

SOFT TISSUE INJURY



Harold Larwood, 1932

“We bade sentimental farewells to each batsman as he made his way out to bat. We had a genuine feeling that they were making a journey from which they might be borne back on a stretcher”. Bill O’Reilly, Australian spin bowler, 1932-1938.

When the elders of English cricket gathered to debrief after the 1930 Ashes Test series against Australia they found themselves in a state of disbelief and shock. They considered that they had the best cricket team in the world and yet they had just suffered defeat at the hands of the Australians. They could more than match the Australians man for man - all except for one young batsman that is - his name was Donald Bradman - and he had literally won the series for Australia off his own bat. The, until then, unknown batsman, had not impressed in his debut 1928 test series, and when he arrived in England for the 1930 series, the MCC had really not given him all that much thought. By the end of the series he had scored a phenomenal 974 runs at an average of 139.14 runs per innings! The world had not seen anything like him. Since his eventual retirement in 1948 - it still hasn't. The 1932-33 series was looming and there was only one Australian player the English truly feared - Donald Bradman - who was still averaging a century per innings in test cricket - more than twice any other batsman then playing in the world. England was desperate to devise a measure which would curtail the phenomenal batting of the young Australian batsman. To achieve this they would need a captain of unflinching iron discipline, a bowler of unprecedented ability, and a novel strategy of unprecedented ferocity. The MCC, in Douglas Jardine found their captain, they devised their strategy and, in a certain young coal miner from Nottinghamshire, they found their bowler - his name was Harold Larwood. The strategy would not be in the spirit of the game - but it would be within the rules of the day. It was strategy known as "bodyline" - and it would almost destroy Anglo-Australian relations not only in the world of cricket - but on an international relations level as well.

The English thought they had detected in Bradman a possible chink in his armor - a dislike for the fast rising ball, aimed directly at the upper body and head. In truth any batsman can struggle with this type of delivery - but it was the only way to bring Bradman's batting back to normal human levels. Most world class batsmen, as intimidating as this kind of bowling can be, are actually able to handle it reasonably well in a variety of ways - what made the English bodyline bowling so deadly was the total packing of the leg side field - today not allowed as a direct response to the dramatic events of the 1932-33 series - there was only one way to hit this kind of ball - to the leg side, and because of the height of the delivery - this would invariably mean getting caught out. The alternative was to duck and avoid it altogether - but this is where Harold Larwood came in - his velocity of delivery was so fast that more often than not there was no time to get out of the way. A batsman had two choices - to get out - or to get hit! For bodyline tactics to work it was not only necessary to be fast - and Larwood was as those who faced him in that series would universally claim - by far, the fastest man anyone had ever encountered in their careers - it also had to be accurate - and Larwood was deadly, unwaveringly accurate! Australian batsmen throughout the series would be seriously injured. The Australian bowlers did not have the firepower to retaliate - even if the Australian captain Bill Woodfull had had it he would not have used it - as he thought the whole tactic of bodyline was against the spirit of the game.

Even though Bradman did manage to score one century - his batting was brought back to human levels. Harold Larwood and Douglas Jardine would win back the Ashes for England - but the price of victory was of Pyrrhic proportions in the ill will the bodyline tactics generated between the two sides, and indeed between the two nations. Explains R.S Whittington, in his classic 1970 account of the bodyline series "Time of the Tiger"... "When he reached manhood, Lol (i.e Larwood) was only 11 stone in weight and stood only 5 foot 7 1/2 inches....He compensated for this with an action that the late R.C Robertson-

