacked bar chart shows the spending in each treatment area for sport and physical activity injuries by type of injury.



Below is an interactive data visualisation tool, where you can find estimates of health system spending by area of spending, type of injury, age, and sex. This information is also available to download as an [Excel workbook](#).

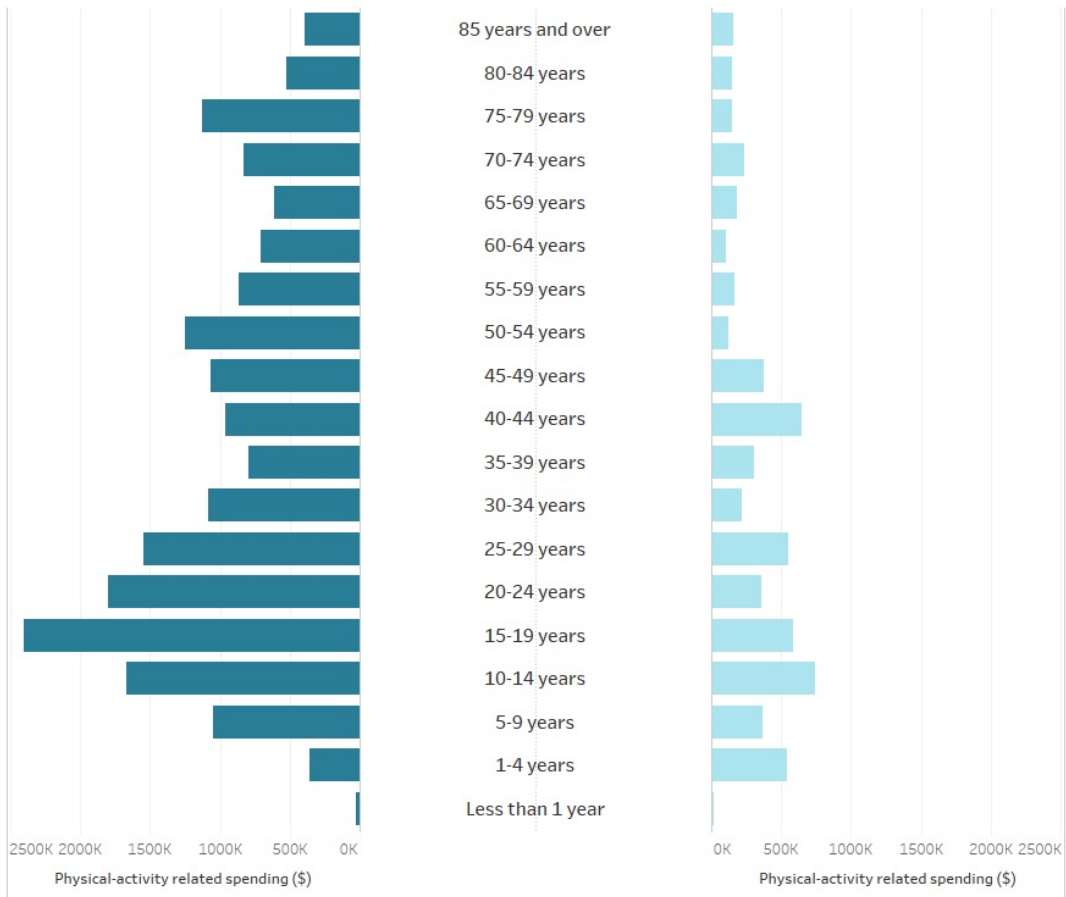
Figure 8: Interactive: physical activity related spending on injury, by treatment location, type of injury, age, and sex, 2018-19

This interactive chart shows sport and physical activity related injury spending for males and females, by 5-year age group, type of injury, and treatment location.

Public admitted patients

■ Males ■ Females

Traumatic brain injury



References

Australian Institute of Health and Welfare (2021) [Disease expenditure in Australia 2018-19](#), AIHW, Australian Government.

