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Posterior Tibialis Tendon Dysfunction (PTTD)

Physiotherapy Department



The Posterior Tibialis Tendon

The posterior tibialis tendon is one of the most important muscles within the lower leg. It originates from the upper section of the lower leg (calf), travels down the inside of the lower leg, behind the inside ankle bone and attaches underneath the inside of the foot. Its primary role is to support the medial arch of the foot during standing and walking. As the tendon becomes older, weakened or if it is injured it can cause the arch of the foot to drop resulting in a 'flat foot' and often pain.

What causes PTTD?

There are 2 main reasons why PTTD can develop:

- Overuse repetitive overload over time that causes the tendon to lengthen and weaken so it stops supporting the arch of the foot.
- 2) **Trauma** sudden severe strain or tear following impact or twisting injury to the ankle/foot. Often ligaments of the foot and ankle can be damaged which can also lead to PTTD and 'flat foot' conditions.

There are a number of other contributing factors that can increase the risk of developing this condition:

- Female (>40 years old)
- Obesity
- Diabetes
- High blood pressure

- Hypermobility
- Childhood flat feet
- High impact exercise
- Tight calves

Calf stretching





Place your hands on the wall with one leg in front of the other.

- 1. Keep your back leg straight & bend your front leg, whilst keeping your heels down, until you feel a stretch. Hold for 30 seconds then release.
- 2. Now bend your back leg whilst maintaining your heels on the floor, this will stretch the deeper part of your calf. Hold for 30 seconds then release.

All exercise images provided with consent of www.physiotec.ca

Further Information

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If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

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Level 2 – Resisted movement through range



Place an exercise band around your forefoot with your legs outstretched. Push your foot down and in, into the band. Hold for 1-2 seconds then release slowly to return to the starting position. Repeat 8-12 times for 2-3 sets.



In a seated position press your toes into the floor and lift your heels up. Hold for 1-2 seconds then slowly lower your heel back to the floor. Repeat 8-12 times for 2-3 sets.

These exercises should be repeated every other day or 3 x a week.

Level 3 - Heel raises



In standing, hold/lean onto a stable surface and slowly lift your heels off the floor as much as you are able. Hold for 2 seconds and slowly return to a standing position. Repeat 8-12 times for 2-3 sets.

Progression: Repeat on one leg.

This exercise should be repeated every other day or 3 x a week.

What can I do to help myself?

1. Offload the tendon

It is important to get your pain under control by offloading your aggravated tendon before starting the process of graded loading which will help it recover in the long term. There are a number of ways in which you can do this but it is important to get the balance right between doing too much and too little.

- Relative rest this does not mean do nothing! Rest in between normal activities by putting your foot up on a stool. Try to rest at regular intervals to help prevent a build-up of pain which will slow your progress.
- Medial arch insoles insoles will help to support the arch of the foot and reduce load through your tendon.
 This will allow the tendon to rest in order to recover and in turn reduce your pain.
- Supportive footwear Trainers, lace up shoes or walking shoes are recommended as they support your whole foot during daily activities (indoors and outdoors). This helps to offload your aggravated tendon and reduce pain. Slippers, pumps, flip flops and bare feet should be avoided as they cannot give you the support you require, may worsen your pain and therefore slow your progress.

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2. Reduce inflammation

Reducing the inflammation in your tendon will help reduce your pain and swelling if done correctly. This is important so that you are able to tolerate daily activities and comply with physiotherapy exercises which will help your tendon recover.

- **Ice** Ice (ie. a bag of peas) wrapped in a tea towel applied to your ankle/foot for up to 10 minutes at a time up to 8 times a day.
- Anti-inflammatory medication Taking a course of anti-inflammatories (ie. ibuprofen) is more effective at controlling your pain than only taking medication when your pain becomes severe. Please consult your GP/Pharmacist before taking anti-inflammatories and always follow the instructions on the packet.

3. Pace and modify activities

Pacing activities involves breaking larger tasks into smaller, more manageable tasks and/or doing them more slowly. Activity modification involves adapting the way you do certain tasks to make them easier and less strenuous for your tendon. Pacing and modifying activities help prevent increased pain and aggravation of your tendon which will set you back.

Example: Shopping - take the car instead of walking, take regular breaks to sit down and rest your foot, reduce your shopping time and try to reduce the amount you carry.

4. Specific Exercises

These exercises are designed to load your tendon slowly and progressively over time to help it recover. You should expect to feel some discomfort during and potentially for a couple of hours after exercising, however, you must try to keep your pain under a **4/10** on a scale of 0 (no pain) – 10 (excruciating pain). If you reach a 4/10 before finishing your reps/sets **please stop**. You may progress to the next level of exercise when you can complete the stated reps/sets relatively pain free.

Level 1 – Isometric plantarflexion and inversion



Place a ball against the wall and press your foot down into it for 10 seconds whilst keeping your knee straight. Release and repeat 5 times..



Place a ball between your feet in sitting. Press your feet into the ball whilst keeping your knees parallel and hold for 10 seconds. Release and repeat 5 times.

You can increase the time you hold the contraction for to 45-60 secs as tolerated.