Glasgow described as one of the most magnificent sights he had ever witnessed in cricket... "the secret of Larwood's success was his beautiful action" - even today this can be seen from scratchy old newsreel film. The great Australian spin bowler, Bill O'Reilly, who played in the bodyline series, and who later became a journalist would later write, "Modern batsmen complain, and some of them retreat when two or three bumpers are bowled at them in one over. These batsmen never saw Bodyline, or anything approaching it, from the fastest bowler, (and I'm not forgetting Lindwall, Miller, Tyson or Wesley Hall) who ever bowled a ball in my presence - he was the fastest by yards - and the greatest. I faced one over from Larwood in 1932, when he was not fully extending himself. I faced Lindwall in full fury on a much faster wicket on Sydney Cricket Ground in 1946. I know which of he and Larwood was faster. You could go forward to Lindwall and drive him in that, his fastest season. You never dreamed of even moving forward to Larwood. Balls from him struck your bat before you had even tightened your grip preparatory to contacting (you hoped) the ball". O'Reilly in Whittington's book continues... "To a good batsman short pitched bouncers are chicken feed. But when allied to the Bodyline field placing they are murder. I can remember how scathing Clem Hill, a magnificent hooker of fast bowling himself, was of the whole show in Adelaide in January 1933. Never anything else but forthright, Hill, professed to me that the game of cricket was doomed if Jardine's tactics were to be accepted. But Clem's voice went unheeded. Former Australian captain, Monty Noble, who was in a position to express his feelings freely and fully, sat calmly on the fence. My dim memories of Noble as a big awkward, splaw-footed batsman rather ridiculed the feeling that he himself could have dealt with these tactics safely. No batsman I have seen - before or since that campaign - could have handled him".

He describes the events at the dramatic Third Test in Adelaide which saw Larwood hit Australian wicketkeeper Bert Oldfield.... "Woodfull gallantly battled on while Ponsford, restored to the side following injury, turned his fleshy back to the bumpers and fended off the variant deliveries of good length. The atmosphere was electric - explosive. There is a bar under the scoreboard on the long mound of Adelaide oval in the line from the northern end of the pitch to St Peter's cathedral. It had been, still was, a warm day. Did Douglas Jardine believe in his later years that winning was worth the risk that he took for himself, his team and the game of cricket? Was this not rather a reckless dedication to the master plan? I can still see those octogenarian Adam's apples throbbing above the starched white collars of respected Adelaide Oval members, still see those members standing in line between the tiered pavilion seats, still hear them hooting and counting the Englishmen out -one, two, three, four, five, six, seven, eight, nine - OUT! Adelaide policemen who were on duty at Adelaide oval that day have testified to their belief that had one spectator leapt the mound fence below that scoring board bar he would not have lacked 1000 followers. One policeman did urge a member to jump the fence saying, "I won't stop you if you do". But this was on the Monday when Oldfield was hit by a bumper that ricocheted from his bat as he tried to hit Larwood. Worse was to come on the Monday when Larwood decided to risk an odd bumper at the dapper little Australian wicket keeper Bertie Oldfield. Bert had battled to 41 against pace bowling to orthodox field-settings. Oldfield shaped to hook at the bumper, snicked the ball to his temple and staggered reeling towards leg-gully before falling to the ground. Assisted from the ground, Oldfield was rushed by ambulance to hospital".

Bill O'Reilly was the next batsman in. His recollection of the occasion is: "When Oldfield was carted off on a stretcher it took me 15 minutes to get to the pitch. Forty mounted troopers had been given instructions to ride onto the ground, if need be. I had to belt my

way with the bat through the members standing on the steps and yelling from the bottom of the George Giffen stand. I didn't care whether I got in or not, of course, to face Larwood in his present mood. Lol bowled six balls at me, then rolled me. The off bail disintegrated as the ball hit it. I picked it up and brought it home".

...Allen dismissed Jack Fingleton after Larwood had opened with a maiden. Bradman was the next batsman. Jardine continued for several overs with the orthodox field for the new ball -continued with it until the last ball of Larwood's third over broke back and lifted off the seam and struck Woodfull under the heart. He dropped his bat, staggered away from the pitch and spent several minutes bending over the bat that had been returned to him by Bradman. After receiving massage to his ribs Woodfull continued batting.

