



KILOMETERKLUB

YOUR FRONTAL SHIN PAIN GUIDE FROM LIESEL

What I want you to do first at home

If this were my runner in week one, I would keep the plan simple: calm the irritation, remove the biggest trigger, and start rebuilding capacity instead of waiting passively for a miracle.

- Reduce irritants, especially repeated uphill and fast braking-type loads
- Strengthen tibialis anterior and the rest of the lower leg progressively
- Check whether technique or footwear change preceded onset
- Differentiate carefully from bone stress and compartment syndromes
- Use the 24-hour response as your guide: if the next day is notably worse, the load was too high.
- Keep doing the strength work even once the pain settles.

What I would do in clinic

In clinic, I would first make sure the diagnosis fits the pattern and that we are not missing a more serious problem. Then I would identify the biggest load driver, test the weak links, calm the angry tissue down enough to let you move, and build a plan you can actually follow in real life. I would also use your running history, current schedule, shoes, terrain and gym habits to find the pattern that keeps this injury alive.

Strength & rehab prescription

The exercise plan should feel purposeful, not random. I usually break rehab into phases so the runner knows what matters now and what can wait.

- Early phase: resisted dorsiflexion, tibialis raises, calf work, ankle mobility
- Strength phase: heavier dorsiflexion loading, step work, calf endurance, hopping later
- Return phase: flat easy running, then gradual hill reintroduction

Cross-training that usually works

Usually worth trying: Cycling, Pool running, Gym strength work.

Usually better to avoid early on: Big uphill blocks, Forcing through front-shin pain that is becoming focal, Sudden shoe experiments during rehab.

Your best option is the one that lets you keep fitness without making tomorrow worse.

Road back to running

Returning to running is not the same thing as returning to full training. I want the tissue to tolerate easy impact first, then volume, then the spicy stuff.

1. Confirm it is tendon and not bone or compartment pathology
2. Restore lower-leg strength and symptom-free walking
3. Return with short flat runs
4. Progress hills carefully
5. Morning stiffness matters. If it is climbing, you are probably progressing too fast.

When I want you to get help

If the pain is focal, associated with pressure or numbness, or not clearly improving, seek review to exclude more serious causes. Red flags I would take seriously include: Focal bone pain suggestive of stress injury; Tight cramping pain with numbness or pressure symptoms suggestive of compartment syndrome; Marked weakness in dorsiflexion.

If you are still not coming right, book a consultation with me through our website at

www.kilometerklub.com