

PERONEAL TENDINOPATHY

SUMMARY

Peroneal tendinopathy is a condition in which the tendons that run along the outside part of the ankle, the peroneal longus and brevis, become diseased and degenerative. Though often referred to as “tendonitis”, the condition is truly a “tendinopathy”, the result of degeneration and micro-tearing to the tendon itself.

The peroneal tendons function is to lift the ankle upward and outward. Those maneuvers typically produce pain and reproduce the symptoms of this condition.

The onset of the condition is usually gradual, with symptoms developing over a period of weeks or months. Athletes and workers who perform activities requiring repetitive ankle

motion can irritate, inflame and ultimately damage the peroneal tendons over a period of time. Tight, worn, or poorly fitting footwear can precipitate the condition.

SYMPTOMS

Peroneal tendinopathy is often seen in patients who begin a new sporting activity or a new work activity that requires repetitive ankle flexion and extension. Runners, soccer players, skiers, and other impact athletes are at risk. Individuals with peroneal tendinopathy typically complain of pain along the outside and inferior aspect of the ankle just below the fibula bone. The onset is usually insidious, that is there is no one specific event that triggers the pain. The pain is often times associated with tendon thickening, swelling and in more advanced cases a loss of ankle motion. The condition can be quite limiting and result in a chronically painful gait.

RISK FACTORS

Risk factors are multifactorial and include both intrinsic as well as extrinsic causes. Intrinsic causes are causes that are unique to an individual such as poor biomechanics, limb length deficiencies, limb malalignments, as well as excessively flat feet. Extrinsic causes are usually the result of overuse.

Risk factors also include improper training and/or rapid increases in training load, poor shoe wear that provides inadequate ankle support, as well as ankle malalignment. People who have very high arches and people who have excessively flat feet are both at risk.

DIAGNOSIS

The diagnosis is largely clinical. Individuals with this condition have pain and swelling along the inferior aspect of the fibula. Lifting the

ankle upward and outward often accentuates the pain.

X-rays are generally not needed to diagnose this condition, but are helpful at ruling out other causes. An MRI scan, however, can be an effective test to demonstrate both damage to the tendons such as micro-tearing, as well as inflammatory fluid surrounding the tendon in the tendon sheath.

TRADITIONAL NONOPERATIVE TREATMENT

Traditional nonoperative treatment includes relative rest, activity modification, ice, cross friction massage, physical therapy, modalities, anti-inflammatory medicines and ultrasound. Orthotics and/or immobilization in a walking boot can be particularly helpful.

EXTRACORPORAL SHOCK WAVE THERAPY

ESWT is widely used in Europe and South America to treat peroneal tendinopathy. This procedure is typically performed in the United States for damage to the Achilles tendon, the plantar fascia, as well as other tendons and is becoming a more popular method of treating foot and ankle problems. The procedure itself is safe, noninvasive, effective, and is usually performed in the office setting without any form of anesthesia. The procedure stimulates blood flow and blood vessel formation to the diseased area, which ultimately stimulates regeneration and healing of the damaged tissues.

SURGICAL INTERVENTION

The majority of peroneal tendon injuries can heal without surgery. As is true with most tendinopathies, however, healing generally takes

a long time and unfortunately recurrences are not infrequent.

If an individual fails traditional nonoperative management including a trial of immobilization in a walking boot, as well as shock wave therapy, then surgery may be an option. Surgical options include debridement of damaged tissues, as well as debridement and repair of any split tears that are identified in the tendon with removal of scared and inflamed tissue that surrounds the tendon. On occasion the groove that the tendons resides in located at the back part of the fibula bone must be deepened to allow the tendons more space for healing. If the tendinopathy is quite severe, it may even be necessary to remove part or all of one of the tendons.

Peroneal tendinopathy surgery generally is successful and patients usually do make a full recovery. That said, surgery for peroneal tendinopathy is not a “quick fix”. Patient’s will

often times not be allowed to bear weight for 3-6 weeks and often times require physical therapy after they are able to walk.

To learn more about peroneal tendon tendinopathy, as well as other forms of tendinopathy, see the following web sites:

www.aoss.org;

www.aofas.org;

www.footeducation.com.