Of O'Reilly's memories of Jardine, he wrote, "Jardine was also a splendid captain. He stuck to his guns all through that summer, kept his team heading out on the road they set out to travel. He did not flinch, even when the criticism became the subject for decision by two bodies who were situated 12,000 miles apart. Jardine had to be a man of very high moral character to have remained so constant. Though I didn't have a very high opinion of Douglas in 1932-33, when I was 27, in retrospect I believe that skipping a team under those conditions must have been one of the most tremendous examples of international captaincy ever achieved". According to Larwood, Jardine, when the time came for him to open England's second innings, donned that Harlequin cap expressly to annoy the crowd. I have another and more palatable memory of that Saturday afternoon. It is of Jardine moving himself from leg-gully down to the fine leg fence when things were at their worst and standing defiantly in front of the angriest of the crowd".

Many years later, Bill O'Reilly, reminisced on the infamous series, "Though that angry 1932-33 summer is long past, some of the scars remain - on the book of the Laws of Cricket, in Bradman's heart and in Gubby Allen's memory. One doubts though Larwood is now an Australian and Jardine made a pleasure trip to Australia before he died, that the legacies have been, or ever will be erased. The man who told me he was urged by a policeman to jump the fence when Oldfield was hit on the Monday is Adelaide solicitor, Charles Sandery. He was in the member's enclosure below the George Giffen stand at the time. The policeman was of middle rank and of middle age. That is how bad the feeling was - how dangerous".

But that was all long ago now. Today relations are once again excellent. Australians forgave Harold Larwood - whom they considered to be acting purely under instruction. Larwood himself, would come to love Australia and emigrated to live in Australia with his family and become a citizen. Douglas Jardine however would never be forgiven by the Australian public.

The Australian batmen of 1932-33, who fought the Bodyline series, did so bravely and unflinchingly. A great many severe soft tissue injuries were suffered, mostly in silence, apart from the voice of the captain Bill Woodfull, who exclaimed in anger, to the English manager Plum Warner, "I do not want to see you, Mr Warner. There are two teams out there. One is playing cricket and the other is not".

The modern principles of soft tissue injury are dual. The first is well known to all, "RICE" - the second not so well known, but one which would have struck a poignant resonance with the Australian batsmen of 1932-33 - "No HARM".

SOFT TISSUE INJURY

Introduction

In the context of **Sports Medicine**, “soft tissue” injury refers to non-bony injuries, and specifically to injuries of:

- Muscle
- Tendon
- Ligament
- Cartilage

Blunt injuries to these tissues can be managed initially according to the general principles known to sport medicine specialists and physiotherapists as “**RICE**” and “**No HARM**”.

Pathology

Types:

Soft tissues injuries include:

- Contusion:
 - ♥ This refers to a bruising or crushing injury.
- Sprain:
 - ♥ This usually refers to acute ligamentous injury.
- Strain:
 - ♥ This usually refers to a chronic ligamentous injury
- Overuse injury:
 - ♥ This usually refers to a tendinitis caused by repeated use
- Tears:
 - ♥ These can be partial or complete.

Complications:

In general terms complications of soft tissue injury can include:

- Compartment syndromes

- Hematoma complications:
 - ♥ Infected hematoma
- Progression to chronicity, especially if the initial injury is poorly managed.
- Calcification:
 - ♥ Including myositis ossificans.

Clinical assessment

In broad terms:

Important points of history:

- The exact mechanism of injury
 - ♥ Including acuteness or whether of a chronic repetitive nature
- The degree of pain/ distress
- The degree of functional disability
- Response to initial first aid treatment
- Any significant co-morbidities/ medications

Important points of examination:

Assess for:

- Swelling
- Warmth
- Bruising
- Range of movement of the affected part
- Passive and active movements
- Resisted movements
- Degree of **functional** disability

Investigations

Blood tests:

These are rarely indicated unless there is relevant associated co-morbidity or uncertainty over diagnosis

The following may be considered:

- FBE
- CRP
- U&Es/ glucose
- Coagulation profile

Plain radiography:

This is not a routine imaging modality in the investigation of suspected soft tissues injury, and has only limited usefulness.

It may be useful to:

- Rule out associated bony injury
- Look for avulsion injuries
- Provide an indirect indication of chronic soft tissue injury, via soft tissue calcification which may be seen in cases of chronic inflammation.