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Activity type

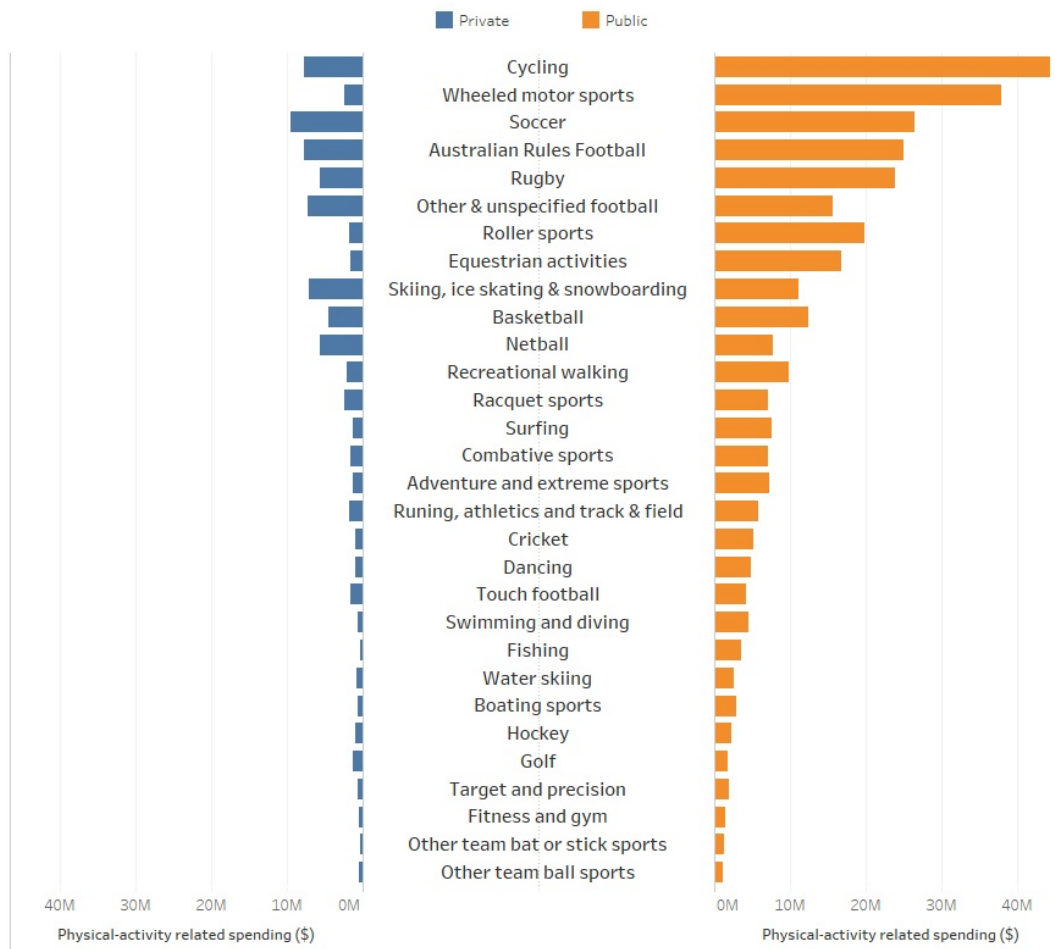
Specific activities at time of injury are only available for hospital admitted patients. The grouping of activities presented in this analysis are based on the sports reported in the Clearinghouse for Sport's AusPlay survey and are consistent with those in *Sports injury hospitalisations in Australia 2019-20*. Further information about the number and rate of injuries by activity type is available in this report.

The specific activity with the highest spending for hospital admissions was cycling (\$52 million), followed by wheeled motor sports (\$40 million) and soccer (\$36 million).

Spending varies by hospital type. In public hospitals, spending was highest for cycling, wheeled motor sports and soccer, while in private hospitals spending was highest for soccer, Australian rules football, and cycling. These differences likely reflect varying admission modes and composition of injuries.

