

Shin Pain – The Role of the Massage Therapist

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With the warmer weather (yeah right!) and the extended daylight hours, runners are hitting the roads to train for an event or just increase fitness levels. The increased mileage may lead to shin pain in some runners. A visit to a Massage Therapist may help. It is important for the Massage Therapist to assess a client thoroughly before formulating a treatment plan.

When taking a client's history the therapist should include a description of the following: the pain; the onset; the pattern and its progression; the factors that improve or worsen the condition; and any previous treatment received.

Active and passive movements of the ankle are used to assess range of motion, muscle length, strength and coordination. Resisted tests are used to confirm and elaborate on findings from active and passive Range Of Motion tests.

Palpation of the superficial and deep compartments and the anteriolateral compartments (calf, shin and side of lower leg) may reveal swelling, localized pain and/or increased temperature. If a stress fracture or acute periostitis (inflammation) is suspected, the therapist should refer the client for a medical diagnosis immediately.

Anterior lateral (AL) shin pain is usually attributed to overuse of the dorsiflexor muscles, (muscles at the front of the leg), while medial tibial stress syndrome (MTSS) affects primarily tibialis posterior (muscle at the back of the leg). Friction applications will often help reduce fibrous adhesions that may have developed. (muscle fibres stuck together). Massage applications that are performed in conjunction with active and passive movements are also likely to be of benefit. Massaging the posterior calf first will ensure that "the injured area is flooded with circulation to prepare for direct manipulation" (3). Also, if the antagonists (opposite muscles) are tight they may predispose the athlete to anterior compartment syndrome (swelling of the muscles in the fascial sheath). "Sustained myofascial tension techniques (stretching of the fascia that surrounds the muscle) combined with passive and active plantarflexion (pointing the foot down) are effective in restoring fascial flexibility"(1) in the case of mild chronic anterior and posterior compartment syndromes". Trigger point work, ice application, and stretching techniques should be incorporated into the treatment plan. "Instructions on self massage techniques should be given as a few minutes of deep friction twice a day can achieve quicker results with less pain than a long intensive session once a week."(2)

The above techniques will help alleviate shin pain and may prevent further complications. However, the cause may be from postural imbalances resulting from poor biomechanics or structural problems. While the therapist can help rebalance the pelvis through soft tissue techniques, the client should also be referred to a Podiatrist for assessment.

REFERENCES

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2. Cash, M (1996). Sports & Remedial Massage Therapy. Great Britain. Butler and Tanner Ltd.
3. Wine, Zhenya Kurashova, (2000) Running Injuries, Massage and Body Work August/September 2000.