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1	The impact of COVID-19 related disruption on injury rates in elite men's domestic cricket
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ABSTRACT

 This study aimed to investigate the impact of COVID-19 enforced prolonged training disruption and shortened competitive season, on in-season injury and illness rates. Injury incidence and percent proportion was calculated for the 2020 elite men's senior domestic cricket season and compared to a historical average from five previous regular seasons (2015 to 2019 inclusive). The injury profile for the shortened 2020 season was generally equivalent to what would be expected in a regular season, except for a significant increase in medical illness as a proportion of time loss (17% compared to historic average of 6%) and in-season days lost (9% compared to historic average of 3%) due to COVID-19 related instances (most notably precautionary isolation due to contact with a confirmed or suspected COVID-19 case). There was a significant increase in the proportion of in-season days lost to thigh injuries (24% compared to 9%) and a significant decrease in the proportion of days lost to hand (4% compared to 12%) and lumbar spine (7% compared to 21%) injuries. These findings enhance understanding of the impact prolonged period of training disruption and shortened season can have on cricket injuries and the challenges faced by practitioners under such circumstances.

Practical implications

- These findings highlight the unique challenges faced by sport practitioners managing the
 disruption to player availability in a global pandemic, mostly related to players selfisolating due to close contact with a suspected or positive COVID-19 case, with only a few
 players testing positive for the disease.
- Knowledge of where remote training maybe somewhat limited in the extent it can adequately prepare players physically for the demands of a competitive season. This allows practitioners to focus on areas where remote training is less effective, to overcome these shortcomings. The results would suggest in this context, these are activities that can help achieve high intensity training loads and the exact loads and forces demanded by full cricket specific skills training.

INTRODUCTION

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43 In late 2019, 'coronavirus disease 2019' (COVID-19) was declared a pandemic by the World Health 44 Organisation (WHO), with millions of cases worldwide. To reduce transmission, many countries went 45 46 into emergency lockdown, with all major sports competitions suspended or cancelled from early March 47 2020 [1]. 48 The England and Wales Cricket Board (ECB) domestic cricket season was scheduled to start on April 49 12th 2020, with pre-season preparations underway from January. This was suspended when the UK went into lockdown on March 23rd 2020 [2]. The season restarted on August 1st 2020, behind closed doors 50 with a reduced fixture schedule and two (instead of the usual three) competition formats: a one-off first-51 52 class (4-Day) tournament named the 'Bob Willis Trophy' and a reduced T20 tournament. The annual 53 One-Day (50 over) tournament was cancelled. As a result, there was prolonged disruption to training 54 and the usual pre-season preparations could not be completed. Players kept in regular contact with sport 55 practitioners at their club and trained remotely. There has been noted concerns on the impact such 56 training disruption may have on the maintenance of key physical qualities (e.g., strength, power, high-57 speed running ability, acceleration, deceleration and change of direction) and injury risk in team contact 58 sports [3], which are also valid for non-contact team sports like cricket. 59 For a regular domestic cricket season, injury surveillance in Australia [4] and England and Wales [5], 60 has produced generally consistent findings. There is greater risk with the shorter one-day competition 61 formats (e.g., One-day and T20 cricket) compared to the longer multi-day first-class format (4-Day). 62 Bowling is generally the activity that results in the most time loss injuries [4-5]. However, this was not found for domestic T20 in England and Wales, where fielding was the activity that resulted in the most 63 64 time loss injuries between the 2010-2018 seasons [5]. Consistently, the thigh (most notably hamstring injuries) has been found to be the body region with the highest time loss injury incidence, and the lumbar 65 spine (often stress fractures) results in the most days lost [4-5]. 66 Lumbar spine stress fractures are sustained during bowling [6-8], and the International Cricket Council 67 68 (ICC) highlights the increased risk of injury for fast bowlers returning to play after a period of enforced 69 time-out and restricted access to elite facility training [9]. The International Cricket Council 70 recommends bowlers undertake a minimum of 8 weeks' progressive preparation to physically condition 71 themselves for match intensity and bowling volumes [9], as research has shown a period of in-activity 72 (due to rehabilitation in the study) can reduce bone density in the affected area [10]. However, it was 73 recognised that for most bowlers, such time would not be available due to the shortened return to cricket 74 and condensed schedule in 2020. Therefore, following consultation with First-Class County Cricket 75 Clubs Science and Medicine teams, the England and Wales Cricket Board outlined the 'Bowling Injury

Risk Mitigation' strategy that provided guidance to limit in-season exposure by reducing the total overs

bowled on a match day from 96 to 90 overs, and during the first innings to 120 overs. The aim of the

- strategy was to reduce the likelihood that individual bowlers would be exposed to workload levels that
- 79 would increase injury risk.
- 80 It is unclear what impact the prolonged training disruption, irregular pre-season preparations, a
- 81 shortened domestic cricket season and bowling injury risk reduction measures would have on injury
- rates. Given the rare context of the 2020 season, the aim of this study was to investigate the impact of
- 83 these factors on injury and illness rates. This will aid our understanding of how such disruptions
- 84 influence injury risk and help guide practice for any future disruptions of this nature.

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METHODS

- 87 This prospective cohort study included all registered male players from the 18 First-Class County
- 88 Cricket (FCCC) clubs in England and Wales (n = 403 registered at the start of the season) during the
- shortened domestic competition season (August 1st to October 5th 2020).
- 90 The 2020 injury data was compared to a historical average calculated from previous regular seasons
- 91 (April-September; 2015 to 2019 inclusive). Five seasons was deemed a reasonable number to provide
- a meaningful comparison, whilst also being recent enough to encapsulate the current structure of the
- 93 2020 domestic season (COVID related measures aside). Injuries for all registered players at the start of
- each season (mean n = 401 players) were included from the first day of the competitive season (in April
- 95 2015 to 2019) to September 30th each year.
- 96 Players provided informed written consent for their data to be routinely collected and analysed by
- 97 England and Wales Cricket Board and a University research partner, arranged in conjunction with the
- 98 players' union, The Professional Cricketers Association'. This was done at the time of annual
- 99 registration and reviewed if there were any significant process or contractual changes at the start of pre-
- 100 season. Ethics approval was obtained from the University of Bath, Research Ethics Approval
- 101 Committee for Health (REACH) [reference: EP 17/18 111].
- All medical complaints (injury or illness) were recorded by FCCC club's medical staff on a purpose-
- built central online medical records system: Profiler (The Profiler Corporation, New Zealand, 2015-
- 2016 inclusive), and Cricket Squad (The Sports Office, UK, 2017-2020). To improve compliance, the
- England and Wales Cricket Board mandates consistent standards for injury and medical record-keeping
- 106 for the domestic game through the annual Cricket Science and Medicine Audit. The injury location,
- activity and diagnosis for each complaint is recorded based on the Orchard Sports Injury Classification
- System Version 10 [11], with updated bespoke England and Wales Cricket Board COVID-19 codes for
- the 2020 season.
- The term 'medical complaint' adopted by this study is inclusive of both injury and illness in line with
- the updated consensus statement [12]. In line with these guidelines, for time loss (TL) complaints,

