

PATIENT
INFORMATION
LEAFLET

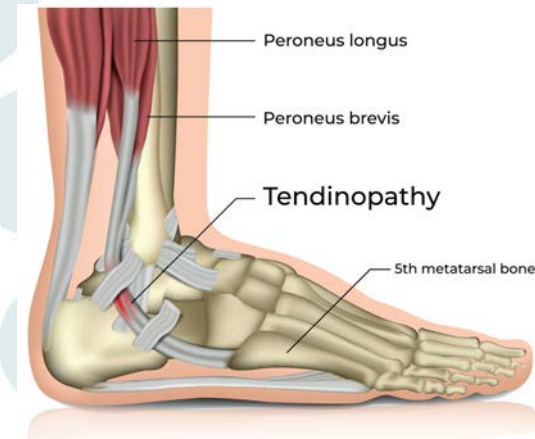
Peroneal Tendinopathy

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Introduction

Tendinopathy is a term that is often used interchangeably with tendinitis or tendonitis. It is a disorder of tendons that causes pain, localised swelling and limits function. It can occur in any tendon in the body and is typically worse with activity and movement.

A tendon or sinew is a tough band of fibrous connective tissue that connects a muscle to a bone. Peroneal Tendinopathy occurs in one or both of the tendons that run round the back of the outside ankle bone. The actions of the peroneus longus and brevis muscles are plantar flexion (points the foot down) and eversion of the foot (turn the foot outward). During weight bearing, the muscles act as stabilisers of the foot and ankle.



What is Peroneal Tendinopathy?

Tendinopathy is a failed healing response of the tendon. Rather than the normal healing taking place to where the tendon is healthy the repaired process fails with disruption of the tendon structure leading to pain and swelling.

Causes of Peroneal Tendinopathy

Our tendons (which attach muscle to bone) undergo various stress and strain during our day to day activities. They adapt and recover from these on a daily basis. When the demand placed on these tendons exceeds their recovering capability they can become painful. We understand that multiple aspects affect the demand as well as the recovery of these tendons. The common ones being age and the demand placed on the tendon. If the demand we place on the tendon is higher than its capacity to recover in the given time, the tendon can become painful.

As we get older the recovery of the tendons slows down too. We also know that a lack of muscle tone, stretching and compression of the tendon can make the pain worse.

Conditions such as - diabetes, hypertension, hypothyroidism, obesity, previous surgery, foot/ankle trauma and steroid use is found in up to 60% of patients with tendinopathy.

Symptoms of Peroneal Tendinopathy

The classic presentation is one of increasing pain at the site of the affected tendon, often with recognition that there has been an increase inactivity. Usually the pain is use/load related.

In very early tendinopathy, pain may be present at the beginning of an activity and then disappear during activity itself, only to reappear when cooling down if the activity is prolonged, or to be more severe on subsequent attempts to be active. The patient is usually capable to localize the pain rather clearly and the pain is described as “severe” or “sharp” during the early stages and sometimes as a “dull ache” once it has been present for some weeks.

Diagnosis of Peroneal Tendinopathy

- Examination includes inspection for muscle atrophy, asymmetry, swelling and possibly redness (erythema).
- Atrophy often is present with chronic conditions and is an important clue to the duration of the tendinopathy.
- Range-of-motion testing often is limited on the symptomatic side.
- Physical examination must include tests that load the tendon to reproduce pain and other loading tests that load alternative structures.

Self management of Peroneal Tendinopathy

Initially managing the demand that is placed on the tendon is important as it helps the tendon to recover, e.g., Limiting running distance, certain exercises as well as daily activity that causes pain. Gradually reintroducing the demand on the tendon and exercises in a graded fashion helps to increase the tendons capacity to deal with the demand.

To further support the theory that movement and activity assist in tendon healing, it has been shown that immobilization of the tendons after injury often has a negative effect on healing.

In chronic tendon injuries, making the tendon work (mechanical loading) has also been shown to stimulate the healing process which promotes repair and remodeling of the tendon structure back to a health state although this can take a long time. Progressive graded exercises that load the tendon at the rate it can tolerate are very important. As tendons do not have a good blood supply they are slow to respond to treatment and make take a number of months to get better.

Exercises for Peroneal Tendinopathy

Exercise 1: Ankle inversion – exercise band



- Start by lying on your back or sitting.
- Cross your unaffected leg over the unaffected leg.
- Place a looped elastic band around both your feet.
- Next, turn your target ankle away from the other foot and pull the band.
- The other foot doesn't move, it just acts as an anchor.

Exercise 2: Single Leg Heel Raise



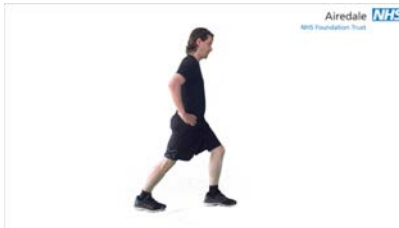
- Put your hand on a wall or other stable surface for balance.
- While standing on one leg, raise up on your toes as you lift your heel off the ground.
- Keep your knee straight.

Exercise 3: Single Leg Balance



- Stand on one leg.
- Hold your balance in this position.
- Perform this next to a table or other sturdy object.

Exercise 4: Calf Stretch



- Stand with your injured leg back
- In a step standing position
- Stretch your leg keeping your knee straight
- Feel the stretch in the back of your calf. Hold for 30 seconds

Exercise 5: Toe Curls with Towel



- Sit on a chair.
- Smooth the towel out and place one foot on it, flat.
- You are going to be moving the towel toward yourself, so have extra fabric in front of your toes.
- Keeping the heel still, pull the towel toward you by scooping it in with your arch and toes. Use both sides of your foot (all five toes) and try to create a deep dome under the arch area.
- You will only get a little bit of the towel to move each time you extend and pull back.

What next?

If you are still experiencing symptoms despite following the above advice, it is important you seek advice from your GP. Your GP may decide to refer you to the musculoskeletal clinic or to a physiotherapist.

- Immobilisation for a short time in extreme cases it help the tendon settle
- Extracorporeal Shockwave therapy
- US guided injection
- Surgery in extreme cases that do not respond to conservative management