

## INJURY OF THE MONTH: SHIN SPLINTS

When I hear the lay term “shin splints”, I picture a boy scout version of a splinted lower leg, thick cut maple branches protruding from the ace bandage. In fact, shin splints refers to pain felt near the tibia, the prominent bone in the front of the lower leg. It is most often an inflammation or tendinitis of the muscles on either side of the tibia. Tibialis anterior is the muscle just to the outside of the tibia and responsible for flexing your foot up. Tibialis posterior lies behind the tibia and also to the inside of the front of the lower leg. Its action is to point the foot down. Both muscles act to invert the foot, the movement a healthy foot makes inward after the heel lands on the way to toe-off. Periostitis, inflammation of the tissue surrounding the bone, can also be involved when a person complains of shin splints. Periostitis in this location comprises up to 18 per cent of running injuries, affecting more women than men according to John C. Richmond and Edward J. Shahady. If left untreated, periostitis can progress to a stress fracture. So, listen up!

Those most likely to encounter shin splints are new runners or those who are increasing their mileage or running fast on hard surfaces. Beware, spring and the return to long runs, track and racing is the time for shin splints! Causes include too much too fast for your level of training, running on hard or uneven surfaces, ill-supported pronation (flat feet), tight calves, worn out or improper footwear.

Pay attention to the symptoms. At first there is an ache in the morning and shortly into your run, decreasing as you warm up. Then the ache returns further into your run and continues after you've stopped. You'll feel it more as you begin to swing your leg forward during your stride. You may feel it anywhere along the front and sides of the tibia, particularly 2/3 of the way up on the outside by the bone, 1/3 of the way up on the inside by the bone, or just behind the bony prominence (medial malleolus) at the inside ankle. If you feel pain while pushing directly on the bone, your doctor may prescribe a bone scan to check for a stress fracture. As you ignore the symptoms, the pain will decrease less as you warm up and continue through more of your daily activities. Running uphill is particularly painful.

What to do? This isn't a good pain to “run through”. Rest and ice and build up the strength in those tibialis muscles. Flex and point the foot of the affected leg (often it is both legs) for a minute, rest for a minute, repeat a few times. When you can do this pain-free, try a short run on a flat forgiving surface. If there is no pain, try it again in 2 days. Return to your regular running slowly and with great patience. If you have flat feet, you may need orthotics to prevent the return of symptoms. Deep friction massage done by your massage therapist or physical therapist will eliminate the adhesions in the muscle tissue and bring blood to the area to encourage healing. Your massage therapist will also treat those tight calf muscles and compensating muscles in the low back, gluteals and hamstrings. Your physical therapist will determine muscle imbalances and prescribe exercises and stretches. Your sports physician may test for stress fractures and prescribe orthotics.

Pay attention to your aches and pains. A few days off when you first notice symptoms can spare you months of pool jogging while you read about Marathon 101's adventures.

Stay on the roads.

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My training as a therapeutic massage therapist includes ongoing study in anatomy and physiology, pathology and clinical practice.

Please send me feedback on this series. Do you want more info than I offered? Do you want more case history? Less? Do you have an injury you're curious about? Let me know at [BobbiVT2PA@aol.com](mailto:BobbiVT2PA@aol.com)