FCCC club medical staff defined and recorded any injury or illness that was considered to render the player unavailable for match selection, regardless of whether a match was scheduled on the day(s) the player was unavailable. The medical attention injury definition was also adopted from the updated consensus for non-time loss (NTL) injuries, with 'any health-related condition that required medical (or medical staff) attention and had the potential to affect cricket training or playing' [12].

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Due to the differing duration of the 2020 season to previous regular seasons, standardised injury measures were calculated. An injury incidence unit was used and applied retrospectively for injuries sustained during competitive matches:

• Match injury incidence includes all new and recurring match injuries [12] reported for all phases (batting, bowling and fielding). It considers only injuries occurring during major matches¹² and is provided for each competition format and activity at time of injury with the unit of injuries per 1,000 days play [4-5].

An in-season medical complaint incidence unit of new and recurring time loss and non-time loss complaints per 100 players proposed in the updated consensus, which allows all complaints (e.g., match and training) to be included in one measure [12], was not deemed suitable for this study. It was inappropriate to calculate and compare in-season complaint incidence between the differing time periods or extrapolate the incidence for the shortened 2020 season to an annual incidence rate, as it led to over-estimation. No complaint unit proposed in the updated consensus (for all injuries combined), appropriately accommodates the unique context of the 2020 season. Similarly, in-season injury prevalence as suggested by the consensus [12], which presents the percentage of players unavailable on any given day calculated from the number of in-season days was not suitable due to the reduced number of days of the 2020 season. Therefore, to enable match and training complaints to be included and compared equivalently, the percent proportion for each complaint type was calculated from the total number of time loss complaints, in-season days lost, non-time loss and total complaints. This approach has been used in previous cricket injury surveillance studies conducted before the updated consensus, in the West Indies [13] and New Zealand [14]. The percent proportion was also calculated for body region injured (for injuries from all problem types excluding illness) and is presented for the 2020 season, the historical average, and the proportional difference between the two.

Incidence and percent proportion are presented for the 2020 season (with 95% Poisson confidence intervals [CI]) and summarised for previous seasons with descriptive statistics (mean and 95% CI). The match injury incidence for 2020 season was compared to the historic average and a percentage change was calculated. Significant differences were interpreted if the 95% confidence intervals (CIs) of individual categories did not overlap. For any significant differences, a further breakdown is provided with a count of complaints and/or in-season days lost for Orchard code and activity at time of complaint (as applicable).

RESULTS

A total 506 1st XI days were played in 2020, 63% lower than the historical average (mean = 1364 days) across all competition formats (Table 1). Throughout the 2020 season 312 medical complaints were recorded, with 191 non-time loss and 121 time loss medical complaints resulting in 1,899 in-season days lost.

Table 1: Total number of 1st XI days played for each competition format from 2015-2020, with a historic average (for 2015 to 2019) and percentage change

	2015	2016	2017	2018	2019	Mean (95% CI)	2020	% Change
First-Class days played	1070	1092	934	870	884	970 (943, 998)	330	-66%
T20 days played	252	250	248	254	222	245 (232, 259)	176	-28%
One-Day days played	146	154	148	144	152	149 (139, 160)	0	-100%
Total	1468	1496	1330	1268	1258	1364 (1332, 1397)	506	-63%

Match time loss, non-time loss, and total injury incidence was higher in 2020 compared to the historic average for First-Class cricket but lower for T20 (Supplementary table 1). However, none of the differences between the 2020 season and the historic average were statistically significant, with no substantial variation in incidence rates across seasons (Supplementary table 2).

Overall, for both formats combined (Supplementary table 3) and specifically for the first-class competition (Supplementary table 4), bowling had the highest match time loss injury incidence for both the 2020 season and historic average, with little difference between the rates. Fielding was the activity with the highest match non-time and total injury incidence for 2020 and the historic average, with slightly higher incidence rates in 2020. For T20 cricket (Supplementary table 5), batting was the activity that resulted in the most time loss injuries in 2020. Fielding was the activity that resulted in the most match non-time loss injuries both in 2020 and the historic average. None of the differences in match injury incidence rates (for any format) were statistically significant.

Medical illness as a proportion of time loss medical complaints and in-season days lost was significantly higher for the 2020 season, up 10% and 6% (respectively) compared to the historical average (Figure 1). A further breakdown of time loss medical illness is provided in supplementary table 6. Most medical illness time loss during the 2020 season was COVID-19 related as a result of precautionary isolation due to contact with a suspected or confirmed COVID-19 case (79 in-season days lost from 8 time loss complaints). Only a small number of positive COVID-19 tests were recorded during the season (49 in-season days lost from 3 time loss complaints).

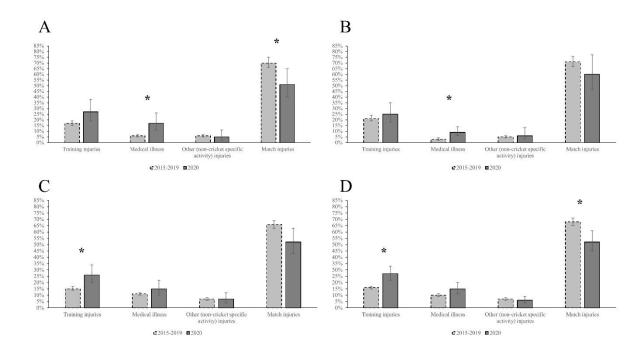


Figure 1: The percentage of time loss (A), in-season days lost (B), non-time loss (C) and total (D) complaints by problem type for 2020 and 2015-2019. * Denotes statistically significant difference with alpha of 0.05.