Ultrasound:

This is a very useful modality for the imaging of soft tissue sports injuries.

It is relatively cost effective when compared to CT or MRI, and avoid radiation and more readily available than these modalities. It is somewhat more operator dependent however than MRI.

CT scan:

CT may give a better picture than ultrasound, but not as good as an MRI, and has the drawbacks of radiation exposure.

It is not usually indicated for soft tissue injuries.

MRI:

MRI will give the best images for soft tissue injury of muscle, tendon, ligament or cartilage. It also gives excellent images of bone.

Its indication will depend largely on what is being imaged, as well as the level of eliteness of the sport the patient is participating in.

It is much superior to CT or ultrasound for ligamentous or meniscal knee injuries

Management

The basic principles of the initial management of any soft tissue injury can be summarized as: **RICE** and **No HARM**.

RICE aims to minimize any further bleeding and edema into the muscle

The **RICE** and **No HARM** protocols are maintained over the first **48-72 hours**:

1. Rest:

Variable degrees of immobilization

- Crutches
- Backslabs
- Specifically designed splints, (such as the Zimmer knee splint or the ankle CAM walker)

2. Ice:

- Ice packs are applied for 20 minutes every two hours.

Note that ice should never be *directly* applied to the skin.

3. Compression:

- This is best achieved with an elastic compression bandage such as “Tubigrip”.

Note that crepe bandages are not sufficient as they do not maintain adequate compression.

4. Elevation:

- Elevation will help reduce bleeding and edema.

5. **No HARM:**

This refers to:

- No heat, (promotes vasodilation and worsens hemorrhage and edema).
- No alcohol, (vasodilates, and worsens hemorrhage and edema).
- No running or activity, (worsens hemorrhage and edema)

- No massaging, (promotes further bleeding and edema).

6. Analgesia:

Simple oral analgesia is usually sufficient, unless the injury is severe, where titrated opioid may initially be required.

Options include: ²

For less severe pain use:

- *Paracetamol 1gram orally 4 hourly prn (to a maximum dose of 4 gram per 24 hour period)*

And/or

- *Ibuprofen 400mg orally 6 hourly prn*

For more severe pain use:

- *Oxycodone immediate release 5 to 10 mg orally 4 to 6 hourly prn*

With

- *Paracetamol 1gram orally 4 hourly prn (to a maximum dose of 4 gram per 24 hour period)*

