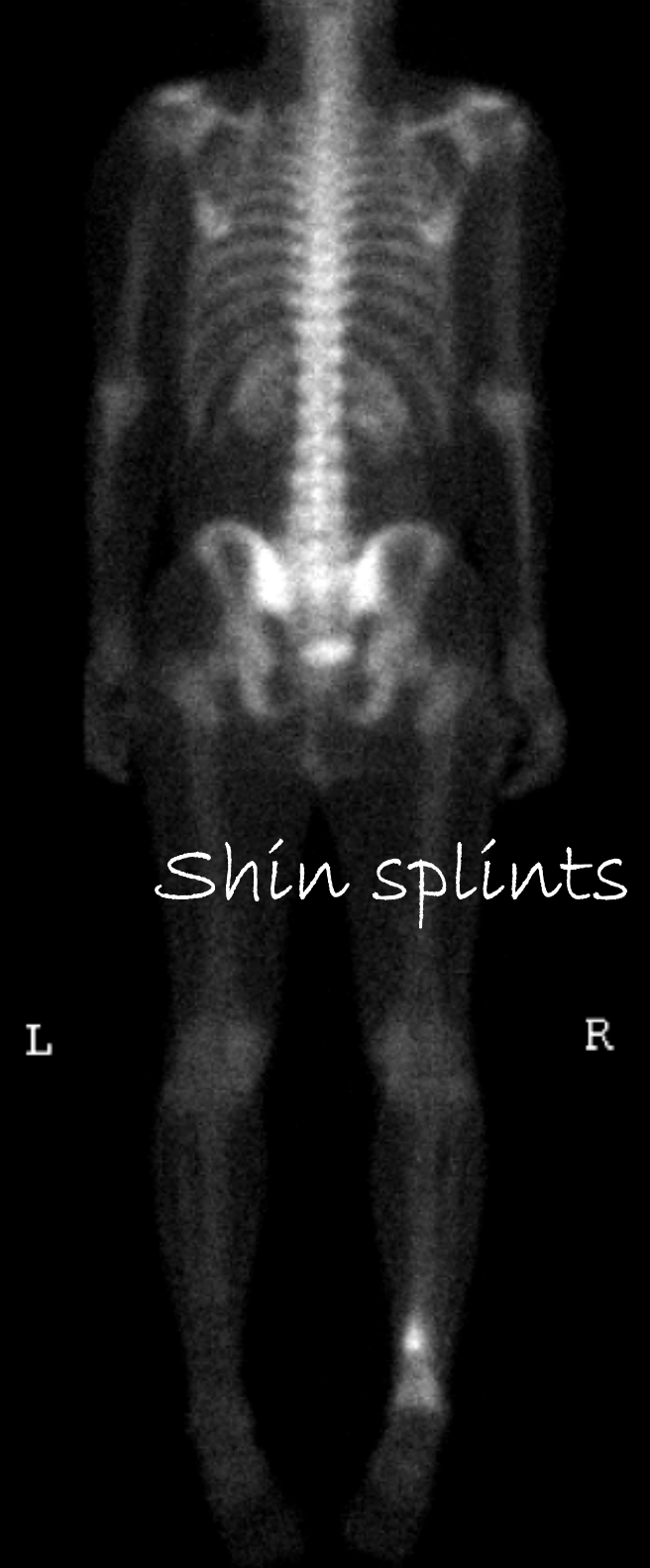


If someone says you have shin splints the next question to ask is what is causing it. Shin splints is not a diagnosis it is a symptom. The radiograph below is of a successfully healed tibial stress fracture.



If you have any other questions please do not hesitate to ask your Orthopaedic and Trauma surgeon.



Further copies of this brochure can be found at:

www.JohnHardy.co.uk

Phone 0044 (0)117 3171793

Fax 0044 (0)117 973 8678

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SHIN SPLINTS

INTRODUCTION

Shinsplints is an umbrella term and not a real diagnosis. It is used as a catchall for overuse injury to any of the structures of the leg.

Effective management of this condition depends on an accurate diagnosis and targeted treatment. Without this the consequences can be dire. This is why many good physiotherapists and sports medicine consultants will refer you to an Orthopaedic and Trauma surgeon promptly.

WHAT CAUSES IT?

Stress fracture of the bones of the leg and ankle: This is where cyclic overloading of the bones cause them to break. This is often a minor undisplaced break of the bones.

Compartment syndrome: This is where overuse of the muscles has caused them to become too large for the fascial compartment that contains them.

Medial tibial stress syndrome (Periosteal syndrome): This is where there has been over stimulation of the lining cells of the bone down the shin.

Peroneal tunnel syndrome: Entrapment of the peroneal nerve on the outside of the calf

Muscle herniation: In this condition muscle is trapped by a defect in the tissue surrounding it.

Radicular and Pseudoradicular pain syndrome: Degenerative disease of the spine is a common

cause of leg pain. Disc degeneration leads to disk herniation segmental instability facet joint arthritis and narrowing of the spinal root canal

Intramuscular lipomata: this is a benign fatty lump that causes local pressure within a muscle compartment. It is rare.

HOW DO I KNOW IF I HAVE SHIN SPLINTS?

The Orthopaedic and Trauma surgeon you see will often hear that your intention was to increase your training, usually to prepare for an event. There was a history of initial success for several weeks, until you felt pain in the leg. Depending on the cause this pain began with training, during training or after training. At first the symptoms recovered quickly. However, later the pain returned sooner and lasted longer. You will be asked the characteristics of your pain. You will have a general history taken and then your surgeon will examine both your leg and test the nerves from your spine.

Your surgeon may recommend a number of investigations like an X-ray, MRI scan, bone scan or nerve conduction studies depending on the clinical findings.

CAN IT BE PREVENTED?

It is possible to moderate your training to prevent injury when setting goals. A good trainer, coach and sports physiotherapist will be able to assess where you are in your fitness and set achievable goals that do not lead to overuse.



AM I GOING TO GET BETTER?

The outlook is good in nearly all cases. However, the tissues that are injured have a slow turnover rate. Most tissues like bone and tendon take on average 24 months to turn over. The symptoms do not take this long to resolve but you should be patient and realistic about the goals you wish to achieve during this time. Recovery also depends on the cause of the shin splints.

WHAT ABOUT TREATMENT?

Shin splints is treated depending on the cause. Often failure of the treatment should call into question the cause of the symptoms. For most conditions the treatment is conservative at first (no surgery) and will be to manage the pain and stiffness and encourage early healing and remodelling of the injured tissues. Rarely some conditions need surgery to help them resolve.

WHAT ELSE SHOULD I KNOW?

You might be offered a number of interventions if you have persisting pain and seek alternative therapy. In summary, successful management of shin splints depends on a diagnosis.

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