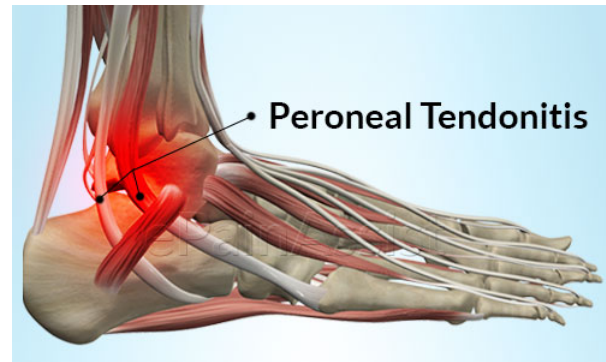


## Peroneal Tendinitis

The peroneal tendons run on the outside of the ankle just behind the bone called the fibula. Tendons connect muscle to bone and allow them to exert their force across the joints that separate bones. Ligaments, on the other hand, connect bone to bone. Tendinitis implies that there is inflammation in the tendon. This usually occurs in the setting of overuse, meaning a patient or athlete does a repetitive activity that irritates the tendon over long periods of time.

### What are the symptoms of peroneal tendinitis?

The history is very important in the setting of peroneal tendinitis. As noted above, these are overuse injuries. People with peroneal tendinitis typically have either tried a new exercise or have markedly increased their activities. Characteristic activities include marathon running or others which require repetitive use of the ankle. Patients will usually present with pain right around the back of the ankle. There is usually no history of a specific injury.



### What causes peroneal tendinitis?

As discussed above, improper training or rapid increases in training and poor footwear can lead to peroneal tendinitis. Also, patients who have a high arched foot may be more susceptible. This is because in those patients, the heel is slightly turned inwards which requires that the peroneal tendons work harder. Their main job is to turn the ankle to the outside, which fights against the varus position. The harder the tendons work, the more likely they are to develop tendinitis.

### What are treatment options?

#### Conservative Treatment

The vast majority of peroneal tendinosis will heal without surgery. This is because it is an overuse injury and can heal with rest. If there is significant pain, a CAM Walker boot for several weeks is a good idea. If there really is no tenderness with walking, an ankle brace might be the next best step. Patients should very much limit how much they are walking or on their feet until they feel better. This usually takes several weeks. For patients who have high arched feet an orthotic that tilts the ankle to the opposite side may help to offload the tendons. It is important to talk to your doctor about changing your training. This includes using new shoes for running or also cross-training, which means alternating activities each day. Physical therapy is also very important. Steroids are best avoided as they can actually damage tendon.

#### Surgical Treatment

Surgical treatment is indicated if the pain does not get better with rest and therapy. If there is a tear, meaning a split that runs along the length of the tendons, one could consider cleaning it out and repairing the tendon. Sometimes, making the groove in the back of the bone of the fibula deeper allows the tendons more space and can help as well. Finally, if the tendon is very bad, one may need to resect the tendon and connect both the longus and brevis together. Only the specific tendon involved should be addressed. Occasionally, both may be involved.

### How long is the recovery?

Recovery can take a considerable amount of time. You must be patient and allow the tendon to heal before going back to activity. If you need surgery, your recovery time may be substantial. You may be instructed not to put your foot down with weight for about six weeks. Your orthopaedic foot and ankle surgeon likely will order physical therapy ensue. The outcome is usually good. However, sometimes it takes time for people to get back to their activity.

### Potential Complications

If the tendinitis is not addressed, tearing of the tendon can occur. Also, weakness of the tendons can lead to an ankle sprain. In the case of surgery, infection can develop.