

Runner Assessment Report

Example Athlete | Scarborough Chiro Clinic
Triathlon and Half Marathon Preparation

Scarborough Chiro Clinic | Tim White | MAT Running Course Framework

Your Quick Snapshot

Goal	Current load	Sleep	Injury risk
Sub-6hr 70.3 Upcoming half marathon	10 km/week + Strength training 5x	7-8 hrs/night Excellent	Moderate (manageable)

What Is Going On

You are presenting with tightness and soreness along the front of your shins during running, sometimes severe enough to stop you - but it eases when you walk and you can resume after about a kilometre. You have also noticed some tingling or pins-and-needles in your foot when the tightness is at its worst.

The most likely explanation

Your running system has not fully caught up with the demands you have placed on it. You previously pushed up to 30-40km/week, which is a significant jump from your baseline - and your body flagged it. The good news: this is very fixable with the right approach.

The tingling you are experiencing is worth taking seriously. It can be a sign that the muscles in the front of your shin are swelling during exercise and pressing on nerves - a condition called Chronic Exertional Compartment Syndrome (CEACS). It is not dangerous at this stage, but it tells us your current running style and load management need attention before you ramp back up.

What You Have Got Going For You

You have a strong foundation to build from. Here are the standout positives from your assessment:

Great sleep: 7-8 hours per night puts you ahead of most recreational runners. Poor sleep is one of the biggest injury risk factors, and you are nailing it.

Strong strength training base: 5-6 strength sessions per week has built excellent general fitness and cardiovascular capacity. You will adapt to run training faster than someone starting from scratch.

Solid calf endurance: Both legs passed the calf raise test - a key indicator for shin and Achilles health at your current running volume.

Balanced knee strength: Your quads and hamstrings are well-matched left-to-right, which is protective for your knees as load increases.

Self-aware and motivated: You are already tracking recovery, aware of your nutrition gaps, and willing to do the work. That matters more than most people realise.

Your Test Results

Here is what we tested and what it means for you. Do not be alarmed by anything in the Needs work column - these are exactly the things we will target in your program.

Strength and Mobility

Test	Your Result	Target	Status	What It Means
Ankle Flexibility (R)	43 deg / 43 deg	>40 deg	Borderline	Right side is at the lower limit - contributes to shin loading
Ankle Flexibility (L)	47 deg bent / 40 deg str	>40 deg	Borderline	Left gastroc is tight - different from right side pattern
Ankle Inversion Strength	R: 28 kg / L: 32 kg	Similar R/L	Borderline	Right side is 11% weaker - affects foot control on landing
Ankle DF Strength	R: 34 kg / L: 31 kg	>26 kg	Good	Both sides strong - protective for your shins
1st Toe Flexion	R: 22 kg / L: 18 kg	>19 kg	Borderline	Left foot push-off is less efficient - more load through shin
Knee Extension (Quads)	R: 37 kg / L: 36 kg	>38 kg	Borderline	Slightly below target - quads carry big load during running
Knee Flexion (Hamstrings)	R: 30 kg / L: 29 kg	>26 kg	Good	Good hamstring strength bilaterally
Hip Abduction	R: 22 kg / L: 21 kg	>15 kg	Good	Solid hip control - protects against knee and pelvis issues
Hip Adduction	R: 24 kg / L: 28 kg	Similar R/L	Borderline	Left is 20% stronger than right - imbalance to address
Hip Flexion	R: 31 kg / L: 28 kg	>26 kg	Good	Adequate strength, though right > left - monitor
Calf Endurance (reps)	R: 27 / L: 30	37+ reps	Borderline	Meets minimum - needs to improve before big volume increases

Mobility

Test	Your Result	Target	Status	What It Means
Hip Flexor Tightness	Reduced both sides	Full range	Needs work	Worst on left - limits your stride length and causes anterior pelvic tilt
Hamstring Flexibility	Reduced both sides	~65 deg avg	Needs work	Worse on left - works against hip flexor tightness to shorten stride
Hip Internal Rotation	Reduced on right	35-45 deg	Borderline	May be causing your right foot to turn out when running

Why These Findings Matter For Your Running

A few of these findings connect directly to your shin symptoms. Here is the simple version:

The problem chain

Tight hip flexors + tight hamstrings

down

Pelvis tips forward, stride shortens

down

Foot lands too far in front of you

down

Shin muscles work overtime every step

The solution chain

Stretch hips + hamstrings daily

down

Pelvis levels out, stride opens up

down

Quicker, lighter steps (170+ spm)

down

Shins get to relax and recover

One Thing That Might Surprise You: Nutrition

Your diet is excellent in many ways - high protein, whole foods, disciplined. But for endurance training, there is one gap worth addressing: carbohydrates.

