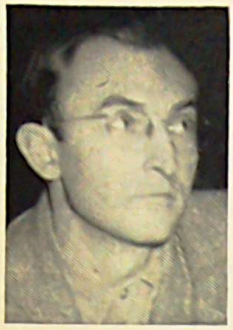
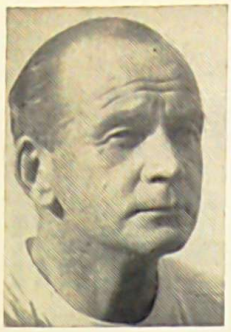


Dick Wargo
Head Trainer
U of Connecticut



Frank (Doc) Kavanagh
Head Trainer
Cornell University

Duke Wyre
Head Trainer
U of Maryland

E. J. Colville
Head Trainer
Miami U. (Ohio)

Joe Glander
Head Trainer
U of Oklahoma

THE NATIONAL ATHLETIC

Chuck Cramer
Executive Secretary

EDITOR'S NOTE: These two articles on Shin Splints from two top trainers give you a pretty good idea how you can handle this affair with your own club. Fellows like these two team trainers that know what they are doing. They convey this information to you hoping that in some small way you will benefit from their experience. These trainers are not bothered with shin splints and they show you why.

A NEW APPROACH TO "SHIN SPLINTS", ITS CAUSE AND TREATMENT

By DON GILL, Head Trainer, University of Southern California

For many years, trainers, doctors and athletes have tried to explain the cause and treatment of "shin splints". However, only recently has the treatment (herein described) complimented the causitive agent with significant results to warrant merit and consideration. It must be understood that this new and different approach should not be considered final in the search for the basic contributing factor of "shin splints".

Definition:

"Shin splints", as we refer to the term, is initially an irritation or inflammatory condition to the periosteum of the lower third of the internal medial angle of the tibia.

Tertiary: the posterior tibialis tendon becomes inflamed, irritated and pseudo-tenosynovitis occurs.

Secondary: it affects the interosseous membrane symptomatically.

Anatomical Location:

The lower third of the internal angle of the tibia is the dominate location where chief complaint, pain, occurs. Rarely, does the athlete complain of symptoms above or lateral to lower third.

Pre-Disposing Cause:

Careful consideration of the ligamentous and musculature units of the foot must be observed. Functionally and anatomically we follow the path and distribution of shock absorbed by the foot and its transmission to the leg. The sequence of units involved, is the foot as a whole, and specifically the posterior tibialis tendon, distally.

Following the course of the posterior tibialis, it must be noted that its origin is located where only true "shin splints" occurs — internal medial angle of tibia. With faulty musculature of the foot arch, shock transmission to the tibia is too sudden, thereby causing a jar and jerk resulting in inflammation, irritation and pain.

Contributing Cause:

Flat feet, ill fitting shoes, hard surface workout areas, etc. Pronated ankles and flat feet are high in incidence.

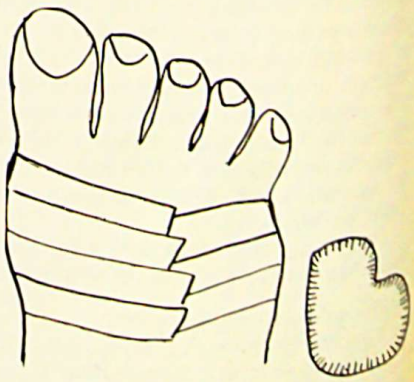
Treatment:

Position: Foot is extended beyond table edge and in normal relaxed position.

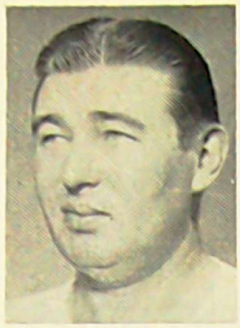
Tape Used: 1" or 1½" wide.

Application: Beginning at superior lateral (top and side) side of foot, bring tape around base of toes across ball of foot and overlap at beginning. Continue with overlap of additional strips of tape up the foot to navicular prominence. It is most important that this tape be applied lightly and without any tightening.

EDITOR'S NOTE: Don Gill attended Santa Barbara State College before the war. Returned as head trainer for four years. Was with the University of Florida before taking the head trainer's job at Southern California. An ace trainer that knows what he is doing.