A significant increase in training injuries as a proportion of non-time loss (+ 12%) and total injuries (+ 16%) was also observed for the 2020 season compared to the historic average. Match injuries as a proportion of time loss (-19%) and all injuries (-16%) saw a significant decrease in 2020 compared to the historical average (Figure 1). A breakdown of injury problem type by season is provided in supplementary table 7.

During training, being hit by the ball/other whilst batting was the activity resulting in the most non-time loss injuries (Supplementary table 8). According to the Orchard codes recorded for training injuries, shoulders had the highest total injury count with 1 time loss and 4 non-time loss training injuries (Supplementary table 9).

The only body region that saw a significant increase in 2020 compared to the historical average was thigh injuries as a proportion of in-season days lost, up 15% in 2020 (Table 2). The other significant differences were a decrease for the 2020 season for both hand (-8%) and lumbar spine (-14%) injuries in comparison to the historical average.

A further breakdown of time loss thigh injuries is provided with the Orchard code (Supplementary table 10) and activity at time of injury (Supplementary table 11). Rectus femoris strain was the injury that resulted in the most in-season days lost (137 days) followed by biceps femoris strain grade 1-2 (93 days). The thigh injury activity that resulted in the most in-season days lost was the delivery stride or follow-through when bowling (185 in-season days from 6 time loss [TL] injuries), followed by diving

Table 2: The percentage of in-season days lost, time loss, non-time loss and total injuries for body region injured

198 Note: Significant differences highlighted in bold

	%	of TL injuries		% I	n-season days lo	ost	%	Of NTL injurie	s	9,	6 Of all injuries	S
	2020 (95% CI)	2015-2019 Mean (95%CI)	Difference									
Abdomen	9% (5, 17)	10% (8, 12)	-1%	13% (7, 25)	10% (8, 12)	3%	6% (3, 11)	4% (3, 5)	3%	7% (4, 11)	6% (5, 7)	1%
Ankle	7% (3, 15)	9% (8, 11)	-3%	12% (6, 25)	10% (8, 12)	2%	8% (5, 14)	9% (8, 10)	-1%	8% (5, 12)	9% (8, 10)	-2%
Buttock and Pelvis	0% (0, 0)	1% (1, 2)	-1%	0% (0, 0)	1% (1, 2)	-1%	2% (1, 5)	1% (1, 1)	1%	2% (1, 5)	1% (1, 1)	0%
Chest	1% (0, 7)	1% (1, 2)	0%	0% (0, 0)	1% (1, 2)	-1%	0% (0, 0)	2% (1, 3)	-2%	0% (0, 0)	2% (2, 3)	-1%
Elbow	2% (1, 8)	1% (1, 2)	1%	0% (0, 0)	2% (1, 4)	-1%	7% (4, 13)	3% (2, 4)	4%	5% (3, 9)	2% (2, 3)	3%
Foot	5% (2, 12)	4% (3, 5)	1%	10% (4, 24)	5% (4, 7)	5%	3% (1, 7)	5% (4, 6)	-2%	4% (2, 7)	5% (4, 6)	-1%
Forearm	0% (0, 0)	0% (0, 0)	0%	0% (0, 0)	0% (0, 0)	0%	2% (1, 5)	2% (1, 3)	1%	2% (1, 5)	1% (1, 1)	0%
Hand	7% (3, 15)	14% (12, 16)	-7%	4% (2, 8)	12% (10, 14)	-8%	15% (10, 22)	14% (12, 16)	1%	12% (8, 17)	14% (13, 15)	-2%
Head	7% (3, 15)	6% (5, 8)	1%	4% (2, 8)	2% (2, 3)	2%	14% (9, 21)	9% (8, 10)	5%	11% (8, 16)	8% (7, 9)	4%
Hip and Groin	8% (4, 16)	6% (5, 8)	2%	4% (2, 8)	4% (3, 5)	-1%	8% (5, 14)	5% (4, 6)	3%	8% (5, 12)	5% (4, 6)	3%
Knee	7% (3, 15)	6% (5, 8)	1%	11% (5, 23)	7% (6, 9)	4%	6% (3, 11)	10% (9, 11)	-3%	6% (4, 10)	8% (7, 9)	-2%
Lower Leg	7% (3, 15)	7% (6, 9)	0%	7% (3, 15)	7% (6, 9)	1%	6% (3, 12)	6% (5, 7)	0%	6% (4, 10)	6% (5, 7)	0%
Lumbar Spine	10% (5, 19)	13% (11, 15)	-3%	7% (4, 13)	21% (18, 24)	-14%	5% (3, 10)	8% (7, 9)	-3%	7% (4, 11)	10% (9, 11)	-3%
Neck	0% (0, 0)	1% (1, 2)	-1%	0% (0, 0)	1% (1, 2)	-1%	2% (1, 6)	3% (2, 4)	-1%	1% (0, 3)	2% (2, 3)	-1%
Shoulder	5% (2, 12)	6% (5, 8)	-1%	2% (1, 5)	6% (5, 8)	-4%	7% (4, 12)	7% (6, 8)	1%	6% (4, 10)	6% (5, 7)	0%
Thigh	22% (14, 23)	13% (11, 15)	9%	24% (16, 36)	9% (8, 10)	15%	6% (3, 11)	9% (8, 10)	-3%	12% (8, 17)	10% (9, 11)	2%
Thoracic Spine	4% (2, 11)	1% (1, 2)	3%	2% (1, 5)	1% (1, 2)	1%	2% (1, 6)	2% (2, 3)	0%	3% (1, 6)	2% (2, 3)	1%
Wrist	0% (0, 0)	1% (1, 2)	-1%	0% (0, 0)	2% (1, 3)	-2%	0% (0, 0)	2% (1, 3)	-2%	0% (0, 0)	2% (2, 3)	-2%

Note: Significant differences highlighted in bold

when fielding (53 days/2 TL loss injuries) and running between wickets when batting (53 days/4 TL injuries). The other activities that resulted in days lost from thigh injuries predominantly involved running; when fielding (46 days/5 TL injuries), bowling (31 days/1 TL injury) and training (14 days/1 TL injury).

