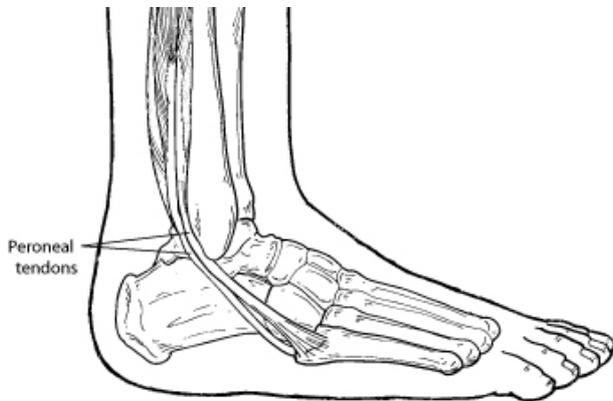




## Peroneal Tendon Instability



The peroneal tendons run behind the lateral (outer) aspect of the ankle and then along the outside of the foot.

There are 2 tendons

- Peroneus brevis which attaches to the base of the 5<sup>th</sup> metatarsal
- Peroneus longus which attaches under the arch of the foot to the 1<sup>st</sup> metatarsal base

The function of the tendons is to help stabilise the foot and ankle.

Peroneal tendon problems are commonly seen in:

- A high arch foot and turned in heel (varus)
- Ankle instability
- Participation in twisting or physical sports

### ***Tendon instability***

This is when one or both of the tendons slip out of their normal position behind the fibula.

This most commonly occurs acutely after trauma.

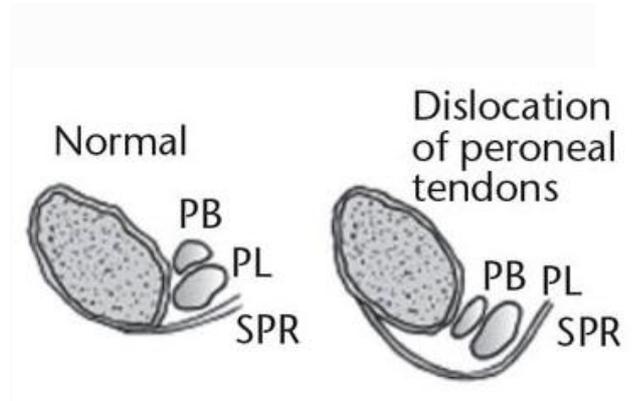
It can present in a delayed fashion as damage to the retinaculum which stabilises the tendons can lead to chronic tendon instability.

This can lead to tearing of the tendons.

There is often associated ankle ligament damage and instability

### ***What are the symptoms?***

- A snapping or flicking feeling of the tendons moving around the distal fibula
- Pain and swelling on outside of ankle
- Feeling of ankle instability or weakness



### ***Diagnosis***

Xrays are useful for assessing for fractures  
USS or MRI are useful for looking at

- Tendon tears or degeneration
- Peroneal retinaculum
- Joint surface
- Ankle ligaments

CT may be required to assess the shape of the distal fibula for pre operative planning

### ***What is the non operative treatment?***

Acute injury

- CAM boot and a period of 6 weeks non weightbearing
- This allows the retinaculum to heal and prevent chronic instability
- Transition into a brace from 6 weeks
- Physiotherapy from 6 weeks
- Returning to sport 3-5 months

Chronic injury

- Trial of physiotherapy
- Taping
- Judicial use of steroid injections

### ***When is surgical treatment considered?***

- Acute dislocation of the tendons which cant be reduced
- Chronic tendon instability with pain and functional impairment
- Tearing of the tendons in association with instability
- Failure of non operative treatment



### ***Surgical considerations***

There are also other factors which may contribute to the need for surgery and the type of the surgery required.

- Bony anatomy of the fibula
- Presence of a tendon tear
- Ankle ligament insufficiency
- Foot shape- varus heel

### ***Surgical procedures***

- Stabilisation of the peroneal tendons
  - Retinaculum repair
  - Fibula groove deepening
- Lateral ligament reconstruction
- Tendon repair
- Osteotomy of the calcaneus
- Osteotomy of the 1<sup>st</sup> metatarsal

Rehabilitation and recovery times are determined by the specific surgery required and will be discussed at your consultation.

### ***What does the rehabilitation involve?***

The rehabilitation depends on the specific surgery that is performed and may vary to the general advice that is outlined below.

- 1 night in hospital.
- 2 weeks in a cast non weightbearing with elevation of the foot
- 4 weeks in a CAM Boot non weightbearing
- At 6 weeks transition into an ankle brace and begin full weightbearing
- Physiotherapy to begin at 4 weeks from surgery with active ankle dorsiflexion and plantarflexion progressing to resistance exercises at 8 weeks from surgery
- By 3 months returning to recreational walking
- Return to sport by 4-6 months
- Swelling resolution by 6- 9 months

### ***What are the risks of the procedure?***

#### *General risks of surgery*

- Infection and wound healing problems
- Nerve injury and scar sensitivity
- Blood clots to the leg
- Anaesthetic problems
- Incomplete resolution of symptoms
- Persistent pain

#### *Specific risks of surgery*

- Ankle stiffness
- Recurrent instability of the tendons
- Weakness of the peroneal tendons

This information is an overview of the management of peroneal tendon instability and is not all inclusive.

If you have any questions regarding this please contact Mr. Curry's rooms on **(03) 9928 6560**.