

Shin Splints: What to do about this real pain in the leg?

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Shin splints are a common problem in the active adult and pediatric population. Medical terminology calls this condition *medial tibial stress syndrome*. With this condition there is irritation of the connective tissue and muscle attachments along the front of the shin. Particularly there is irritation of the anterior tibialis and/or posterior tibialis muscle origination.

Causes and contributing factors to this condition are: sudden increases in activity, performing the same activity without cross training, having limited ankle mobility, low OR high arches and lack of supportive shoe wear

Shin splints might be characterized by tenderness along the shin bone that increases with activity but decreases almost immediately after stopping the activity. If ignored a shin splint can potentially progress to a stress reaction or fracture.

Physical therapists are able to assess your functional movement patterns, assess restrictions in joint mobility, strength test and determine weak musculature which may be contributing to your pain and clinical presentation.

Slowly increasing activity, wearing supportive shoes, and seeking foot posture assessment as well as functional mobility screening can decrease your chances of shin splint development.

Here are a few stretches and self mobilizations which may also help.

- 1. Gastrocnemius stretching:** Place the leg that you want to stretch behind you with your toes facing forward and slightly in. Shift your weight to your front leg and try to keep your back knee straight and your heel down. Hold 30 seconds, repeat 3 times



- 2. Soleus stretching:** Place the leg that you want to stretch behind you with your toes facing forward and slightly in. slightly BEND the back leg. Shift your weight to your front leg and try to keep your back knee straight and your heel down. Hold 30 seconds, repeat 3 times



3. Eccentric heel raises: Hold the back of a chair or counter for stability. Stand on one foot and go onto tip toes on that side. Transfer your weight onto the opposite leg on tip toes so that you are standing on just that side, slowly lower your heel to the ground. Repeat for 10 repetitions, 3 sets.



4. Squatting: Bend your hips and knees as if you are sitting back into a chair. Aim to keep heels on ground and even weight bearing on each leg. Repeat 10 repetitions, 3 sets



5. Dorsiflexion mobilization: Place the ankle you would like to mobilization on a step, Do not step up the step, but rather shift your weight forward so that your knee tracks over your foot. Go as far as you are able without letting your heel rise from the step. Repeat 20 repetitions.



Remember! Connect Physical Therapy LLC is always here to answer questions!