Wm. Dayton
Head Trainer
Texas A & M



Fred A. Peterson
Head Trainer
U of Wyoming

Henry F. Schmidt
Head Trainer
U of Santa Clara

W. J. Luchsinger
Head Trainer
Miss. State Col.

Hugh Burns
Head Trainer
Notre Dame

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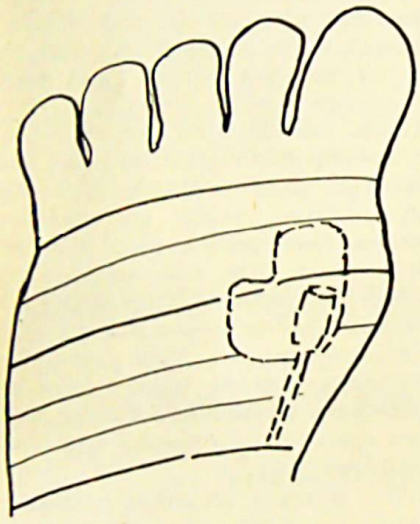
Sub-Acute & Chronic Cases:

A felt pad (2" square with ¼" corner cut out) applied to distal end of first metatarsus brings occasional relief



where all other efforts fail. Skive (bevel) edges and apply as illustrated, using tape as directed.

Significance of Taping:

Application of tape as described apparently causes a more firm foundation of the ligamentous and musculature structure of the foot. This allows transmission of shock to be distributed in proper sequence.

Case Histories:

Case No. 1

Male, white, age 23, 165 pound medium build athlete, senior at University of Florida. Football player, sprinter and broad jumper.

During track season (1950) athlete complained of severe pain in right leg (take off leg in broad jump) and moderate pain in left leg. Site of pain internal medial angle of tibia. Examination revealed mild pronated ankles.

Whirlpool, massage, gastrocnemius taping, etc., brought little response. Upon taping the foot as indicated pain subsided and athlete returned to workout without further complaint remainder of season.

Case No. 2.

Male, white, age 22, 210 pound heavy built basketball player. Senior at University of Southern California. During whole collegiate career this player was constantly harassed with "shin splints". Examination revealed mild-moderate depressed longitudinal arch.

Most accepted "shin splint" treatment used without favorable results. Taping the foot as described permitted player to resume full practice in two days without pain or discomfort thereafter.

Conclusion:

Two years of treatment to athletes in two geographical sections of the U. S. has given the author satisfactory results. Whether the cause is as isolated or more complex than described, the treatment indicated brings good results. No other treatment is necessary as that application of tape apparently removes the cause; pain subsides and comfort restored.

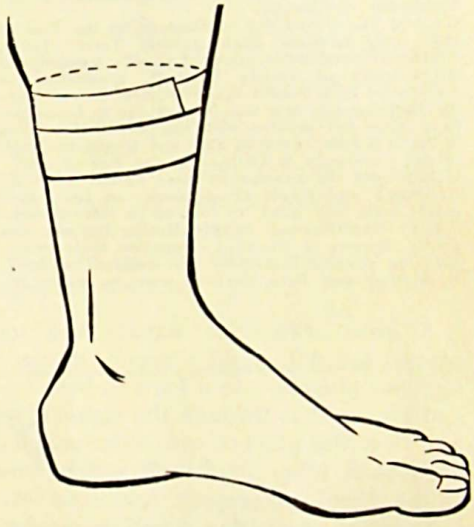
TAPING SHIN SPLINTS

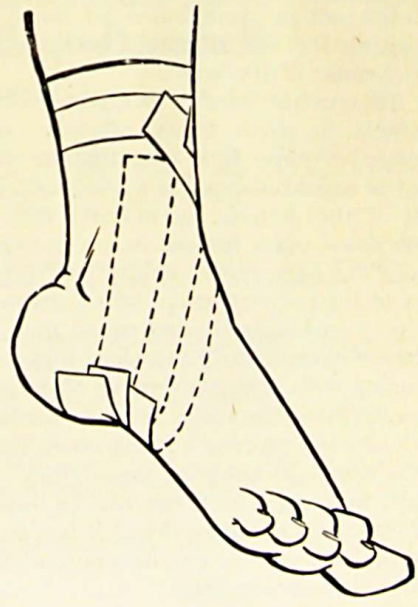
By J. H. JOHNSON, Head Trainer, Oklahoma A&M College

EDITOR'S NOTE: J. H. Johnson, head trainer of athletic teams for Oklahoma A & M College. Here is a trainer that has been in the business for many years. A quiet fellow that knows how to handle boys and to keep them in top shape. Athletic Director "Hank" Iba knows that Johnson is "tops" and we kinda like that fellow, too.

With basketball season about to start the coach wants to know what can be done with players shin splints.

What are shin splints? There are about four different answers, each may be correct and all may be wrong, but we are primarily interested in what to do about them.





We have found that by taping the arch we can eliminate the soreness.

See JOHNSON page 22