In relation to hand time loss injuries a total of 68 in-season days were lost from 7 injuries in 2020, compared to the mean total from 2015 to 2019 of 780 days from 36 injuries (Supplementary table 12). For lumbar spine injuries, a total of 119 in-season days were lost from 10 injuries in 2020, compared to the mean total of 1,376 days from 33 time loss injuries (Supplementary table 13). There were no lumbar spine stress fractures recorded in the 2020 season.

DISCUSSION

This study described the injury and illness data of the shortened 2020 domestic cricket season in England and Wales following a disrupted training and pre-season period due to the enforced national lockdown during a global pandemic. The injury profile for the 2020 season was generally equivalent to what would be expected in a regular season, except for an increase in medical illness as a proportion of time loss and in-season days lost, due to COVID-19 related instances (most notably precautionary isolation). There was also a significant increase in the proportion of in-season days lost to thigh injuries, and a significant decrease in the proportion of days lost to hand and lumbar spine injuries compared to the historical average.

The absolute number of medical complaints was lower in 2020 compared to previous seasons, which was expected due to reduced cricket exposure. The significant increase in the proportion of time loss and in-season days lost to medical illness was driven by players isolating after close contact with a suspected or positive COVID-19 case. There were only three players who tested positive for COVID-19 during the season, but clubs still had the unique challenge of managing disruption to player availability for those needing to isolate as a precaution.

Sports science and medicine practitioners at the First-Class County Cricket clubs kept in contact with players during lockdown and continued to advise and guide their training, enabling players to maintain some form of physical conditioning and preparedness ready for the start of the competitive season. However, it may be that some aspects of training are not as effective for physical conditioning when done remotely. While there was a high number of hamstring injuries recorded during the 2020 season, there was also a high number of time loss (and days lost to) quadriceps injuries, with the absolute number of 'rectus femoris strains' recorded equivalent to what has been found in previous seasons, despite considerably less competitive exposure in 2020. The lack of structured team training may limit the extent players are able to adequately achieve high intensity training loads (such as high-speed running) and complete cricket-specific activities [9]. It can be challenging for practitioners to reproduce

remotely, the exact loads and forces demanded by skills training. Training individually also may reduce the competitive edge that naturally occurs between players in a structured team training environment. As such, the physical conditioning benefits these activities usually provide are missed, and consideration needs to be given by practitioners as to how these shortcomings can be overcome if players are required to train remotely again in the future. However, it is also important to note causality cannot be inferred and the increase in proportion of days lost to thigh injuries in the 2020 season may be more pronounced due to the decrease in days lost to other injuries, most notably lumbar spine injuries.

During a regular season, most days are lost to lumbar spine injuries, often related to stress fractures because of bowling [4-5,8]. The relative lack of days lost to lumbar spine injuries in 2020 may be a result of the limited competitive exposure from the condensed season. The England and Wales Cricket Board also set the 'Bowling Injury Risk Mitigation' strategy to cap and limit the number of overs bowled to help manage workloads following the prolonged training disruption. This made it less likely for bowlers to be exposed to workload levels that would increase injury risk. It is unclear if such a strategy to cap the number of overs bowled would be as effective during a regular season with a full fixture schedule. However, the results from this study are encouraging and it may be a useful future preventative strategy that warrants further consideration and if possible, research.

Comparing seasons with different time periods is limited due to the reduced sample of injuries for the shortened season. Given the unique context of 2020, it was only possible to draw data from this single season for comparison to previous regular seasons in the study. As such, the findings may just be a consequence of natural variation as opposed to any true change, which may explain the lack of significant differences between 2020 and previous seasons. The nature of this study makes it difficult for future research to investigate these findings further and as such, the results should perhaps not be interpreted on statistical significance alone, but also considering the likelihood these findings are meaningful for injury burden and player welfare. It is also worth acknowledging only in-season injuries were included in the study, missing any pre-season injuries that may have impacted player availability and injury rates when the competitive season starts. The pre-season injury profile remains unknown in this context and may differ to the type of injuries observed in-season, which warrants further exploration in future research. Another limitation of the current study is not using the proposed injury incidence units from the updated consensus for the combined injury measures, potentially limiting the extent to which the findings can be compared to other cricket playing populations. However, given the nature of the 2020 season and how the pandemic has affected countries around the world differently, providing findings that can be generalised to other cricket playing populations internationally may not be useful. Instead, it is hoped that the general themes that emerged from the findings will still be of use to practitioners in other cricket contexts.

CONCLUSION

This study described injury data of the shortened 2020 domestic cricket season in England and Wales and compared it with that of previous seasons. Although there was significant disruption to player availability because of COVID-19 related instances (most notably precautionary isolation), injury profiles were generally similar for 2020 compared to what would be expected during a regular season. The significantly high proportion of days lost to thigh injuries may suggest some aspects of training are not as effective for physical conditioning when done remotely during a period of training disruption without access to elite facilities usually afforded by the club. Substantially fewer lumbar spine stress fractures were also recorded in 2020, which may be associated with reduced exposure. However, in both instances, direct causality cannot be inferred. These findings can enhance understanding of the impact this historic prolonged period of training disruption and shortened season had on injuries and the challenges faced by practitioners for any future such occurrences.

Conflict of Interest

The authors declare no conflict of interest.

REFERENCES

1. *Toresdahl BG*, *Asif IM*. Coronavirus disease 2019 (COVID-19): Considerations for the competitive athlete. Sports Health 2020; 12: 221-224.

2. Cabinet Office. Guidance on staying at home and away from others (social distancing) [UK Government website] (2020). In Internet: https://www.gov.uk/government/publications/full-guidance-on-staying-at-home-and-away-from-others (Accessed 13 July 2020).

3. *Stokes KA*, *Jones B*, *Bennett M*, *et al.* Returning to play after prolonged training restrictions in professional collision sports. Int J Sports Med 2020; 41: 895-911.

4. *Orchard JW, Kountouris A, Sims K*. Incidence and prevalence of elite male cricket injuries using updated consensus definitions. Open Access J Sports Med 2016; 7: 187-194.