Figure 9: Spending on public and private hospital admissions by type of physical activity, 2018-19

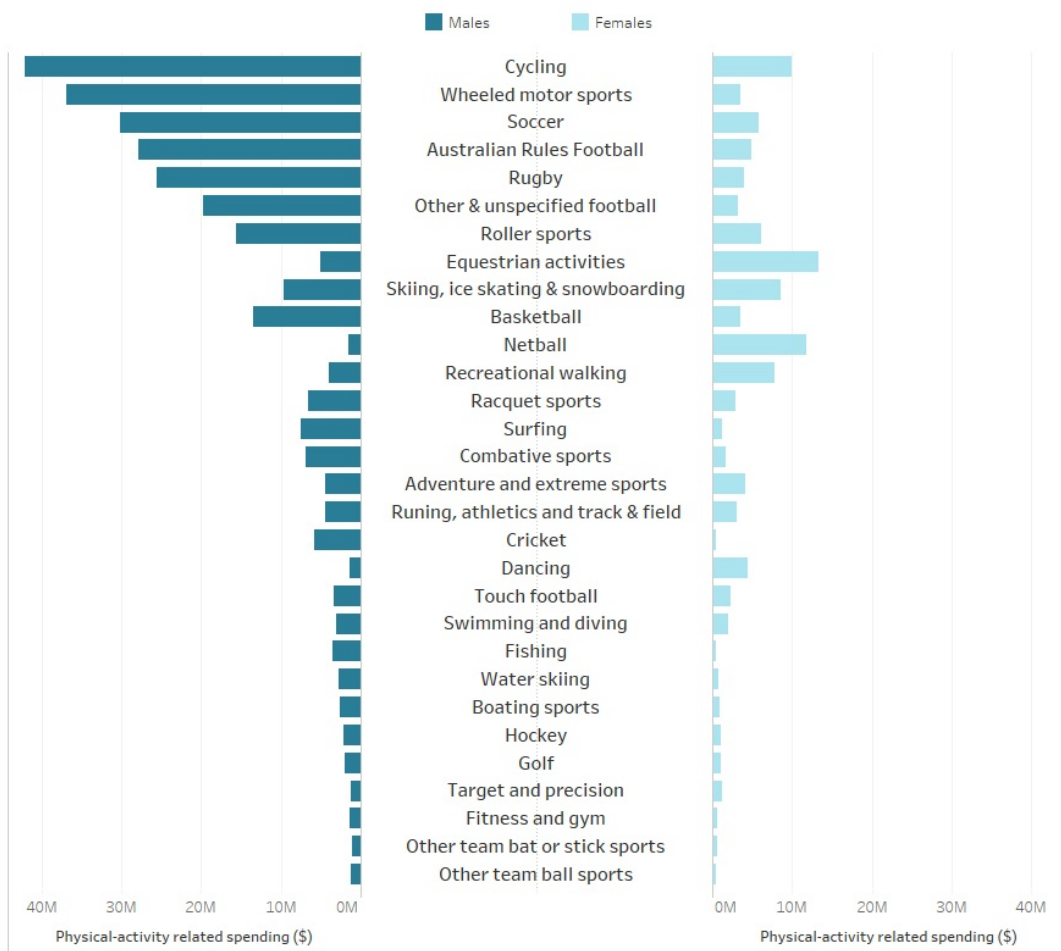
This bar chart shows injury spending by type of activity at the time of injury for public and private admitted patients.



The types of activities contributing to admitted patient injury costs varied for males and females. For males, the most spending was associated with cycling (\$42 million), wheeled motor sports (\$37 million) and soccer (\$30 million). For females, this was equestrian activities (\$13 million), netball (\$12 million) and cycling (\$10 million).

Figure 10: Spending by type of physical activity for males and females, 2018-19

This bar chart shows injury spending by type of activity at the time of injury for males and females.

