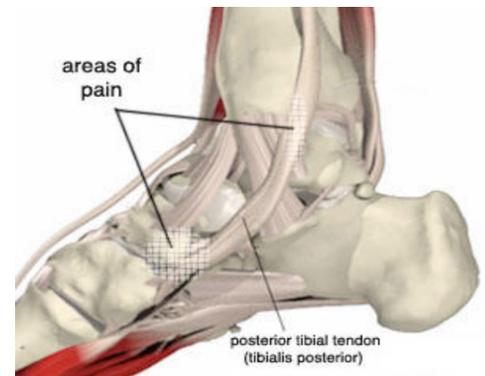


Tibialis posterior tendinopathy

What is a tibialis posterior tendinopathy?

The tibialis posterior tendon starts at a muscle in the calf, runs down the inside of the lower leg and then travels around the ankle before attaching to bones in the arch of the foot. If the tendon becomes injured or damaged, it loses its ability to stabilize and support the arch of the foot. This, in turn, places more stress on other structures involved in maintaining the arch of the foot, such as ligaments, which can also become damaged. Once the tendon becomes inflamed, or torn, the arch will slowly collapse over time resulting in a flat foot.



What causes it?

It is usually an overuse injury though it can be the result of a specific trauma. With excessive, repetitive loading through activities such as running and walking, micro-tears occur within the tendon more quickly than the body can repair them. This results in damage to the tendon which eventually becomes painful, swollen and dysfunctional.

Who is likely to get it?

Anybody can get tibialis posterior tendinopathy, though you are more likely to suffer from it if the arches of your feet are already quite flat. The condition tends to be more common in women and people over the age of 40. People who do a lot of walking or play high-impact sports are also more likely to experience problems. Other risk factors include obesity, diabetes and certain inflammatory conditions.

What are the symptoms of tibialis posterior tendinopathy?

- Initially you may be aware of a discomfort and/or swelling behind the ankle and along the instep.
- The pain may become worse, particularly with increased weight-bearing. High-intensity or high-impact activities, such as running, can be very difficult. Some people can have trouble walking or standing for long periods.
- You may become increasingly aware of your foot becoming flatter through time.

- You may begin to experience pain on the outside of your foot and ankle as the change in foot position places increased stress between the bones in this part of the foot.
- Typically, you may eventually find that, on the affected side, you are unable to stand on one leg and raise your heel.
- Unlike some other conditions, tibialis posterior tendinopathy does not usually resolve on its own but can progressively worsen over time. If it is left too long without adequate treatment, surgery may be the only treatment that can be offered.

How is tibialis posterior tendinopathy diagnosed?

- Your doctor or health professional will take a medical history and ask you questions about your symptoms. They will consider other reasons why you may be getting the pain.
- Your foot and ankle will be examined to determine which structure is injured and whether it is functioning correctly.
- You may have an ultrasound scan of your foot and ankle to assist in the diagnosis and to help determine the extent of the injury. Other investigations such as an x-ray or MRI may sometimes be required.
- Blood tests may be arranged to further investigate other reasons for the symptoms.

What treatments can help?

- **Footwear** – This can play a major role in recovery. Good quality walking boots that offer support both to the arch of the foot and around the ankle are recommended.
- **Foot orthoses** – These can help to reduce the stress that the injured tendon is exposed to. A podiatrist can provide foot orthoses modified to your specific needs.
- **Medication** – Pain relieving medication such as paracetamol, or medication to help reduce inflammation such as Ibuprofen, can be helpful. It is best to consult a pharmacist or your clinician for advice on whether these are suitable for you.
- **Rest** – It is recommended that you avoid excessive standing/walking during recovery. You should stop high impact activities until the condition improves.
- **Ice** – This will help to reduce the pain and swelling. An ice pack, or ice/small frozen vegetables wrapped in a towel is ideal (do not apply ice directly to the skin as this may cause an ice burn). Apply for 10-20 minutes. This can be repeated several times per day, though leave at least 2 hours between applications.
- **Ankle brace** – This may be required if a level of support is required that cannot be gained from footwear and foot orthoses alone.
- **Physical therapy** – Specific exercises to rehabilitate and strengthen the damaged tendon can help you to return to your previous levels of activity. This intervention is recommended once the tendon has healed to a degree that will enable loading of the tendon without risk of further damage
- **Surgical Intervention** – Thankfully most cases of TPT will resolve with treatments explained above. However, should the problem persist, surgery may be indicated. There are a number of different surgical approaches for repairing a damaged tibialis posterior tendon. These range from simply removing damaged tissue from around the tendon, using another tendon or graft to replace the function of the damaged tendon, to reconstructing and fusing the joint of the rearfoot. Most patients will respond well to surgery, though there are no guarantees. There are potential complications from surgery, and recovery can take many months. For this reason, the surgical options are normally only considered if the symptoms have not improved after six months of appropriate non-surgical treatment.

Tibialis posterior strengthening (in sitting)



- Start with your feet flat on the floor then push up onto the tip toes of your right/left foot.
- Repeat this 15 times for 3 sets, once a day.

Tibialis posterior strengthening (in standing)



- In standing, bend your knees and push up onto your tip-toes.
- Repeat this 15 times for 3 sets, once a day.
- This can also be done standing on one leg if the exercise is too easy.

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