

tibialis posterior tendinopathy

best management

tips for



1. diagnosis

Tibialis Posterior tendinopathy can be quickly diagnosed with:

- palpation tenderness posterior to the Medial Malleolus
- pain with rising onto toes is often a significant feature
- resisted isometric muscle testing against ankle inversion from a plantarflexed position will reproduce pain

2. reactive tendinopathy & tenosynovitis

The main feature in the early stages of tendinopathy is swelling in the tendon matrix (not inflammation, but rather the proteoglycans attracting water molecules). This will respond well to a period of unloading the tendon with support from taping or a flexible orthotic.¹ Ibuprofen has also been shown to be useful in altering the swelling response.² Tenosynovitis (inflammation of the tendon sheath) may also be present and will respond well to this treatment.

3. tendinosis

If your patient presents with more than three months of symptoms, it is likely that significant disruption of the tendon matrix has occurred with disorganisation of the collagen fibres & neovascularisation. Treatment in this phase will require a graduated eccentric strengthening program. NSAIDs (including Ibuprofen) can slow collagen synthesis in this phase & should be discontinued.³

4. eccentric strengthening vs orthotics

In tendinosis, orthotics can be beneficial when used in conjunction with an eccentric strengthening program, but when used alone were not as effective as the strengthening program.⁴

Degenerative tendinosis is a later stage of

we have a good supply of walking boots with excellent stability & comfort for immediate fracture management or conditions requiring immobilisation.



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tendinopathy, where collagen fibre disorganisation requires gradual increases in loading & strengthening to resume a normal tendon profile.³ Once the strengthening is complete reliance on an orthotic isn't necessary.

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