Your current carb intake is too low for triathlon training

Your current split (20% carbs) gives you roughly 580 calories from carbohydrate per day. For running and triathlon training, the research recommends 4-6 times your body weight in grams of carbs per day. For you, that is roughly 300-450g/day - about double what you are currently eating.

This is not about eating junk food. It is about giving your body the fuel it needs to:

- Recover from training sessions
- Repair tissues and prevent injury
- Sustain effort in longer runs and races - you cannot run a half marathon on fat alone

Practical starting point: add carbohydrates around your runs specifically. A banana or slice of toast before, and a rice cake or piece of fruit after. You can keep the rest of your diet the same while you experiment with this.

Your Running Form (Preliminary)

Your gait analysis will be completed once you submit the treadmill video. Based on your assessment findings, here is what we expect to see - and what to watch for:

What we are looking for	Why it matters
Step rate (cadence)	Most people take 155-162 steps/min. Increasing to 170+ is the single most effective change for reducing shin load.
How your foot lands	Landing with your foot too far in front creates a braking force your shins absorb. Lighter, quicker steps fix this.
How your hips move	Given your hip flexor tightness, you may be running in the backseat. We will look for this on video.
Foot angle	Right hip restriction may be causing your right foot to point outward. This twists the shin with every step.

Your Exercise Program

This program is designed to run alongside your normal training. Do these exercises 5-6 days per week. They should take 20-25 minutes. Think of this as the maintenance work that makes your running training actually stick.

How to progress

Start all exercises at the lower end of the rep/time range. If something feels easy after a week, move up. If something aggravates your shins or causes sharp pain, skip it and flag it at your next appointment.

Phase 1 - Foundation (Weeks 1-4)

Priority: Restore mobility, prepare your tissues, stay symptom-free.

1	Calf Stretch - Bent Knee (Soleus) 3 x 45 sec each side Technique: Lean into a wall, back knee slightly bent and close to ground. You should feel the stretch low in the calf. Why: <i>Your right ankle is at the lower limit of normal. This stretch targets the deep soleus muscle most relevant to your shin issue.</i>
2	Hip Flexor Stretch - 90/90 Kneeling 3 x 60 sec each side, left priority Technique: Kneeling lunge position. Gently tuck your tailbone under before leaning forward - this is the key to getting the stretch in the right place. Why: <i>Both hip flexors are tight, left worse than right. This directly affects how your pelvis sits when running.</i>
3	Active Hamstring Stretch (Lying) 3 x 10 reps each side, left priority Technique: Lying on back, lift one leg keeping knee straight. Hold 2 seconds at the top. Keep the other leg flat on the ground. Why: <i>Hamstring tightness is prominent on your left side. Active technique improves both flexibility and the way your nervous system controls the muscle.</i>
4	Short Foot Exercise 3 x 20 sec hold each side, left priority Technique: Sitting or standing. Pull the ball of your foot toward your heel without curling your toes. All 5 toes stay on the ground. Arch lifts slightly. Why: <i>Your left foot has lower intrinsic muscle strength, contributing to less efficient push-off and more load through the shin.</i>
5	Slow Single Leg Calf Raise 3 x 15 reps each side Technique: Full range - rise as high as you can, lower over 3 seconds. Do these barefoot if possible. Why: <i>Your calf endurance meets the minimum but needs to grow before you increase running volume. Slow tempo builds both strength and control.</i>
6	Heel Walk 3 x 20 metres Technique: Walk on your heels only - toes lifted off the ground. Keep a slight bend in the knees. This will feel awkward at first. Why: <i>Directly strengthens the tibialis anterior - the muscle running along the front of your shin. One of the most targeted exercises for your presentation.</i>

Phase 2 - Build (Weeks 5-8)

Priority: Build strength, introduce running-specific loading, work on cadence.

1**Single Leg Calf Raise - Volume Build 3 x 20-25 reps each side**

Technique: Now at a natural pace. Focus on maximum height at the top and full lowering. No bouncing.

Why: *Progressing toward the 37-rep age-group target. Do not increase your running volume until you hit this consistently.*

2**Single Leg Romanian Deadlift 3 x 10 each side**

Technique: Standing, hinge at the hip with a flat back - not a squat. Feel the pull through your hamstring and glute. Use a wall for balance if needed.