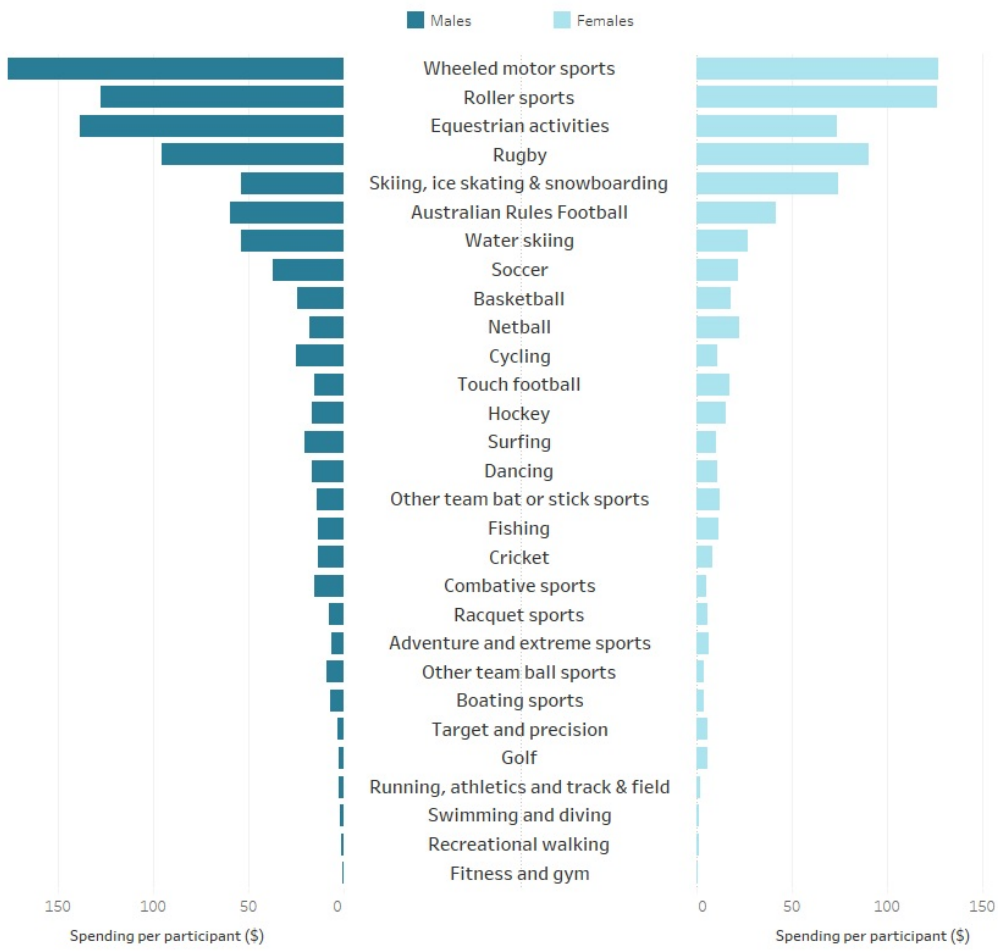


Activities with the highest participation rates were recreational walking, fitness and gym, and running, athletics and track & field. These activities were associated with very low levels of admitted patient injury spending, all around \$2 or lower per participant in 2018-19. Along with swimming and diving, these activities had the lowest per participant cost of all specified categories.

Activities with the highest admitted patient spending per participant were wheeled motor sports (\$170), roller sports (\$127), and rugby (\$70).

Figure 11: Injury spending per participant, by type of activity, 2018-19

This bar chart shows injury spending per participant for males and females by type of activity at the time of injury.



