Peroneal Tendonitis
(also: attritional Peroneal Tendon Tear)

What is Peroneal Tendonitis?

- The peroneal tendons are two tendons (peroneus longus and brevis) located on the outside of the ankle.
- With wear and tear the peroneal tendons can suffer microscopic injury, or even partial tearing.
- Repetitive injury to the tendons is akin to fraying of a rope. The body responds to this microscopic injury with a healing (inflammatory) response that leads to pain and swelling.
- Foot shape and lower leg alignment dictates how much force the peroneal tendons will be subject to with each step. High arched feet will tend to increase the load through the peroneal tendons.
- Wear on the tendons increases with age. As a result, peroneal tendonitis is more common in older individuals
- An increase in activity level (ex. a new walking program) often precipitates the development of peroneal tendinitis
- Certain inflammatory conditions (ex. rheumatoid arthritis) also increase the likelihood of peroneal tendinitis

Physical Findings of Peroneal Tendonitis

- Pain and swelling over the course of the peroneal tendons is the primary symptom (Figure 1)
- A high arched foot shape is common
- Patients may have pain when moving the foot in an outward direction (eversion) against resistance
- Significant tearing of one or both of the peroneal tendons may lead to weakness in everting the foot
- Many patients will have a limp

Figure 1: Location of pain in Peroneal tendonitis

Imaging

- A weight-bearing foot x-ray may demonstrate a higher arched foot pattern but tendonitis cannot be seen on x-ray.
- An MRI will demonstrate fluid and inflammation associated with one or both peroneal tendons. Partial tearing of the tendon is a common finding. However, an MRI is usually NOT needed unless surgery is being contemplated.

Treatment of Peroneal Tendonitis

Non-Operative Treatment of Peroneal Tendonitis: Most patients with symptomatic peroneal tendonitis, even those with some tearing of the tendons, can improve their symptoms considerably with a conservative treatment program. Most treatment programs require 6–12 weeks to optimize the clinical results. Typically, the treatment program can be viewed as having three overlapping phases of treatment, including:

1. Settle acute symptoms. (1-3 weeks)
2. Gradually increased activity level. (4-12 weeks)
3. Maintain symptom control (ongoing)

Elements of Conservative treatment include:

- Relative mobilization: bracing or boot – initially
- Activity modification to include backing off exacerbating activities in the short term.
- Coordinated physical therapy focusing on:
    - soft tissue mobilization,
    - range of motion, and
    - muscle strengthening
- Comfort shoes.
- Ankle bracing
- Orthotics with a recessed metatarsal head to help correct arch deformity
- Anti-inflammatory medication

Surgical Treatment of Peroneal Tendonitis: Patient that continue to be symptomatic in spite of optimal conservative management may benefit from surgery. The type of surgery is dictated by the individual findings but may include:

- Cleaning out (debridement) of the peroneal tendons.
- Repairing or transferring torn tendon(s)
- Correcting the underlying shape of the patient's foot by cutting and repositioning one or more bones of the foot (ex. lateralizing calcaneal Osteotomy) may be necessary in patients with marked foot deformities