304 5. Goggins L, Peirce N, Ranson C, et al. Injuries in England and Wales elite men's domestic cricket: A nine season review from 2010 to 2018. J Sci Med Sport 2020; 23: 836-840. 305 306 6. Johnson M, Ferreira M, Hush J. Lumbar vertebral stress injuries in fast bowlers: A review of 307 308 prevalence and risk factors. Phys Ther Sport 2012; 13: 45-52. 309 7. Bayne H, Elliott B, Campbell A, et al. Lumbar load in adolescent fast bowlers: A prospective 310 injury study. J Sci Med Sport 2016; 19: 117-122. 311 312 8. Alway P, Brooke-Wavell K, Langley B, et al. Incidence and prevalence of lumbar stress 313 fracture in English County Cricket fast bowlers, association with bowling workload and 314 315 seasonal variation. BMJ Open Sport Exerc Med 2019; 5:e000529. doi: 10.1136/bmjsem-316 2019-000529 317 9. International Cricket Council. ICC back to cricket guidelines (2020). In Internet: 318 319 https://resources.pulse.icc-cricket.com/ICC/document/2020/05/22/b75e57b7-ed1e-4025-a542-320 a4059ceb9efb/ICC-Back-to-Cricket-Guidelines-May20-final-.pdf (Accessed 12 January 321 2021). 322 10. Pop KL, Ackerman KE, Rudolph SE, et al. Changes in volumetric bone mineral density over 323 324 12 months after a tibial bone stress injury diagnosis: Implications for return to sports and 325 military duty. Am J Sports Med 2021; 49: 226-235. 326 327 11. Rae K, Orchard JW. The orchard sports injury classification system (OSICS) version 10. Clin J Sport Med 2007; 17: 201-204. 328 329 12. Orchard JW, Ranson C, Olivier B, et al. International consensus statement on injury 330 331 surveillance in cricket: a 2016 update. Br J Sports Med 2016; 50: 1245-1251. 332 333 13. Mansingh A, Harper L, Headley S, et al. Injuries in West Indies cricket 2003-2004. Br J Sports 334 Med 2005; 40: 119-123. 335 336 14. Frost WL, Chalmers DJ. Injury in elite New Zealand cricketers 2002-2008: descriptive 337 epidemiology. Br J Sports Med 2014; 4: 1002-1007.

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SUPPLEMENTARY TABLES

Supplementary table 1: Match time loss, non-time loss and total injury incidence (per 1,000 days play) for competition format with the % change between the 2020 season and historic average

	TL injury in	cidence (per 1,000 days	play)	NTL injury inc	cidence (per 1,000 days	s play)	Total injury incidence (per 1,000 days play)			
	2020 (95% CI)	2015-2019 Mean (95%CI)	%Change	2020 (95% CI)	2015-2019 Mean (95%CI)	%Change	2020 (95% CI)	2015-2019 Mean (95%CI)	%Change	
First-class	81.8 (56.1, 119.3)	69.5 (62.4, 77.4)	18%	154.5 (117.4, 203.3)	133.0 (123.0, 143.8)	16%	236.4 (189.4, 295.1)	202.5 (190.1, 215.7)	17%	
T20	130.7 (86.9, 196.7)	152.5 (132.1, 176.1)	-14%	164.8 (114.5, 237.2)	183.4 (160.9, 209.0)	-10%	295.5 (225.2, 387.8)	336.0 (305.0, 370.1)	-12%	

Note: Significant differences highlighted in bold

Supplementary table 2: Match time loss, non-time loss and total injury incidence (per 1,000 days play) for each season (2015 to 2020) by competition format

	2015	2016	2017	2018	2019	2020
		7	Time loss injury incidence	per 1,000 days play (95%	(CI)	
Test (4-Day)	67.3 (53.4, 84.8)	51.3 (39.5, 66.7)	76.0 (60.2, 95.9)	71.3 (55.6, 91.5)	81.4 (64.6, 102.6)	81.8 (56.1, 119.3)
T20	150.8 (109.7, 207.2)	116.0 (80.6, 166.9)	145.2 (104.7, 201.3)	161.4 (118.8, 219.2)	189.2 (139.8, 256.0)	130.7 (86.9, 196.7)
		No	n-time loss injury inciden	ce per 1,000 days play (9	5% CI)	
Test (4-Day)	81.3 (65.9, 100.3)	109.9 (91.9, 131.4)	146.7 (124.1, 173.4)	169.0 (143.8, 198.7)	158.4 (134.2, 186.9)	154.5 (117.4, 203.3)
T20	123.0 (86.5, 174.9)	188.0 (141.3, 250.2)	153.2 (111.5, 210.5)	263.8 (207.6, 335.2)	189.2 (139.8, 256.0)	164.8 (114.5, 237.2)
			Total injury incidence po	er 1,000 days play (95% o	CI)	
Test (4-Day)	148.6 (127.2, 173.6)	161.2 (139.1, 186.9)	222.7 (194.4, 255.1)	240.2 (209.7, 275.1)	239.8 (209.6, 274.4)	236.4 (189.4, 295.1)
T20	273.8 (216.3, 346.7)	304.0 (242.8, 380.6)	298.4 (237.6, 374.8)	425.2 (352.1, 513.5)	378.4 (305.5, 486.6)	295.5 (225.2, 387.8)

Supplementary table 3: Match time loss, non-time loss and total injury incidence (per 1,000 days play) for activity at time of injury for First-Class and T20 competition formats combined

