

DOES YOUR LOWER LEG PAIN MEAN YOU HAVE SHIN SPLINTS?

By Peter H. Edwards, Jr., M.D.

“Shin splints” is a commonly used term that most soccer players apply to any pain between the knee and the ankle. Making this assumption is problematic as other causes of leg pain are often not recognized and treated. “Shin splints” is one of five conditions that commonly cause non-injury related leg pain. Other causes include stress fracture, nerve entrapment, tendonitis and exertional compartment syndrome. Treatment for each condition is different, ranging from rest to surgery. Thus, identifying the true cause of the pain is very important.

What is Shin Splints?

In the medical world, “shin splints” is a specific condition characterized by pain in the lower 1/3 of the leg on the inside of the large bone called the tibia. Pain in this location is worse after activity and feels better with rest. It is often less painful after “warm up,” but worsens towards the end of training or at its conclusion. It may become severe enough that the pain is constant. “Shin splints” always causes tenderness over the edge of the tibia six inches above the inside ankle bone (medial malleolus).

Treatment

Treatment starts by making the correct diagnosis. This involves an x-ray to make sure a stress fracture hasn’t occurred. Then, treatment involves rest, ice and sometimes anti-inflammatory medicine and shoe inserts (orthotics). Often soccer players can train through “shin splints,” which is allowed because there is no risk of damage or permanent injury. Nonetheless, “shin splints” often become so painful that they require training changes. For example, soccer players may need to fitness train in running shoes instead of cleats, skip some training, or even rest completely and immobilize the leg.

In conclusion, not all shin pain is “shin splints,” and a correct diagnosis is essential. Though not preventable, “shin splints” is treatable, and soccer players can safely continue training with this condition. Remember, if pain persists for more than two weeks, seek an evaluation from a sports specialist.

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