

SportsWise Physiotherapy

DECEMBER 2013

NEWSLETTER

CONTACT US

Thomsons Lake

4/850 North Lake Road,
Cockburn Central,
WA 6164

TEL : 9417 2777
FAX : 9417 2888

OPENING HOURS :
Monday to Thursday
7AM - 7PM
Friday
7AM - 6PM
Saturday
8AM - 12PM

South Street

Suite 12,
73 Calley Drive,
Leeming,
WA 6148

TEL : 9313 7433
FAX : 9313 7533

OPENING HOURS :
Monday to Thursday
7AM - 7PM
Friday
7AM - 6PM
Saturday
8AM - 12PM

Willetton

Willetton Basketball Stadium,
Burrendah Boulevard,
Willetton,
WA 6155

TEL : 9312 1188
FAX : 9312 1199

OPENING HOURS :
Monday, Wednesday
2PM - 7PM
Tuesday
3PM - 7PM
Friday
12PM - 3PM

OUR PHYSIOTHERAPISTS

Craig Allen
Hadyn Sleeman
Bronwyn Smith
Lennon Correia
Andrew Dunnell
Wern Jiunn Chin
Chloe Itzstein
Jamie Athanassiou



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'SportsWise Physiotherapy'

Medial Tibial Stress Syndrome (MTSS)

INTRODUCTION

- Commonly known as "shin splints", it is an overuse injury of the shin area in the lower extremity.

- It most commonly affects runners, but can also occur in other ballistic sports, such as football, basketball, soccer, and dancing.

SIGNS & SYMPTOMS

- Vague, diffuse, dull ache and tenderness along the distal half of the tibia (shin bone) associated with exertion.

- In the early diagnosis, individuals may experience pain at the beginning of exercise, which gradually subsides during training and within minutes of cessation of exercise. As the injury progresses however, pain may be present throughout the whole training, with less activity and may continue at rest.

- Neurovascular symptoms are usually absent.

CONTRIBUTING FACTORS

- Recent changes in training regimens such as running distance, intensity, pace, terrain, footwear.

- Biomechanical abnormalities such as genu valgus (knock knees), leg-length discrepancy, excessive pronation of the foot (flat foot).

- Poor running technique.

- Muscle imbalance such as weakness of the calf and hip muscles.

- Muscle inflexibility such as tightness of the calf, hamstring and quadriceps muscles.



Knock Knees



Flat Foot

DIAGNOSIS

Thorough subjective & objective assessments are usually sufficient to make the diagnosis. However, further imaging may be required to rule out stress fractures or other pathology if individuals fail to improve with conservative management.

DIFFERENTIAL DIAGNOSIS

- Tibial stress fracture.

- Acute or chronic compartment syndrome, which should be considered especially when there is sensory or motor loss in association with exertional lower leg pain.

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CONSERVATIVE TREATMENTS

Acute

- Relative rest and cessation of sports temporarily depending on the severity of the symptoms.
- Ice can be applied to the shin area after exercise for approximately 15 – 20 minutes.
- Modalities such as ultrasound and/or electrical stimulation.
- Soft tissue mobilisation.

Subacute

- Modify training routine.
- Reduce frequency, distance, intensity.
- Avoid running on hills and uneven or very firm surfaces.
- Use cross-training exercises and other low-impact exercises such as pool running, swimming, riding a stationary bicycle.
- Gradual return to sport with pain-free activity.
- Stretching, strengthening and proprioceptive exercises.
- Appropriate footwear +/- orthotics.

PROGNOSIS

The vast majority of individuals with MTSS have significant improvement, if not complete resolution, of their symptoms with conservative management.

The above is intended as a guide only. If you recently suffer from shin pain and would like to see a physiotherapist, please contact us at any of our three practices.