

Posterior Tibialis Tendonitis

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Diagnosis:

Tendon Injury

Because we use our feet continuously, tendonitis of the foot is a common problem. The posterior tibialis tendon is a long tendon which runs from the calf behind the inside bump of the ankle (medial malleolus) and attaches to a bone in the inner arch of the foot. The tendon is important in supporting the arch of the foot and helps to lift the heel off the ground when walking.

Symptoms:

Foot and Ankle Pain

Weakness

The stretching or tearing of this tendon can cause pain or lead to collapse of the arch. Problems with the posterior tibial tendon seem to occur in stages. Initially, there is inflammation around the tendon causing pain and swelling. The tendon itself is still intact. Pain is usually experienced at the inside of the arch and the middle part of the ankle. Next, the tendon may begin to weaken and stretch. Many patients continue to have pain. Also, there is a flattening (or collapse) of the arch. Patients may also have difficulty lifting their heel off the ground. As the tendon tries to heal, scar tissue forms and causes the tendon to become thickened. This is called tendonosis. The area of tendonosis is weaker than a normal and as a result there is the possibility of actual rupture (complete tear) of the tendon. Rupture of the tendon leads to an obvious flatfoot deformity.

Tests:

Physical Exam

X-ray

MRI

Your doctor can usually make the diagnosis based on the physical exam. X-rays are helpful to evaluate for other causes of pain, and to determine what kinds of changes have already occurred in the bones of your foot from collapse of the arch. In some cases, an MRI may be useful to determine if the tendon has ruptured.

Treatment:

Inserts

Casts

Medicine

Surgery

Treatment of posterior tibial tendonitis depends on which stage you are in at the time of your diagnosis. Early stages can be treated non-surgically. This involves good arch support with inserts for your shoes. By supporting the arch you take stress off of the tendon. Your doctor may order custom orthotics (inserts) which are made from plaster molds of your foot. These orthotics may provide better support than over the counter inserts. Your doctor may also put you in a cast or a cam walker (sort of like a removable cast) for a few weeks. This also helps take stress off the tendon and allow it to heal. Anti-inflammatory medications such as ibuprofen may be prescribed by your doctor. Some physicians recommend iontophoresis. Iontophoresis uses electric current to increase absorption of a cortisone (steroid) cream through the skin and down to the tendon where the inflammation is occurring. If these treatments fail to resolve your symptoms, surgery may be required.

Surgery:

The type of surgery depends on the stage you are in at the time of your diagnosis. In early stages, your doctor may remove scar tissue from the tendon to reduce pain and minimize the risk of tendon rupture. However, in later stages, or if the tendon has ruptured, reconstructive surgery may be required. This usually involves replacing the tendon with a tendon graft (using a piece of another tendon to replace the damaged one). This is needed to prevent further damage to the foot and allow it to function better and without pain.

Dr. Locke's clinical care team