

# PERONEAL TENDON INJURIES



American College of  
Foot and Ankle Surgeons

## What Are the Peroneal Tendons?

A tendon is a band of tissue that connects a muscle to a bone. In the foot, there are two peroneal tendons. They run side-by-side behind the outer ankle bone. One peroneal tendon attaches to the outer part of the midfoot, while the other tendon runs under the foot and attaches near the inside of the arch. The main function of the peroneal tendons is to stabilize the foot and ankle and protect them from sprains.

## Types of Peroneal Tendon Injuries

Peroneal tendon injuries may be *acute* (occurring suddenly) or *chronic* (developing over a period of time). They most commonly occur in individuals who participate in sports that involve repetitive ankle motion. In addition, people with higher arches are at risk for developing peroneal tendon injuries. Basic types of peroneal tendon injuries are tendonitis, tears, and subluxation.

**Tendonitis** is an inflammation of one or both tendons. The inflammation is caused by activities involving repetitive use of the tendon, overuse of the tendon, or trauma (such as an ankle sprain).

Symptoms of tendonitis include:

- Pain
- Swelling
- Warmth to the touch

**Acute tears** are caused by repetitive activity or trauma. Immediate symptoms of acute tears include:

- Pain
- Swelling
- Weakness or instability of the foot and ankle

As time goes on, these tears may lead to a change in the shape of the foot, in which the arch may become higher.

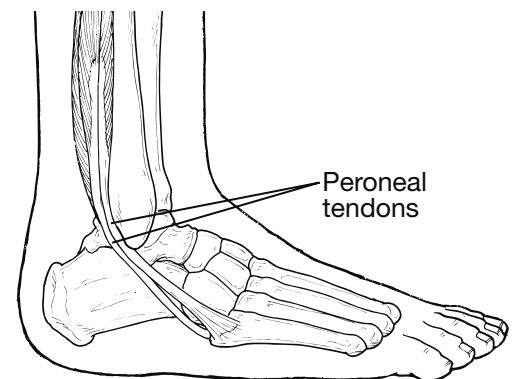
**Degenerative tears (tendonosis)** are usually due to overuse and occur over long periods of time—often years. In degenerative tears, the tendon is like taffy that has been overstretched until it becomes thin and eventually frays. Having high arches also puts you at risk for developing a degenerative tear. The signs and symptoms of degenerative tears may include:

- Sporadic pain (occurring from time to time) on the outside of the ankle
- Weakness or instability in the ankle
- An increase in the height of the arch

**Subluxation** – one or both tendons have slipped out of their normal position. In some cases, subluxation is due to a condition in which a person is born with a variation in the shape of the bone or muscle. In other cases, subluxation occurs following trauma, such as an ankle sprain. Damage or injury to the tissues that stabilize the tendons (retinaculum) can lead to chronic tendon subluxation. The symptoms of subluxation may include:

- A snapping feeling of the tendon around the ankle bone
- Sporadic pain behind the outside ankle bone
- Ankle instability or weakness

Early treatment of a subluxation is critical, since a tendon that continues to sublux (move out of position) is more likely to tear or rupture. Therefore, if you feel the characteristic snapping, see a foot and ankle surgeon immediately.



## Diagnosis

Because peroneal tendon injuries are sometimes misdiagnosed and may worsen without proper treatment, prompt evaluation by a foot and ankle surgeon is advised. To diagnose a peroneal tendon injury, the surgeon will examine the foot and look for pain, instability, swelling, warmth, and weakness on the outer side of the ankle. In addition, imaging studies such as an MRI or ultrasound may be needed to fully evaluate the injury.

An ankle sprain may sometimes accompany a peroneal tendon injury. The surgeon is trained to look for signs of this and other related injuries. Proper diagnosis is important because prolonged discomfort after

a simple sprain may be a sign of additional problems.

## Treatment

Treatment depends on the type of peroneal tendon injury. Options include:

- **Immobilization.** A cast or splint may be used to keep the foot and ankle from moving and allow the injury to heal.
- **Medications.** Oral or injected anti-inflammatory drugs may help relieve the pain and inflammation.
- **Physical therapy.** Ice, heat, or ultrasound therapy may be used to reduce swelling and pain. As symptoms improve, exercises can be added to strengthen the muscles and improve range of motion and balance.

