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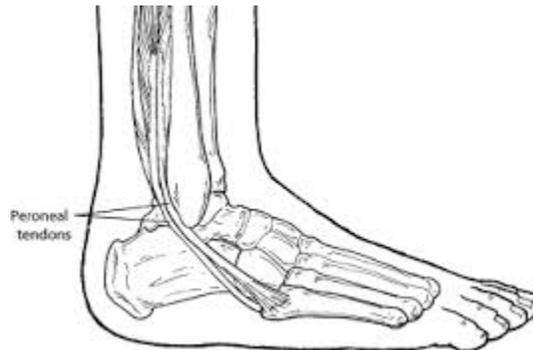
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## Peroneal Tendonitis

Peroneal tendonitis is a common condition that affects the peroneal tendons, a group of strong tendon on the outer aspect of the ankle that are important for walking. The tendonitis can be due to overuse, acute injury, or degeneration with aging. The tendon may be inflamed at its insertion into the bone at the base of the 5<sup>th</sup> toe (metatarsal) which is termed insertional tendonitis, or as it courses around the outer ankle bone (lateral malleolus). Bone spurs can sometimes form at the insertion point.



### Symptoms:

Just as with any type of tendonitis, pain is usually the first symptom. Swelling may develop, and sometimes there is a bulge along the tendon. There may be increased pain with walking or running. A limp may develop. A sudden pop along the outer side, of the ankle may indicate a tendon tear or rupture but this is uncommon.

### Cause:

Peroneal tendonitis is a common overuse injury, caused by increasing one's activity level too much too soon, and not allowing the additional stress on the peroneal tendon to repair itself. Peroneal tendonitis most often occurs as a result



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of aging—degeneration—which is more appropriately termed peroneal *tendinosis*.

## Diagnosis:

A careful history and physical examination will diagnose peroneal tendonitis. Plain x-rays are usually obtained to evaluate the bony anatomy, and to examine for bone spurs and calcifications within the tendon. Ultrasound can be used to assess the integrity of the tendon, and can easily diagnose tears. MRI is sometimes obtained to get a clearer view of the tendon itself.

## Treatment:

Peroneal tendonitis is most often treated initially with rehabilitation. Stretching alone can fix early symptoms. Activity may need to be modified to reduce the strain on the tendon. Local modalities such as ice and heat can be helpful. NSAIDS may help reduce pain and inflammation, as can heel cups. A supervised rehabilitation program is often the next step in treatment. A physical therapist will use not only stretching and strengthening, but additional techniques such as ultrasound, massage, and iontophoresis or phonophoresis to stimulate healing. Painful tendonitis that does not respond to rehabilitation may respond to a brief period of immobilization in a cast or brace, with or without use of crutches.

PRP injection may be the next step in treatment. PRP can be very effective to stimulate healing. Other *biologicals*, such as AmnioFix, may similarly stimulate a healing response. Steroid injections are not typically recommended tendon problems, as they can promote tendon rupture.

Surgery may be indicated for tendonitis that does not respond to non-surgical treatment. Surgery may also be recommended for acute or chronic ruptures, to re-establish the integrity of the tendon. Surgery is typically done in an outpatient surgical setting, and may require prolonged use of crutches and casting or bracing until the tendon heals.