Why: *Targets hamstring flexibility and strength simultaneously. Also trains pelvic control - directly relevant to your running mechanics.*

3**Side-Lying Hip Abduction with Band 3 x 15 each side**

Technique: Loop band around ankles. Lie on side. Lift top leg slowly - do not roll your hip back. Lower over 3 seconds.

Why: *Hip abduction is at the lower end of normal. Building reserve here protects your pelvis and knees as running volume increases toward your race.*

4**Leg Press - Progressing to Single Leg 3 x 12 bilateral, then 3 x 8 single leg by Week 8**

Technique: Full range of motion. Do not lock the knee out at the top. Consistent tempo.

Why: *Your quad strength is slightly below target. Compound loading like this addresses it more efficiently than isolated exercises.*

5**Metronome Cadence Runs 2 x 10 min within your easy runs at 170 steps/min**

Technique: Use a free metronome app. Take shorter, lighter steps - do not try to go faster. It will feel strange at first. That is normal.

Why: *This is the single highest-value gait change for your shin symptoms. Every extra step per minute reduces your injury risk measurably.*

Phase 3 - Performance (Weeks 9-12)

Priority: Race-specific power and endurance, sustained running volume.

1

Weighted Single Leg Calf Raise 3 x 15-20 reps with 10-15kg added (backpack or dumbbell)

Technique: Maintain all the technique from phase 1. No compromise on range of motion when adding load.

Why: The calf-Achilles system absorbs 6-8x your body weight per step at race pace. You need significant reserve for a half marathon and triathlon run leg.

2

Drop Hops - Quick Ground Contact 3 x 8 each side

Technique: Step off a low step (15-20cm). Land on one foot and immediately spring back up. Think: hot coals. Quick and light.

Why: Trains the elastic spring in your calf-Achilles system - the key to running efficiency at race pace. Also builds the reactive strength you need for longer efforts.

3

Single Leg Hip Thrust 3 x 10 each side

Technique: Upper back on bench, drive through your heel, pause at full hip extension. Do not arch your lower back at the top.

Why: Addresses hip extension strength and range - both of which were limited in your assessment. Most relevant to your push-off power.

4

Nordic Hamstring Curl 3 x 5-8 reps (quality over quantity)

Technique: Kneel with feet anchored. Lower your body as slowly as possible. Use your hands to push back up. Expect to be sore after the first session - that is normal.

Why: The most evidence-based exercise for hamstring injury prevention in runners. Addresses the bilateral hamstring deficit identified in your assessment.

Your Return-to-Run Plan

The goal is to arrive at your race feeling strong - not to cram as much training as possible. Here is the framework:

Phase	When	Running	Goal
1	Weeks 1-2	Hold at 10km/week max. Walk breaks allowed.	Zero shin symptoms for 14 days straight
2	Weeks 3-5	Build to 15-18km/week. Run 3 days. No more than 10% increase per week.	Consistent symptom-free running. Cadence at 168+.
3	Weeks 6-9	Build to 25-30km/week. Introduce one longer run (14-16km).	Long run feeling strong. Shin symptoms absent.
4	Week 10+	Taper 2 weeks before your race. Final long run 16-18km three weeks out.	Arrive at your race healthy and confident.

Stop and contact Tim if any of these occur:
Tingling or numbness outside of running or during other training | Pain that does not ease within 10 minutes of stopping | Pain at rest or at night | A specific tender spot on the bone (not the muscle)

Your Three Biggest Wins Right Now

1 Increase your cadence 170 steps per minute. Use a metronome app on your runs. This one change will reduce your shin load more than anything else.	2 Stretch your hips every day Hip flexors and hamstrings - 5 minutes daily. This unlocks your stride and takes load off your shins.	3 Add carbs around your runs A banana before, something starchy after. Your body needs fuel to repair tissue and prevent injury.
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Next Steps

- 1 Download a metronome app**
Download any free metronome app. Set it to 170bpm for your next run.
- 2 Film your treadmill gait**
Your practitioner will send specific instructions. 5-10 minutes of footage at easy and moderate pace.
- 3 Try carbs around one run this week**
Just one run. See how your energy and recovery feel.
- 4 Book your follow-up**
Aim for 3-4 weeks from now. We will review your symptoms, check your calf raise progress, and incorporate the gait video findings.
- 5 Get that GPS watch**
Essential for monitoring your weekly load accurately before you build volume.

Scarborough Chiro Clinic

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This report is a clinical guide, not a replacement for ongoing assessment.