



**Carlo A. Messina, D.P.M.**  
Foot and Ankle Surgeon, Podiatrist

- Diplomate: American Board of Foot and Ankle Surgery
- Fellow: American College of Foot and Ankle Surgeons
- Board Certified Foot and Ankle Surgeon
- Board Certified: American Board of Foot and Ankle Surgery
- Specializing in Sports Medicine, Lower Extremity Trauma
- Specializing in Deformities in Children and Adults
- Specializing in Complex Ankle Ligament Injuries



**Michael M. Cohen, D.P.M.**  
Foot and Ankle Surgeon, Podiatrist

- Diplomate: American Board of Foot and Ankle Surgery
- Fellow: American College of Foot and Ankle Surgeons
- Board Certified Foot and Ankle Surgeon
- Board Certified: American Board of Foot and Ankle Surgery
- Board Certified: American Board of Podiatric Medicine
- Specializing in Lower Extremity Injuries and Deformities in Children and Adults
- Specializing in Complex Limb Salvage; Foot, Ankle and Leg Fracture Surgery
- Specializing in Total Ankle Replacements and Running Injuries



**John D. Goodner, D.P.M.**  
Foot and Ankle Surgeon, Podiatrist

- Diplomate: American Board of Foot and Ankle Surgery
- Fellow: American College of Foot and Ankle Surgeons
- Board Certified Foot and Ankle Surgeon
- Specializing in Sports Medicine, Foot and Ankle Arthroscopy
- Specializing in Lower Extremity Injuries and Deformities in Children and Adults
- Specializing in Adult and Pediatric Reconstructive Foot, Ankle and Leg Surgery
- Specializing in Adult and Pediatric Lower Extremity Trauma



**Warren Windram, D.P.M.**  
Foot and Ankle Surgeon, Podiatrist

- Diplomate: American Board of Foot and Ankle Surgery
- Fellow: American College of Foot and Ankle Surgeons
- Board Certified Foot and Ankle Surgeon
- Specializing in Foot and Ankle Arthroscopy
- Specializing in Total Ankle Replacement
- Specializing in Lower Extremity Injuries and Deformities in Children and Adults

# INSURANCE

**MOST INSURANCES, PPO's AND MEDICARE ACCEPTED**  
*Preferred Providers Below*

## ADULT

Aetna (HMO, PPO, POS, EPO)  
Avmed (HMO, PPO)  
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Medicare  
Memorial (HMO, PPO)  
Miccosukee  
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Preferred Choice  
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Seminole Tribe  
Tricare  
United Health Care (HMO, PPO, POS)

## PEDIATRIC

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Molina  
Staywell  
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## WORKERS' COMPENSATION

AIG  
Corvel  
ESIS  
FCCI  
Gallagher Bassett  
Hartford Ins - Specialty Risk  
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Marriot  
Publix Works Comp  
Sedgwick  
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US Department of Labor  
Zenith Ins. Co.  
Zurich American

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Same day appointments  
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Early morning appointments  
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Letters of Protection, (LOP's)  
Se habla Espanol

## LOCATIONS

### WESTON

1600 Town Center Blvd. • 954-389-5900

### PEMBROKE PINES

17842 NW 2nd St. • 954-430-9901

### PLANTATION

220 S.W. 84th Avenue, Suite 102 • 954-720-1530

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# SHIN SPLINTS



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# Foot, Ankle & Leg Specialists of South Florida

# SHIN SPLINTS

By: Robert H. Sheinberg, D.P.M., D.A.B.P.S., F.A.C.F.A.S.

Pain in the front or on the inside of the shinbone is one of the most commonly seen problems in our sports medicine practice. The muscles in the leg pull on the bone causing inflammation and soreness to the bone-muscle junction. Shin splints may occur on the front or inside of the leg. The pain may progress to a point where stress fractures (small cracks in the bone) may occur.

## CAUSES:

- Pain in the front of the shin is usually caused by tight calf muscles and weak shin muscles.
- Pain on the inside of the leg is most common in sprinters and people who may be flatfooted or pronated (feet and ankles roll in). It is made worse by weakness to the muscle group on the inside of the leg, which may limit a person's ability to participate in sports. It is also commonly associated with tight calf muscles.
- Walking barefooted or running in very flat or worn out shoes may cause or aggravate the condition.
- Running on the beach
- An abrupt alteration in a person's training regimen may also precipitate shin splints (i.e. speed training).
- Seen at early part of training season.

## SIGNS & SYMPTOMS:

- Pain is diffuse in the shin (over a one to four inch area) in the lower, middle or upper leg.
- Swelling is usually not seen in early stages. If swelling does occur, shin splints may have progressed to a STRESS FRACTURE.
- Pain is usually present early on in the activity, the pain may lessen and then return during the latter part of the activity. Athletes can generally run through the pain. If it has progressed to a stress fracture, they cannot.

- Pain in the muscle, most commonly felt in the front or side of the leg during the run can be indicative of CHRONIC EXERTIONAL COMPARTMENT SYNDROME. This may be associated with numbness and foot drop or slap. An athlete will not be able to run through this.

## TREATMENT:

- An evaluation by one of our foot, ankle and leg specialists is necessary to look for problems that may predispose a person to these injuries.
- It is most important to identify the cause of the injury so that the appropriate treatment can be rendered. It is critical to rule out STRESS FRACTURES or COMPARTMENT SYNDROME
- A physical therapy program emphasizing stretching and strengthening is necessary.
- Oral anti-inflammatories such as aleve, ibuprofen, motrin or advil may help. Occasional oral corticosteroids may be needed.
- Rest and ice will also help to diminish the pain during the acute process.
- Shoe or sneakers with a heel lift
- Shin splint sleeves help to keep the muscle warm and compress the muscle against the bone, lessening the pain.
- Orthotics which are custom molded to the patient's foot may be indispensable in the treatment of shin splints and the prevention of their recurrence.
- Shockwave Therapy
- Platelet Rich Plasma (PRP) Injections
- If not improving, immobilization may be necessary in a cast or boot.
- Surgery for people who fail to respond to conservative care may be needed although rarely necessary.

**Prognosis** is usually excellent when we identify the cause of the injury and address any predisposing factors. The earlier it is evaluated, the better the end result.

