

MTSS (TIBIAL FASCIITIS) TREATMENT PROGRAM (per Bouché)

PHASE 1- ACUTE PHASE

Decrease acute pain & inflammation:

- *absolute rest- NWB with crutches or "roller aid"
- *relative rest- SLW boot or walker
- *"ICE" (ice; compression; elevation)
- *NSAIDS- (oral & topical)

PHASE 2- REHABILITATION PHASE

Further decrease pain & inflammation:

- *phonophoresis/iontophoresis
- *contrast baths
- *continue medications?

Decrease scar formation:

- *transverse friction/deep tissue massage (ultrasound pre-treatment)
- *augmented soft tissue mobilization (ASTM)

Maintain/increase flexibility of injured & surrounding tissue:

- *active > passive joint range of motion
- *stretching exercises
- *night splint

Strengthen fascial/bone interface:

- *open-to-closed chain exercises (isometric > isotonic > isokinetic)

Myofascial release

Core strengthening

PHASE 3- FUNCTIONAL PHASE

Functionally strengthen fascial/bone interface and surrounding tissue):

- *progress to heavy-load eccentric exercise program
- *plyometric training (mini-trampoline >controlled "hopping"> "vertical jumps" > jump rope)
- *balance disk exercise (proprioception)

Protect injured area during functional activity:

- *shin taping
- *neoprene shin sleeve
- *foot orthoses
- *appropriate shoes

Consider Pre-Running Options (Aqx, Alter G)

PHASE 4- RETURN TO ACTIVITY

Return to desired sport activity:

- *graduated return-to-running program (running rehab program per Moen*)

Initiate preventive strategies:

- *shoes/orthoses
- *functional exercises (heavy-load eccentrics, plyometrics, pilates, etc.)
- *review training program

RESISTANT CASES- oral steroids, steroid injections, other injection techniques, ESWT, gait retraining (is barefoot running an option?), alternative treatments, surgery, eliminate offending activity

*Moen MH, Bongers T, Bakker EWP, et al.: The additional value of a pneumatic leg brace in the treatment of recruits with medial tibial stress syndrome; a randomized study. JR Army Med Corps 156(4): 36-240, 2010

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