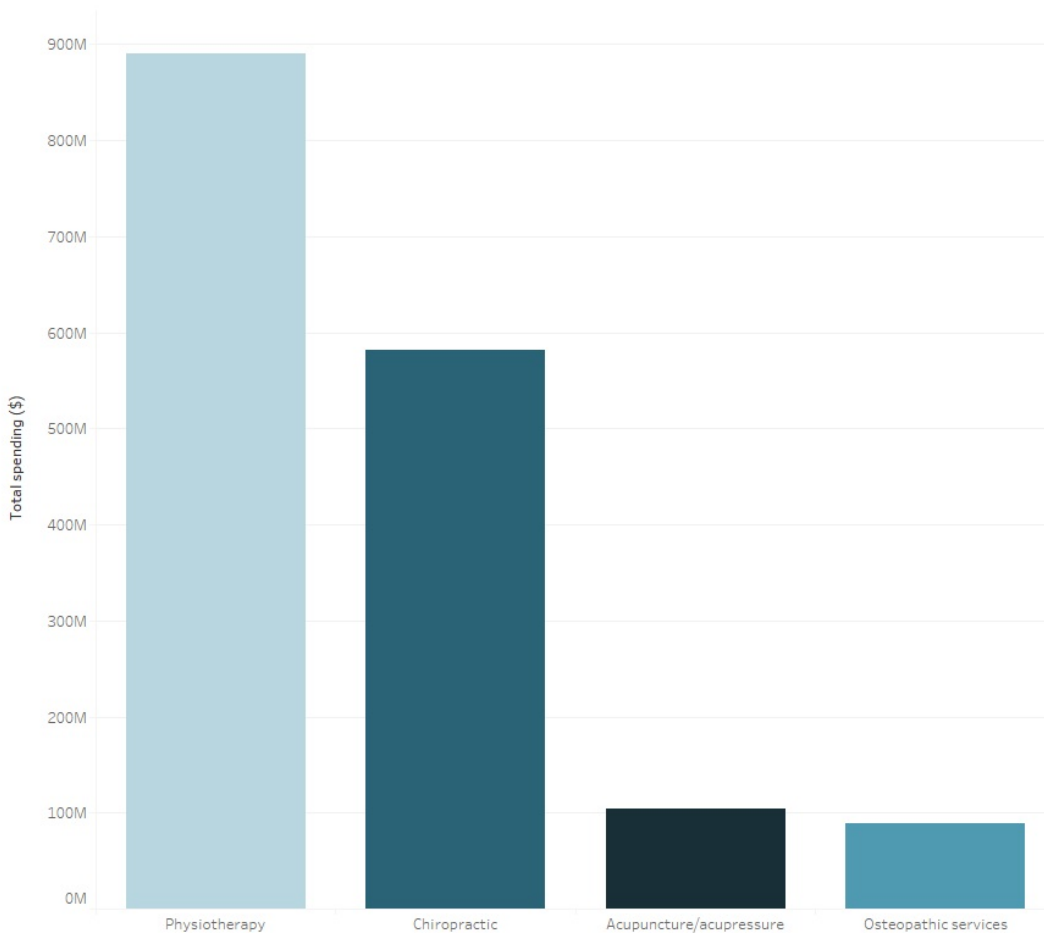
Other sources of treatment and management

The disease expenditure database does not include costs for allied health where the service was not funded through the MBS. Some of this information is available through the Australian Prudential Regulation Authority for private health insurance claims. Due to data availability, this does not include age, sex, or condition being managed. Spending estimates include out of pocket costs and benefits paid.

Physiotherapy, chiropractic, acupuncture/acupressure, and osteopathic services are commonly used to treat sports injuries, and \$1.7 billion was spent on these services through private health insurance in 2018-19 (but not necessarily related to sports injuries). Almost \$900 million was spent on physiotherapy. A range of conditions outside of physical activity injuries are treated and managed in these settings, and spending on these services should be interpreted with this in mind.

Table 12: Spending on allied health services through private health insurance, 2018-19.

This bar chart shows total spending for physiotherapy, chiropractic, acupuncture/acupressure, and osteopathic services.



Technical notes

Disease expenditure database

The main source of information for this report is the AIHW's Disease Expenditure Database. It contains estimates of spending by Australian Burden of Disease Study condition, age group, and sex for admitted patient, emergency department, and outpatient hospital services, out-of-hospital medical services, and prescription pharmaceuticals.

The methods used for estimating disease spending is a mixture of 'top-down' and 'bottom-up' approaches, where total spending across the health system is estimated and then allocated to the relevant conditions based on the available service use data.

Although this approach produces consistency, good coverage and totals that add up to known expenditure, it is not as comprehensive for any specific disease as a detailed 'bottom-up' analysis, which would include the actual costs incurred for that disease. A lack of amenable data sources means that a more granular 'bottom-up' analysis is not possible.

Estimates in the Disease Expenditure Database have been derived by combining information from the:

- National Hospital Morbidity Database (NHMD)
- National Public Hospitals Establishments Database (NPHEd)
- National Non-admitted Patient Emergency Department Care Database (NNAPEdC)
- National Non-admitted Patient Databases (aggregate, NAPAGG, and unit record, NAPUR)
- National Hospital Costs Data Collection (NHCDC)
- Private Hospital Data Bureau (PHDB) collection
- Bettering the Evaluation and Care of Health (BEACH) survey
- Medicare Benefits Schedule (MBS)
- Pharmaceutical Benefits Scheme (PBS)
- Health Expenditure Database.

