

ACUTE TIBIALIS POSTERIOR TENDONITIS (MEDIAL ANKLE PAIN)

PATIENT INFORMATION LEAFLET



Acute tibialis posterior tendonitis is an uncommon condition.¹
Acute means that the pain started recently.

Symptoms:

A Patient with acute tibialis posterior tendonitis presents with

- Pain usually along the inside the ankle (along the course of the Tibialis Posterior tendon - usually just beneath the medial malleolus of the ankle)
- Limp
- Pain/weakness on turning their toes towards the other foot (inversion)
- Inability to rise up on to "tip toes" on the affected side
- Possibly some medial ankle swelling.

The injury usually follows a minor twist, ankle sprain, stepping down from a kerb.

If left untreated the condition can become a long standing condition known as chronic Posterior Tibialis Tendinopathy. This can lead to "Acquired Adult Flat Foot" with potential for debilitating ankle, midfoot and chronic soft tissue problems.

The patient **MUST** be instructed to:

- REST - that is avoid any high impact/long periods of unnecessary standing or walking. (Consider sick leave for those in a manual job or an occupation that involves long periods of walking or standing).
- Wear an Ankle & Foot support – a neoprene ankle support used for ankle sprains is recommended plus an orthotic which gives "postural support" e.g. orthoheel
- Take Non Steroidal Anti-Inflammatory tablets (NSAIDs - but for no more than 10 to 14 days). Aspirin, Ibuprofen and Naproxen are most commonly used. If you cannot take these then paracetamol or co-codamol may be alternatives.
- An ice pack might be expected to increase pain so this is not usually recommended

YOU SHOULD REQUEST A REVIEW WITH YOUR GP IN TWO WEEKS

Satisfactory progress has been made if you are able to:

- Walk without limp
- Invert the foot (point toes towards the other foot) with minor discomfort
- Perform a double heel rise (stand on tip toes) with minimal discomfort around the ankle.

IF YOU CONTINUE TO EXPERIENCE A LIMP, PAIN, SWELLING, DIFFICULTY WALKING, YOU NEED TO BE REFERRED URGENTLY TO SECONDARY CARE STATING SUSPECTED ACUTE TIBIALIS POSTERIOR TENDONITIS. (If necessary show your doctor this leaflet)

Initial management will be immobilization in a long walking boot for 6 to 8 weeks

If symptoms persist beyond this management will consist of:

- Investigation
- Decompression synovectomy

References:

Robert Jones and Agnes Hunt Foot & Ankle Musculoskeletal and Orthopaedic Surgical Team 2014

The Robert Jones and Agnes Hunt 
Orthopaedic Hospital
NHS Foundation Trust