KILOMETERKLUB

YOUR SHIN STRESS FRACTURE REHAB 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.

- Stop impact loading early enough to allow bone healing
- Escalate for imaging and medical review when indicated
- Address the whole picture: energy availability, recovery, strength, and training errors
- Use a graded return-to-running plan only once objective milestones are met
- Do not test it every few days just because it feels a little calmer.
- Prioritise sleep, energy intake and recovery as seriously as the rehab plan.

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. For this one, I would be much stricter: confirm severity, reduce impact properly, and address fueling, sleep and training history, not just the sore bone.

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: pain-free strength work, core, hip, calf work, and non-impact conditioning
- Mid phase: progressive loading, calf strength, single-leg control, walking tolerance
- Late phase: graded hops, then structured walk-run progressions, then controlled volume build

Cross-training that usually works

Usually worth trying: Deep-water running, Swimming, Cycling if pain-free, Rowing only if symptom-free and appropriate, Gym strength work without impact.

Usually better to avoid early on: Running through pain, Jump rope or plyometrics early, Making up for missed mileage with double days, Ignoring nutrition and recovery factors.

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. No running until bone symptoms settle and walking is pain-free
2. Rebuild strength, especially calf, hip, and single-leg control
3. Pass hop/impact and functional criteria
4. Start a conservative run-walk progression and increase only if the bone stays quiet
5. Do not rush from pain-free walking to normal mileage. Bones need time to trust impact again.

When I want you to get help

This injury needs early professional assessment. Seek medical review urgently for focal tibial pain, night pain, or pain with walking. Red flags I would take seriously include: Point bone tenderness; Night pain or pain at rest; Pain with normal walking; Progressively worsening symptoms despite reduced training.

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

www.kilometerklub.com