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Posterior Tibial Tendonitis

Posterior tibial tendonitis is a common condition that affects the posterior tibial tendon, a strong tendon on the inner aspect of the ankle that is important for walking. The condition is also called posterior tibial tendon dysfunction or PTTD. The tendonitis can be due to overuse, acute injury, or more commonly degeneration with aging. The tendon may be inflamed at its insertion into a bone along the inner aspect of the midfoot, which is termed insertional tendonitis, or as it courses around the inner ankle bone (medial malleolus).



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 inner side, of the ankle may indicate a tendon tear or rupture but this is uncommon. Tears more commonly occur with degeneration, and occur on a chronic basis, rather than with an acute injury. With more advanced disease, ankle and hindfoot deformities can develop.



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Cause:

Posterior tibial tendonitis most often occurs as a result of aging—degeneration—which is more appropriately termed posterior tibial *tendinosis*. Posterior tibial tendonitis may also occur as an overuse injury, caused by increasing one's activity level too much too soon, and not allowing the additional stress on the tendon to repair itself.

Diagnosis:

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

Treatment:

Posterior tibial tendonitis is most often treated initially with rehabilitation. 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 orthotics. A particular type of orthotic called a UCBL can be very helpful. 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 the body's own healing response. Steroid injections are not typically recommended tendon problems, as they can promote tendon rupture.



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Surgery may be indicated for tendonitis that does not respond to non-surgical treatment. Surgery may also be recommended for complete tears, or for those with bony deformities that can occur with chronic disease. Surgery is typically done in an outpatient surgical setting, and may require prolonged use of crutches and casting or bracing until the tendon heals. Bony reconstruction may be needed for severe disease.