	TL injury i	ncidence (/1,000 da	ays play)	NTL injury	incidence (/ 1,000 c	days play)	Total injury incidence (/1,000 days play)			
	2020 (95% CI)	2015-2019 Mean (95%CI)	%Change	2020 (95% CI)	2015-2019 Mean (95%CI)	%Change	2020 (95% CI)	2015-2019 Mean (95%CI)	%Change	
Batting	31.6 (19.4, 51.6)	20.8 (17.5, 24.8)	52%	39.5 (25.5, 61.2)	38 (33.3, 43.3)	4%	71.1 (51.3, 98.6)	58.8 (52.9, 65.3)	21%	
Bowling	35.6 (22.4, 56.5)	33.2 (28.9, 38.1)	7%	27.7 (16.4, 46.8)	36.9 (32.4, 42.1)	-25%	63.2 (44.7, 89.4)	70.1 (63.7, 77.1)	-10%	
Fielding	27.7 (16.4, 46.8)	25 (21.3, 29.4)	11%	65.2 (46.4, 91.7)	47.9 (42.6, 53.8)	36%	92.9 (69.8, 123.6)	72.8 (66.3, 80.0)	28%	
Warm Up	0.0 (0.0, 0.0)	2.3 (1.4, 3.9)	-100%	4.0 (1.0, 16.0)	3.6 (2.4, 5.4)	11%	4.0 (1.0, 16.0)	6.0 (4.3, 8.3)	-33%	
Wicket keeping	0.0 (0.0, 0.0)	3.1 (2.0, 4.9)	-100%	4.0 (1.0, 16.0)	6.0 (4.3, 8.3)	-33%	4.0 (1.0, 16.0)	9.1 (7.0, 11.8)	-56%	

Note: Significant differences highlighted in bold

Supplementary table 4: Match time loss, non-time loss and total injury incidence (per 1,000 days play) for activity at time of injury with the % change for First-Class cricket

	TL injury i	ncidence (/1,000 da	ays play)	NTL injury	incidence (/ 1,000 d	lays play)	Total injury incidence (/1,000 days play)			
	2020 (95% CI)	2015-2019 Mean (95%CI)	%Change	2020 (95% CI)	2015-2019 Mean (95%CI)	%Change	2020 (95% CI)	2015-2019 Mean (95%CI)	%Change	
Batting	18.2 (8.2, 40.5)	16.5 (13.2, 20.6)	10%	42.4 (25.1, 71.6)	36.2 (31.1, 42.1)	17%	60.6 (39.1, 93.9)	52.7 (46.5, 59.7)	15%	
Bowling	39.4 (22.9, 67.9)	31.1 (26.5, 36.5)	27%	33.3 (18.4, 60.1)	38.1 (32.9, 44.1)	-13%	72.7 (48.7, 108.5)	69.2 (62.1, 77.1)	5%	
Fielding	21.2 (10.1, 44.5)	15.6 (12.4, 19.6)	36%	57.6 (36.7, 90.3)	40.1 (34.8, 46.2)	44%	78.8 (53.7, 115.7)	55.6 (49.3, 62.7)	42%	
Warm Up	0.0(0.0, 0.0)	1.7 (0.9, 3.4)	-100%	6.1 (1.5, 24.4)	1.8 (0.9, 3.5)	239%	6.1 (1.5, 24.4)	3.5 (2.2, 5.6)	74%	
Wicket keeping	0.0(0.0, 0.0)	3.1 (1.9, 5.1)	-100%	3.0 (0.4, 21.3)	7.2 (5.2, 10.0)	-58%	3.0 (0.4, 21.3)	10.3 (7.8, 13.6)	-71%	

Note: Significant differences highlighted in bold

Supplementary table 5: Match time loss, non-time loss and total injury incidence (per 1,000 days play) for activity at time of injury with the % change for T20 cricket

	TL injury in	ncidence (/1,000 da	ys play)	NTL injury i	ncidence (/ 1,000 da	ays play)	Total injury incidence (/1,000 days play)			
	2020 (95% CI)	2015-2019 Mean (95%CI)	%Change	2020 (95% CI)	2015-2019 Mean (95%CI)	%Change	2020 (95% CI)	2015-2019 Mean (95%CI)	%Change	
Batting	56.8 (30.6, 105.6)	37.6 (28.2, 50.2)	51%	34.1 (15.3, 75.9)	44.4 (34.0, 58.0)	-23%	90.9 (55.7, 148.4)	82.1 (67.5, 99.9)	11%	
Bowling	28.4 (11.8, 68.2)	41.7 (31.7, 54.9)	-32%	17 (5.5, 52.7)	33.0 (24.2, 45.0)	-48%	45.5 (22.8, 91.0)	74.6 (60.7, 91.6)	-39%	
Fielding	39.8 (19.0, 83.5)	60.9 (48.5, 76.5)	-35%	79.5 (47.1, 134.2)	77.7 (63.6, 94.9)	2%	119.3 (77.8, 183.0)	138.7 (119.3, 161.2)	-14%	
Wicket keeping	0.0 (0.0, 0.0)	3.2 (1.2, 8.5)	-100%	5.7 (0.8, 40.5)	1.6 (0.4, 6.4)	256%	5.7 (0.8, 40.5)	4.8 (2.2, 10.7)	19%	

Note: Significant differences highlighted in bold

Supplementary table 6: Orchard code and description for medical illness recorded ordered by time loss injury count descending for the 2020 season

		TL inju	ry count	In-season	days lost
Orchard code	Description	2020	2015-2019 Mean	2020	2015-2019 Mean
MICI	COVID-19 Isolated as contact	8	0	79	0
MICG	COVID-19 Antigen Test Positive	3	0	49	0
MICX	COVID-19	2	0	2	0
MGDX	Diarrhoea	1	1	1	4
MGXX	Gastrointestinal Illness	1	1	2	3
MICN	COVID-19 Self isolating with symptoms - No diagnosis	1	0	8	0
MIRT	Tonsillitis	1	1	21	4
MIRU	Other upper resp tract infection	1	1	1	1
MIRX	Respiratory tract infection (bacterial or viral)	1	1	3	4
MTXX	ENT Illness including dental (excl sinusitis - see MPAL)	1	1	1	6
Total		20	6 (18)	167	22 (179)

Supplementary table 7: Proportion of time loss, seasonal days lost, non-time loss and total injuries for each season (2015 to 2020) by injury problem type

