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 paracetomol 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