It is not technically appropriate or feasible to allocate all spending on health goods and services by disease. For example, neither administration expenditure nor capital expenditure can be meaningfully attributed to any particular condition due to their nature. For the purposes of this report, \$136 billion, or 73% of recurrent spending, was attributed to specific diseases and injuries. This expenditure includes payments from all sources of funds, such as the Australian and State and Territory Governments, Private Health Insurance, and out of pocket payments by patients.

Some components of recurrent expenditure are allocated differently between the health expenditure Australia database, and the disease expenditure study. This approach was taken to reflect patterns of healthcare use for particular conditions, which is the focus of this body of work, rather than health funding arrangements. Spending estimates in hospitals are slightly higher than in the Health Expenditure Database, while spending on referred medical services are lower. Further details of methods used are described in the [Disease Expenditure 2018-19 Study: Overview of analysis and methodology](#) report.

Sport and physical recreation participation data

AusPlay data is collected by Engine on behalf of Sport Australia. Australian residents are randomly selected using their mobile phone number and interviewed via a computer assisted telephone interview (CATI). The target sample size is 20,000 people aged 15 years and over. The survey period for the 2019-20 data is 1 July 2019 to 30 June 2020.

The sample data is projected to population estimates using a common post-stratified weighting (scaling) method. As the survey estimates are based on a sample, rather than the full population, they will have sample error. One measure of the sample error is the relative margin of error (RMOE). Survey estimates with a RMOE between 50% and 100% should be used with caution. Survey estimates with a RMOE greater than 100% are considered too unreliable to use.

AusPlay survey respondents answer questions about their participation in sports and physical recreation in the 12 months prior to interview. A respondent needs only to have participated once in the previous 12 months to be counted as a participant. The survey does not distinguish between organised sports and recreational participation. Thus, for example, a participant in soccer may have played consistently in an organised competition over a six-month period or may have played soccer recreationally at a park with friends: both are treated equally as soccer participants.

Sport participant reporting categories

Table 1 describes the AusPlay to ICD-10-AM code mapping used for this report.

Table 1: List of reporting categories, ICD-10-AM codes and AusPlay categories

Roller sports

Cycling

Wheeled motor sports

Adventure and extreme sports

Equestrian activities

Combative sports

Golf

Target and precision

Racquet sports

Dancing

Recreational walking

Running, athletics and track & field

Fitness and gym

Skiing, ice skating & snowboarding

Water skiing

Surfing

Fishing

Swimming and diving

Boating sports

Hockey

Cricket

Other team bat or stick sports

Netball

Other team ball sports

Basketball

Other & unspecified football

Touch football

Soccer

Rugby

Australian Rules Football

Reporting category	ICD-10-AM code	AusPlay categories
	U50.00 Australian Rules	Australian football
	U50.01 Rugby Union	Rugby union
	U50.02 Rugby League	Rugby league
	U50.03 Rugby, unspecified	
	U50.04 Soccer	Football/soccer
	U50.05 Touch football	Touch football
		Gridiron
	U50.08 Other specified football	Gaelic football
	U50.09 Football, unspecified	
	U50.1 Basketball	Basketball
	U50.2 Handball, team	Handball
	U50.4 Korfball	Korfball
	U50.5 Volleyball	Volleyball (indoor and outdoor)
		Goalball
	U50.8 Other specified team ball sport	Sepak takraw
	U50.9 Unspecified team ball sport	
	U50.3 Netball	Netball
	U51.0 Baseball	Baseball
	U51.3 Softball	Softball
	U51.4 T-ball	Tee ball
	U51.8 Other specified team bat or stick sport	Lacrosse
	U51.9 Unspecified team bat or stick sport	
	U51.1 Cricket	Cricket
	U51.20 Ice hockey	Ice hockey
	U51.21 Street and ball hockey	
	U51.22 Field hockey	Hockey
	U51.23 Floor hockey	Floorball
	U51.28 Other specified hockey	Broomball
	U51.29 Hockey, unspecified	