	2015	2016	2017	2018	2019	2020
			Percentage of tin	ne loss injuries (95% C	CI)	
Medical illness	4% (2, 8)	6% (4, 10)	5% (3, 9)	8% (5, 12)	8% (6, 12)	17% (11, 26)
Match injuries	79% (68, 91)	68% (58, 79)	74% (64, 85)	66% (57, 76)	64% (56, 73)	51% (40, 65)
Other (non-cricket specific activity) injuries	3% (1, 6)	10% (7, 15)	6% (4, 10)	6% (4, 10)	5% (3, 8)	5% (2, 11)
Training injuries	14% (10, 20)	15% (11, 21)	15% (11, 21)	19% (15, 25)	22% (18, 27)	27% (19, 38)
			Percentage of sea	asonal days lost (95% (CI)	
Medical illness	3% (2, 6)	3% (2, 5)	4% (2, 7)	2% (1, 3)	2% (1, 3)	9% (6, 14)
Match injuries	80% (69, 93)	63% (54, 74)	73% (63, 84)	70% (61, 81)	69% (61, 79)	60% (47, 77)
Other (non-cricket specific activity) injuries	2% (1, 4)	11% (7, 16)	6% (4, 10)	4% (2, 7)	3% (2, 5)	6% (3, 13)
Training injuries	15% (11, 21)	22% (16, 30)	18% (13, 25)	21% (16, 27)	26% (21, 32)	25% (18, 35)
			Percentage of non-	time loss injuries (95%	o CI)	
Medical illness	23% (18, 29)	11% (8, 15)	9% (7, 12)	9% (7, 12)	6% (4, 9)	15% (10, 22)
Match injuries	55% (48, 63)	63% (56, 71)	70% (63, 77)	67% (61, 74)	75% (67, 83)	52% (43, 63)
Other (non-cricket specific activity) injuries	8% (6, 11)	10% (7, 13)	7% (5, 10)	6% (4, 8)	6% (4, 9)	7% (4, 12)
Training injuries	14% (11, 19)	16% (13, 20)	14% (11, 18)	17% (14, 21)	13% (10, 17)	26% (20, 34)
			Percentage of	total injuries (95% CI)		
Medical illness	15% (12, 18)	9% (7, 11)	8% (6, 10)	8% (6, 10)	7% (5, 9)	15% (11, 20)
Match injuries	65% (59, 72)	65% (59, 71)	71% (65, 77)	67% (62, 73)	70% (64, 76)	52% (45, 61)
Other (non-cricket specific activity) injuries	6% (4, 8)	10% (8, 13)	7% (5, 9)	6% (5, 8)	5% (4, 7)	6% (4, 9)
Training injuries	14% (11, 17)	16% (13, 19)	14% (12, 17)	18% (15, 21)	17% (14, 20)	27% (22, 33)

Supplementary table 8: Activity at time of injury for training problem type injuries ordered by total injury count descending for the 2020 season

	TL in	jury count	NTL inj	jury count	Total inj	ury count
Activity	2020	2015-2019 Mean	2020	2015-2019 Mean	2020	2015-2019 Mean
Bowling - Delivery stride or follow through	7	11	7	8	14	19
Batting - Hit by ball / other	2	4	10	6	12	10
(no activity recorded)	2	6	9	10	11	16
Bowling	4	3	4	6	8	9
Fielding	3	2	2	2	5	4
Training - Running	1	1	4	2	5	3
Batting - Playing shot	2	3	2	4	4	7
Training	1	1	3	4	4	5
Batting	1	1	2	3	3	3
Fielding - Throwing	0	1	3	3	3	5
Other	2	2	1	5	3	6
Bowling - Run up	1	1	1	1	2	2
Fielding - Catching	1	3	1	4	2	7
Fielding - Diving	2	1	0	1	2	2
Training - Running Drills	2	1	0	2	2	3
Bowling - Fielding off own bowling	1	1	0	0	1	1
Training - Weight training	1	2	0	1	1	4
Wicket keeping - Catching	0	0	1	0	1	0
Total	33	43 (48)	50	64 (71)	83	107 (119)

Supplementary table 9: Orchard code and description for training problem type injuries recorded ordered by total injury count descending for the 2020 season

		TL inj	ury count	NTL inj	ury count	Total injury count		
Orchard code	Description	2020	2015-2019 Mean	2020	2015-2019 Mean	2020	2015-2019 Mean	
SXXX	Shoulder Injuries	1	0	4	1	5	1	
HNCX	Concussion	3	0	0	0	3	0	
AHHX	Heel bruising/ haematoma incl fat pad contusion	1	0	1	0	2	0	
AJLX	Ankle lateral ligament sprain	2	0	0	1	2	1	
GTSS	Sartorius tendon strain	2	0	0	0	2	0	
GXXX	Hip and Groin Injuries	0	0	2	0	2	1	
HNCN	Head Strike No Injury Detected	0	0	2	0	2	0	
HZXX	Head Pain/ Injury Not Otherwise Specified (Including headache)	0	0	2	0	2	0	
KMPX	Popliteus muscle strain	1	0	1	1	2	1	
LMXX	Lumbar Spine muscle and Tendon Strain/ Spasm/ Trigger Points	2	1	0	1	2	2	
LXXX	Lumbar Spine Injuries	1	1	1	1	2	1	
OXXX	Trunk and Abdominal Injuries	0	0	2	0	2	0	
QMSX	Soleus Injury/ strain	1	1	1	1	2	1	
QMYX	Calf muscle trigger points/ spasm	1	0	1	0	2	0	
ADXX	Ankle Dislocation	1	0	0	0	1	0	
AGPX	Posterior impingement ankle	0	0	1	0	1	1	
AJLA	Anterior talofibular ligament sprain	0	1	1	3	1	4	
AJLR	Lateral ligaments rupture (grade 3 injury)	1	0	0	0	1	0	
ATAT	Achilles tendinopathy	0	0	1	0	1	0	
ATPS	Peroneal tendon strain	0	0	1	0	1	0	
ATTT	Tibialis posterior tendinopathy	0	0	1	0	1	0	

