Short report

The sliding stop: a technique of fielding in cricket with a potential for serious knee injury

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Abstract

The sliding stop method of fielding in cricket is gaining popularity in schools and club cricket through its frequent exposure on television. The case history is reported of a cricketer who suffered a torn medial meniscus in his knee, a rare cricketing injury, while performing this technique incorrectly in a club game. The correct method of performing the technique is described in coaching manuals but is not commonly instructed at club or school level. The sliding stop should be discouraged in school and for club cricketers unless appropriately coached.

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The development of the one day game in first class cricket, and its increasing competitiveness, has brought a number of modifications in technique and style to the sport. In particular, fielding has become more athletic and is developing as a discipline to rival batting and bowling in spectator interest.

One particular method of fielding that has evolved in recent years is the sliding stop, whereby the fielder intercepts the ball by sliding at speed on his hip and knee and then stands and throws the ball, all in one swift and smooth manoeuvre. It may be debated whether this method is quicker than other traditional techniques of retrieval, but certainly it appears more athletic and youthful. The sliding stop is frequently used by Test and first class cricketers, and television has exposed this technique to younger players.

Injuries suffered during the course of fielding are largely related to hand and finger trauma from attempts to catch cricket balls and direct impacts to any part of the body, resulting from collision with the ground, other players, and other significant obstacles.¹ Acute meniscal injuries to the knee suffered in fielding or indeed any other aspect of cricket are rare, however. This may be because it is indeed unusual or because sporadic cases do not excite enough interest to warrant reporting. However, an extensive review of cricketing injuries in first league, provincial, and schoolboy cricketers in South Africa^{2,3} did not reveal a single instance of a meniscal injury.

We describe the case history of an athletic young skilled cricketer who tore his medial meniscus while performing a sliding stop incorrectly during a club match. We report this case to emphasise that there is a correct way of fielding in this manner, described in official coaching manuals, and that failure to follow exact instruction can result in serious injury to the knee.

Case history

A 17 year old right handed man, a fit and experienced club and schools cricketer, injured his left knee while performing a sliding stop during the course of a competitive cricket match. While fielding a cricket ball, he slid on his left buttock with his left knee flexed and his right leg extended out in front of him. He retrieved the ball in his right hand and then stood up with his weight on his left knee, and, in the process of extending his knee actively, he pivoted on it to throw the ball. He immediately experienced severe pain on the medial aspect of his left knee.

Within a few weeks, he sought orthopaedic advice because the knee pain failed to improve. Clinical examination disclosed a swollen knee with a joint effusion and medial joint line tenderness. Plain radiographs of the knee were normal. A clinical diagnosis of a torn medial meniscus was made. At knee arthroscopy under a general anaesthetic, a typical bucket handle tear of the medial meniscus was found. The anterior cruciate ligament was uninjured and the collateral knee ligaments appeared quite stable. The extent of the tear was such that it was not considered suitable for repair and consequently a partial medial meniscectomy was performed arthroscopically as a day case procedure. An excellent clinical recovery resulted and he was able to return to full sporting activity within two months of the operation.

Correct technique for performing the sliding stop

This technique is recommended by the English Cricketing Board for coaching at levels two and three.^{4,5} For right handed throwers, the fielder chases the ball with it slightly to his left hand side (fig 1A). When in range, he slides feet first with the right leg extended and the left leg flexed at the knee to 90° under the right leg forming a figure of 4 (fig 1B). The fielder slides on his left buttock and hip area, and the left hand is used to

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Figure 1 The correct technique for performing a sliding stop in cricket.

steady and balance (fig 1C). As the ball is picked up in the right hand, the right foot engages the ground (fig 1D), and the momentum of the slide combined with a push from the left hand brings the fielder upright (fig 1E) and then into a position to throw the ball (fig 1F). For left handed throwers the right/left instructions are reversed.

Discussion

The sliding stop is an athletic and attractive way of fielding that is now commonly seen on television practised by first class cricketers and

often mimicked by school and club players. The spectacle of the technique may outweigh its functional value in most levels of cricket, although in first class games, split seconds saved in fielding may be crucial to the outcome of the match.

In performing the sliding stop, our cricketer failed to engage his right foot with the ground to allow his momentum to bring him upright, nor did he make sufficient use of his left arm to push himself up. Consequently the active extension of the left knee with the weight heavily on the left leg and the rotational force used

to pivot on the left knee resulted in the meniscal tear. The coached technique for the sliding stop allows the momentum of the slide to be the active force initiating the fielder to stand up when he engages his right foot, consequently the left knee extends passively with little chance of any subsequent injury.

The English Cricket Board coaching manual to level two and three, which is targeted at experienced school and club players and above, includes instructions on how the sliding stop should be performed. Although it does form part of the coaching manual, it is unlikely that the technique is widely coached for very reasonable and practical reasons. Indeed our cricketer had received extensive and appropriate coaching for the various other disciplines and techniques in cricket, but not the sliding stop.

While fully accepting that we are reporting a single injury, we consider that the sliding stop,

which may be of questionable tactical benefit, should either be discouraged in schools and club cricket or appropriately coached in order to avoid unnecessary injury.

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Take home message

The sliding stop should be discouraged as a means of fielding in cricket unless appropriately coached.