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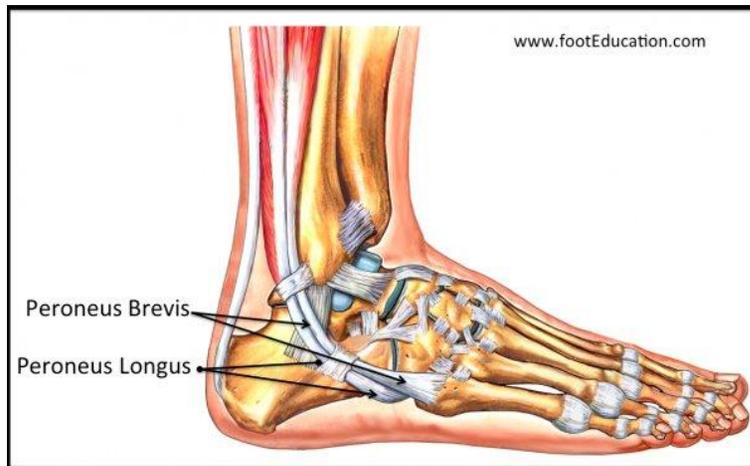
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Peroneal tendinitis

Peroneal tendinitis or tears affect the lateral border of the ankle and foot. Mild cases may be notable only for pain and swelling along the tendon, while more severe cases lead to difficulty with balance and ambulating uneven surfaces.



The peroneal tendons are the major evertors of the foot, which assist with side-to-side motion of the foot. Therefore, when it is weak or injured, balance can become difficult, especially when walking on banked or uneven surfaces.

Risk factors for this condition include overuse, distance running, high arches, cutting sports such as basketball, tennis, or soccer, obesity, diabetes, hypertension, prior trauma or surgery, and inflammatory arthritis.

DIAGNOSIS

The first step in diagnosis is appropriate imaging (weight-bearing x-rays of the foot and ankle) and a thorough physical examination. If there is suspicion for a tear of the peroneal tendons, an MRI will be ordered.

TREATMENT

Immobilization

If the pain is so severe that walking is difficult, a short use of a CAM boot or walking cast to fully immobilize the foot and ankle may be necessary.

Orthotics

Orthotics will work by offloading the lateral ankle through use of lateral post can be helpful over time.

Anti-inflammatories

NSAIDs should be taken around the clock for two to three weeks for anti-inflammatory dosing. Speak to your physician if you have concerns about whether anti-inflammatories are safe for you.

Ice

Only use ice if you have no numbness in your feet. If you have any neuropathy, ice application may not be safe. Set the ice pack on the floor and place a dry washcloth on top. Then, wrap this around the ankle. Ice for up to twenty minutes at a time, and be sure to wait an hour if you are going to repeat the ice application.



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Physical therapy

Physical therapy is not expected to change the shape of the foot or to repair tears. It works to improve strength and balance, and stretch the muscles that tighten over time due to the injury. It can also facilitate a decrease in inflammation. Many people improve significantly with physical therapy and go on to never need surgery.

Surgery

The surgery required for severe peroneal tendinitis or tears requires addressing both the inflammation and damage to the tendon and the high arch when it exists, which requires bony cuts to reshape and reconstruct the arch.

Sometimes the tendon can be debrided of inflamed tissue and repaired, and other times the tendon needs to be removed and another tendon must be borrowed to reattach it.

What NOT To Do

Do NOT immediately get injections or surgery for peroneal tendinitis. Injections should be avoided altogether to prevent rupture of the peroneal tendons, which cannot be repaired once ruptured. Oral steroids are NOT recommended as first-line treatment of plantar fasciitis because of the systemic risks; there are more specific treatment options in most cases.

Seek attention from a specialist if you are concerned that the pain is worsening, or if it is not responsive to these treatments. Other sources of ankle pain should be ruled out.

Summary of Treatment for Peroneal Tendinitis

1. Rest/Immobilization
2. Ice
3. Oral Anti-Inflammatories
4. Orthotics
5. Physical Therapy
6. Surgery

References

“Peroneal tendinosis”

<http://legacy.aofas.org/footcaremd/conditions/ailments-of-the-ankle/Pages/Peroneal-Tendonitis.aspx>

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