DXXX	Thoracic Spine Injuries (Incl Thoracolumbar Junction)	1	0	0	0	1	0
EGPX	Elbow posterior impingement/ synovitis	0	0	1	0	1	1
EGXX	Elbow Impingement/ Synovitis	0	0	1	0	1	0
EZXX	Elbow Pain/ Injury not otherwise specified	0	0	1	1	1	1
FHHU	Nail bed haematoma great toe	1	0	0	0	1	0
FXXX	Ankle Pain/ Injury not otherwsie specified	0	0	1	0	1	0
GGXX	Hip Joint Inflammation/ Synovitis/ Other Biomechanical Lesion	0	0	1	0	1	0
GOSX	Scrotal +/- testicular injury	0	0	1	0	1	0
GZXX	Hip/ Groin Pain Not otherwise specified	0	0	1	0	1	0
GZZX	Hip/Groin Pain undiagnosed	1	0	0	0	1	0
HLMN	Mucosal laceration not requiring suturing	0	0	1	0	1	0
HXXX	Head Injuries	0	0	1	1	1	1
KHMX	Knee MCL contusion	0	0	1	0	1	0
KTHM	Medial hamstring tendinopathy, incl pes anserine bursitis	1	0	0	0	1	0
KTPT	Patellar tendinopathy (excl. Sinding Larsen Johannson syndrome see JTKP)	0	0	1	1	1	1
LCXX	Lumbar Disc Injury	1	0	0	1	1	1
LGXX	Lumbar Spine Facet Joint Pain/ Stiffness	1	1	0	1	1	3
LJXX	Lumbar Spine Joint Injury	0	0	1	0	1	0
LNZX	Other lumbosacral nerve injury	0	0	1	0	1	0
LSRX	Lumbar spine stress reaction	1	1	0	0	1	1
MISQ	Skin infection lower leg	0	0	1	0	1	0
NJPX	Cervical Facet joint pain/ chronic inflammation/ stiffness	0	0	1	0	1	0
OMMO	Obliques muscle strain	0	3	1	1	1	4
QHMP	Calf/ gastroc haematoma	0	0	1	0	1	0
QMXX	Lower leg muscle Injury	1	0	0	0	1	0
QXXX	Lower Leg Injuries	1	0	0	0	1	0

QYXX	Other Leg Overuse Injury	0	0	1	0	1	0
RHXX	Forearm Soft Tissue Bruising/ Haematoma	0	0	1	1	1	2
SAAX	AC joint arthritis	0	0	1	0	1	0
SGSX	Subacromial impingement	0	0	1	0	1	1
SHXX	Shoulder Soft Tissue Bruising/ Haematoma	0	0	1	0	1	0
SMLX	Latissimus Dorsi muscle injury	1	0	0	0	1	0
THMX	Thigh muscle haematoma	1	0	0	0	1	0
TKXX	Thigh Laceration/ Abrasion	1	0	0	0	1	0
TMAL	Adductor longus strain	1	0	0	0	1	0
TMQS	Rectus femoris strain	0	0	1	1	1	1
TXXX	Thigh Injuries	1	0	0	0	1	0
WHFX	Finger bruising/ haematoma	0	0	1	2	1	3
WHHX	Hand bruising/ haematoma	0	0	1	0	1	1
WHXX	Wrist and Hand Soft Tissue Bruising/ Haematoma	1	0	0	0	1	1
WJFX	Finger joint sprain (PIP and DIP joints)	0	0	1	1	1	1
WKHV	Palmar hand laceration/ abrasion	1	0	0	0	1	0
WKXX	Wrist and Hand Laceration/ Abrasion	0	0	1	0	1	0
WTFG	Trigger Finger	0	0	1	0	1	0
Total		33	15 (48)	50	24 (71)	83	38 (119)

		TL Injury Count		In-season Days Lost		
Orchard code	Description	2020	2015-2019 Mean	2020	2015-2019 Mean	
TMQS	Rectus femoris strain	5	5	137	79	
TMHB	Biceps femoris strain grade 1 - 2	5	10	93	188	
TMAL	Adductor longus strain	1	2	42	32	
TMHR	Grade 3 hamstring strain	1	1	31	54	
TXXX	Thigh Injuries	2	1	26	17	
TMAX	Adductor strain	2	1	20	10	
TKXX	Thigh Laceration/ Abrasion	1	0	16	0	
TMHS	Semimembranosis/ tendinosis strain (grade 1 - 2)	1	5	16	82	
TMHX	Hamstring strain	2	4	15	101	
THMX	Thigh muscle haematoma	1	0	14	0	
TMXX	Thigh Muscle strain/ Spasm/ Trigger Points	1	1	3	4	
Total		22	28 (33)	413	566 (641)	

Supplementary table 11: Activity at time of injury for thigh injuries ordered by in-season days lost for the 2020 season

TL Inj	ury Count	In-season Days Lost		
2020 2015-2019 Mean		2020	2015-2019 Mean	
6	7	185	203	
2	2	53	55	
4	5	53	103	
5	5	46	67	
1	3	31	56	
1	1	14	4	
1	1	14	5	
1	0	14	0	
1	3	3	41	
22	26 (33)	413	534 (641)	
	2020 6 2 4 5 1 1 1 1 1	6 7 2 2 4 5 5 5 1 3 1 1 1 1 1 0 1 3	2020 2015-2019 Mean 2020 6 7 185 2 2 53 4 5 53 5 5 46 1 3 31 1 1 14 1 1 14 1 3 3 3 3 3	

Supplementary table 12: Orchard code and description for hand time loss injuries ordered by in-season days lost descending for the 2020 season

TL Injury Count In-season Days Lost Orchard 2015-2019 2015-2019 Description 2020 2020 code Mean Mean WKHV Palmar hand laceration/ abrasion 1 20 6 WFPX Fractured thumb 18 22 WJWX Wrist sprain/ jarring (radiocarpal joint) 0 13 0 Wrist and Hand Soft Tissue Bruising/ Haematoma WHXX 6 Little finger extensor tendon rupture WTED 0 6 0 WJPM Thumb MCP joint sprain (incl radial and ulnar collat ligs) 0 4 3 WKXX Wrist and Hand Laceration/ Abrasion 0 68 38 (780) Total 3 (36)

Supplementary table 13: Orchard code and description for lumbar spine time loss injuries ordered by in-season days lost descending for the 2020 season

TL Injury Count In-season Days Lost Orchard 2015-2019 2015-2019 Description 2020 2020 code Mean Mean LGXX Lumbar Spine Facet Joint Pain/ Stiffness 2 50 4 95 LCXX Lumbar Disc Injury 2 2 89 25 LXXX **Lumbar Spine Injuries** 2 3 25 31 Lumbar Spine muscle and Tendon Strain/ Spasm/ Trigger LMXX 3 4 13 94 LSRX Lumbar spine stress reaction 150 2 6 16 (33) Total 10 119 458 (1376)