FITNESS & EXERCISE

Shin Splints Hurt. Running Through Them Can Hurt More

Here is how to stop, settle the pain and make a more considered return without pretending every sore shin is harmless.

Step 1: Stop the session and take the pressure off

You are halfway through a run when the familiar ache arrives along your shin. It may feel tempting to finish the route, protect the week's plan and deal with the pain later. Don't. If exercise hurts, the first useful move is to stop; continuing can cause more harm.

"Shin splints" commonly refers to medial tibial stress syndrome (MTSS), an overuse injury seen in runners. In a 2021 systematic review, MTSS accounted for about 9% of both new and existing running-related musculoskeletal injuries. The review also placed the lower leg among runners' most frequently injured areas, although methodological problems limited the precision of its estimates.

That does not make every painful shin MTSS. The lower leg contains bones, muscles, blood vessels and other connective tissue, and repetitive impact can be associated with several injuries. Stress fractures, for example, largely affect weight-bearing bones in the lower body and are common in activities involving repeated running or jumping.

This is where self-management has a boundary. Severe pain, pain after a sudden injury or concern that you may have a fracture calls for assessment by a health care provider rather than another experimental run. Most acute fractures require prompt medical attention. If you are unsure what you have, ask a clinician instead of using "shin splints" as reassurance.

For now, stopping takes no specialist equipment. It takes permission to leave the session unfinished. That can be the hardest part, particularly when the pain has developed gradually rather than arriving with one dramatic moment. But an interrupted run is not a failed run. It is a response to an injury signal.

Step 2: Settle the area with ice and support

Once you have stopped, the usual starting point for many sports injuries is Rest, Ice, Compression, and Elevation (RICE). These measures are used to relieve pain, reduce swelling

and support healing. You need an ice pack, a compression wrap and pillows or another comfortable support for raising the leg.

RICE is a first response, not proof of what is wrong. Rest means taking pressure off the painful activity. Ice is applied to the injured area, compression provides support, and elevation raises it. The available sources do not supply a shin-splint-specific timetable, so there is no honest reason to invent one here.

Other care for sports injuries can include pain relief, keeping the area from moving, rehabilitation and, in some cases, surgery. What is appropriate depends on the injury. A severe problem may need a cast, splint or brace, while rehabilitation may include exercise and other therapy before you resume the activity that caused it.

The evidence specifically supporting treatments for MTSS is much less decisive than the tidy lists online can suggest. A 2020 review found that arch-support foot orthoses and shockwave therapy may reduce pain. But the included studies had biases and poor methodological quality, and the authors said more research was needed to confirm the results.

That uncertainty matters. An arch-support foot orthosis may alter contact time and foot-pressure distribution, according to the review, but it is not a guaranteed fix. If pain persists, a clinician can help establish whether you are dealing with MTSS, a stress fracture or another lower-leg problem before you spend money or return to impact exercise.

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Step 3: Look for the load that changed

Shin pain often appears in the context of repetition. Chronic sports injuries generally develop gradually when one area is repeatedly overloaded, unlike acute injuries that happen suddenly after a fall, blow or twist. Your useful question is not simply how to silence the pain, but what demand preceded it.

Recognised sports-injury risk factors include training too often or for too long, increasing activity intensity too quickly, using incorrect technique and doing the same sport throughout the year. Running or jumping on hard surfaces, wearing shoes without enough support, poor flexibility and a previous injury can also raise risk.

The 2020 MTSS review found several possible intrinsic risk factors among novice and recreational runners, including greater frontal-plane pelvic tilt, peak internal rotation of the hip, navicular drop and foot pronation. These findings describe associations in the research. They are not an invitation to diagnose your gait in the hallway or decide that the shape of your foot has doomed you to injury.

This is also why a single purchase cannot solve every case. Supportive footwear may address one recognised risk factor, and arch supports may help some measures and pain, but neither corrects an abrupt change in training load. Nor can an ice pack make an overloaded leg ready for another hard session.

If your pain has settled enough for you and a clinician to consider rehabilitation, strength work may form part of the bigger plan. A 2018 meta-analysis of six randomised trials involving 7,738 participants found that strength-training interventions reduced acute and overuse sports injuries overall. The evidence was rated high, but it was not a shin-splint treatment trial, so it cannot promise recovery from your current pain.

Step 4: Check your supportive shoes before returning

The return is where good intentions can unravel. Pain eases, the missed sessions become irritating, and yesterday's full route suddenly looks reasonable again. Yet rehabilitation is generally recommended before resuming the sport or activity that caused a sports injury, and increasing intensity too quickly is itself a recognised risk factor.

There is no source-supported return schedule here, because the evidence provided does not establish one. Your injury type, severity and recovery matter. If pain remains, recurs promptly with activity or leaves you uncertain about whether the problem is truly MTSS, take that question to a health care provider rather than trying to outrun it.

When you do return, the goal is not to prove toughness. It is to avoid immediately recreating the same repetitive overload. Review whether your activity had recently become harder, longer or more frequent, whether you were repeatedly running on a hard surface, and whether your shoes still offered enough support.

Strength training has encouraging evidence for reducing sports injuries broadly, while neuromuscular and plyometric exercise have also reduced injury rates in reviews of basketball, handball and volleyball players. Those findings support thoughtful conditioning, not a universal shin-splint programme. A rehabilitation professional can help choose exercise appropriate to the injury instead of borrowing a plan designed for another sport.

On Monday, pick up the shoes you use for running or jumping and check whether they provide adequate support. Then make your next decision based on the leg, not the calendar: keep resting if it hurts, or ask a clinician what rehabilitation should come before your return. The equipment is ordinary-supportive shoes-but the useful change is refusing to treat recurring pain as part of training.

Where this comes from

- Sports Injuries

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/sportsinjuries.html
- Leg Injuries and Disorders

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