- **Bracing.** The surgeon may provide a brace to use for a short while or during activities requiring repetitive ankle motion. Bracing may also be an option when a patient is not a candidate for surgery.
- **Surgery.** In some cases, surgery may be needed to repair the tendon or tendons and perhaps the supporting structures of the foot. The foot and ankle surgeon will determine the most appropriate procedure for the patient's condition and lifestyle. After surgery, physical therapy is an important part of rehabilitation. ▲



Melissa J. Lockwood, D.P.M.

**Melissa J. Lockwood, D.P.M.** – As founder of Heartland Foot and Ankle Associates, P.C., Dr. Melissa J. Lockwood happily returns to central Illinois after seven years in Cleveland, Ohio. She is a graduate of Providence Catholic High School in New Lenox, Illinois. Dr. Lockwood completed her undergraduate degree from the University of Illinois (Urbana/Champaign) in 2001 with a Bachelor of Science in Biology and a minor degree in Chemistry. Dr. Lockwood has a great interest in archaeology and also received a minor degree in Anthropology from the U of I in 2001.

Dr. Lockwood went on to the Ohio College of Podiatric Medicine and matriculated with her Podiatric Medical Degree in 2005. While at OCPM, Dr. Lockwood served as both a delegate to the student branch of the APMA as well as President of the Student Government organization (OPMSA). Dr. Lockwood was the recipient of several awards while attending OCPM, including the Ohio Podiatric Medical Association Dr. James Conforti Community Relations Award and the OCPM Mildred Kaufman Memorial Award for Proficiency in Orthopedics and Biomechanics.

Dr. Lockwood arrives in Bloomington following a three year residency in Cleveland, Ohio. Dr. Lockwood completed a 36 month Podiatric Medical and Surgical Residency Program based out of the University Hospital System/Richmond Heights Medical Center. Dr. Lockwood has extensive training in both forefoot (bunions, hammertoes, neuromas) elective surgical procedures as well as rearfoot reconstruction. She has a special interest in the treatment of chronic wounds as well as diabetic palliative care. Dr. Lockwood enjoys working with patients one on one in a clinical setting and chatting about her favorite sports teams!

Dr. Lockwood and her husband Scott are pleased to be back in their home state and rooting on the Illini, Redbirds, Chicago Bears, and White Sox! Scott is a 2000 Illinois State University Alumni with a BS degree in Accountancy. He is a CPA working in Bloomington.

### EDUCATION

University of Illinois, Urbana-Champaign, BS Biology (01)  
Professional: Ohio College of Podiatric Medicine, (05)  
Residency: University Hospital Richmond Medical Center (05-June 08)

### PROFESSIONAL ACCREDITATION

NBPME Part I (03) NBPME Boards Part II & Part III - PM Lexus (05)  
State of Illinois Licensure (08)

### HONORS AND AWARDS

Illinois State Scholar (1997)  
OCPM Academic Scholarship (01) OCPM Dean's List (04)  
OPMA Dr. James Conforti Community Relations Award (05)  
OCPM Mildred Kaufman Memorial Award for Proficiency in Orthopedics and Biomechanics (05)  
University Hospitals Richmond Medical Center Outstanding Podiatric Resident (08)

### PROFESSIONAL ORGANIZATIONS

President, Ohio Podiatric Medical Student's Association (02-04)  
Delegate, American Podiatric Medical Student's Association (02-04)  
Chairman, President's Committee, American Podiatric Medical Student's Association Feb. 2004  
Member - OCPM Board of Trustees (02-04)  
APMA/IPMA, AAPPM, AAWP member at large

### RESEARCH/PUBLICATIONS

*Sesamoid Pathology*, coauthored with  
Dr. Joseph Favazzo, D.P.M., December 2005. Compilation of forefoot pathology edited by Vincent J. Hetherington, D.P.M.



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**American College of Foot and Ankle Surgeons**

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