And/or

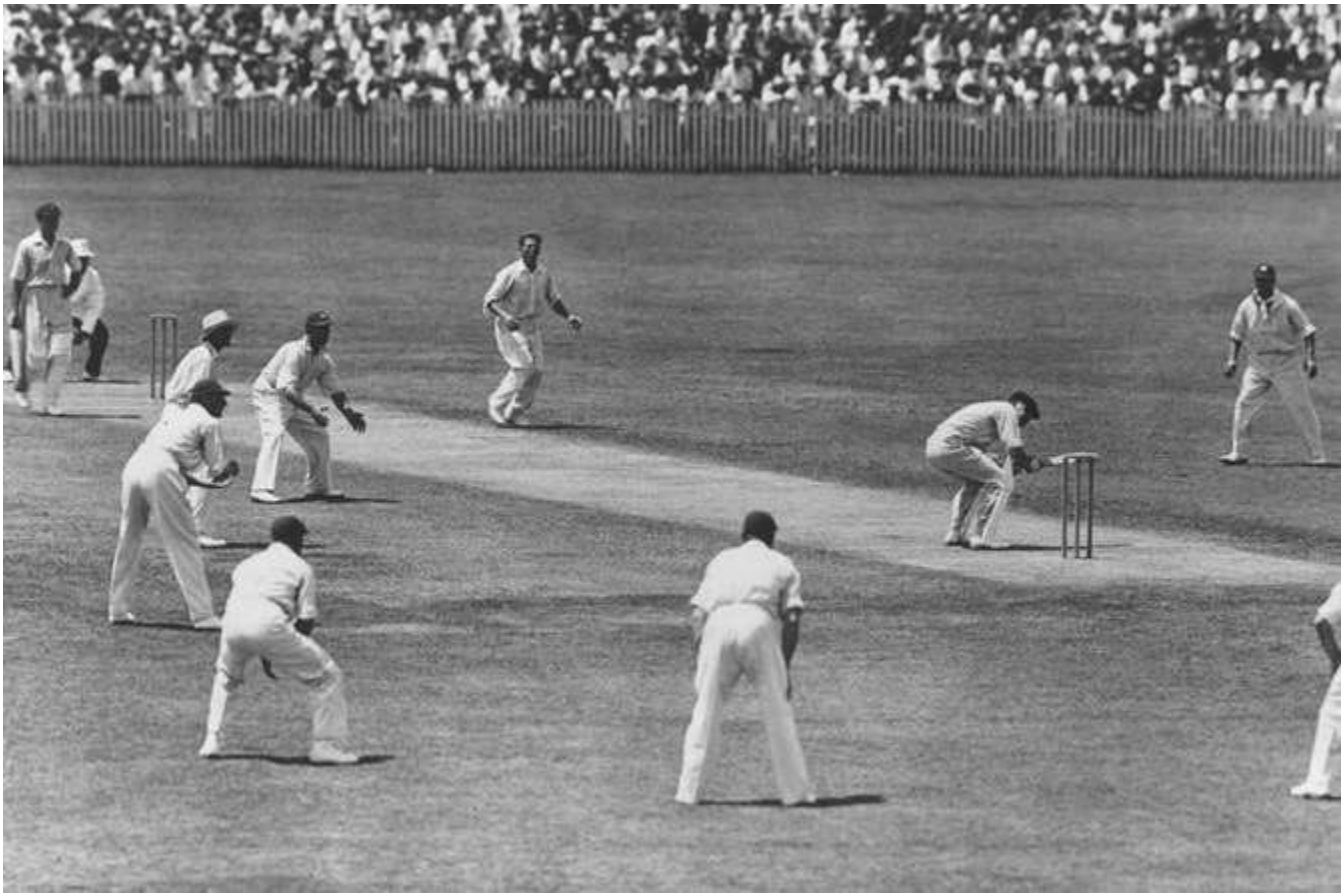
- *Ibuprofen 400 mg orally 6 hourly prn*

Disposition

Subsequent management to RICE and No HARM will be tempered by the need for rest versus early mobilization in order to prevent stiffness, particularly in injuries involving joints. Referral is made with consideration given to the type and degree of soft tissue injury, as well as to the type of patient who has sustained the injury, (i.e. older person, those with significant comorbidities versus elite sportsperson).

Therefore consider:

- General Practitioner
- Physiotherapist
- Sports Medicine specialist
- Orthopaedic surgeon.



Harold Larwood bowling “bodyline” in the Third Ashes Test, Adelaide Oval, 1933.



Left: This is one of cricket’s most dramatic photographs. It was taken at Adelaide oval during the infamous “bodyline” series of 1932-33. Harold Larwood has just seriously injured Australian wicketkeeper Bert Oldfield, who is about to be removed from the field on a stretcher. It shows, from the incoming batsman’s viewpoint, the huddle of English players surrounding Oldfield. The suited figure in the left foreground is Australian captain Bill Woodfull who has run onto the field ahead of Bill O’Reilly the incoming batsman, to remonstrate with the English tactics and to assist in taking Oldfield from the ground. The nonchalant English captain

and deviser of the bodyline tactics, Douglas Jardine, is seen second from the right. Gubby Allen, the only English fast bowler who refused to bowl bodyline walks towards Woodfull

in an attempt at conciliation. The third figure from the left is Larwood himself, the fastest bowler the world had yet seen, eyes firmly set on the incoming batsman as if to say, "...next!" Relations become so strained between Australia and England that the future of test cricket was at one point in time called into question. In the following series played in England, the MCC in an attempt at reconciliation appointed Gubby Allen captain. The rules of cricket were changed to ensure bodyline tactics could never be repeated. Jardine and Larwood were made scapegoats. Neither played test cricket again.

References

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