U53.0 Canoeing	Canoeing/Kayaking Outrigger canoe
U53.1 Jet skiing	Jet skiing
U53.2 Kayaking	
U53.3 Power boat racing	
U53.4 Rowing and sculling	Rowing
U53.5 Surf boating	
U53.6 Yachting and sailing	Sailing
U53.7 Surf skiing	
U53.8 Other specified boating sport	Dragon boat racing Paddle sports
U53.9 Unspecified boating sport	
U54.0 Diving	Diving
U54.5 Swimming	Swimming
U54.1 Fishing	Fishing (recreational) Fishing Sport
U54.4 Surfing and boogie boarding	Surfing
U54.7 Wind surfing	Kitesurfing/kiteboarding
U54.6 Water skiing	Water skiing/Wakeboarding
U55.1 Ice skating and ice dancing	Ice skating
U55.2 Skiing	Ski & snowboard
U55.4 Snow boarding	
U55.5 Speed skating	Ice racing/speed skating
U56.0 Aerobics and calisthenics	Calisthenics
U62.0 Power lifting	Powerlifting
U62.1 Weight lifting	Weight lifting
U62.3 Strength training and body building	Body building
U62.8 Other specified power sport	
U62.9 Unspecified power sport	
U70.0 Athletic activities involving fitness equipment, not elsewhere classified	CrossFit Fitness/Gym Athletics, track and field (includes jogging and running)
U56.1 Jogging and running	
U56.3 Track and field	
U56.4 Walking, competitive	
U56.5 Marathon running	
U56.8 Other specified individual athletic activity	
U56.9 Unspecified individual athletic activity	
U56.2 Walking	Walking (Recreational) DanceSport
U58.0 Dancing	Dancing (recreational)
U59.0 Badminton	Badminton
U59.1 Racquetball	
U59.2 Squash	Squash
U59.3 Table tennis and ping-pong	Table tennis
U59.4 Tennis	Tennis
U59.8 Other specified racquet sport	
U59.9 Unspecified racquet sport	
U60.0 Archery	Archery
U60.1 Billiards, pool, and snooker	Billiards/Snooker/Pool Eight ball Bowls
U60.2 Bowling	Carpet bowls Tenpin bowling
U60.3 Croquet	Croquet
U60.4 Darts	Darts

	Shooting
U60.6 Firearm shooting	Shooting sports
	Bocce/Boules
U60.8 Other specified target and precision sport	Boccia
	Petanque
U60.9 Unspecified target and precision sports	
U60.5 Golf	Golf
U61.0 Aikido	
U61.1 Boxing	Boxing
U61.2 Fencing	Fencing
	Judo
	Jujitsu
	Karate
	Kendo
U61.3 Martial arts	Kung fu wushu
	Martial arts
	Mixed martial arts
	Muay Thai
	Taekwondo
U61.4 Wrestling	Wrestling
U61.5 Self defence training	
U61.8 Other specified combative sport	
U61.9 Unspecified combative sport	
U63.0 Equestrian events	Equestrian
U63.1 Endurance riding	
	Polo
U63.2 Polo and polocrosse	Polocrosse
U63.3 Horse racing events	Horse racing
U63.4 Rodeo	Rodeo
U63.5 Trail or general horseback riding	
U63.6 Trotting and harness	Harness racing
	Campdrafting
U63.8 Other specified equestrian activity	Pony Club
	Ready Set Trot
U63.9 Unspecified equestrian activity	
U64.0 Abseiling and rappelling	Rock climbing/Abseiling/Caving
U64.1 Hiking	Bush walking
U64.2 Mountaineering	
	Orienteering
U64.3 Orienteering and rogaining	Rogaining
U64.4 River rafting	
U64.5 White-water rafting	
U64.6 Rock climbing	
U64.7 Bungy jumping	
	Sport climbing
U64.8 Other specified adventure sport	Adventure racing
U64.9 Unspecified adventure sport	
U65.0 Riding an all-terrain vehicle (ATV)	
U65.1 Motorcycling	Motor cycling
U65.2 Motor car racing	Motor sport
U65.3 Go-carting	
U65.8 Other specified motor sport	
U65.9 Unspecified motor sport	

U66.00	BMX	BMX
U66.01	Mountain	Mountain biking
U66.02	Road	Cycling
U66.03	Track and velodrome	
U66.08	Other specified cycling	
U66.09	Cycling, unspecified	
U66.1	In-line skating and rollerblading	Skate
U66.2	Roller skating	Roller Derby
U66.3	Skate boarding	
U66.4	Scooter riding	Scootering





Data





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