

Mr Keith Winters MBChB, FRACS (Orth) Specialist Orthopaedic Surgeon

Ph: (03) 9598 0691

Peroneal tendon instability

This is where the peroneus brevis flicks out of its groove around the lateral edge of the fibula. Usually occurs as a consequence of inversion injury to the ankle, although often associated with anatomically shallow fibula groove. The peroneal tendon may be torn with repetitive dislocations.

What to ask in the History

- Injury
- Symptoms- feel or hear a “click”
- Pain –may be painless, pain suggests tendon tears
- Swelling – postero-lateral
- Associated ankle instability
- Treatment

What to look for on Examination

- Lower limb alignment – more likely with cavovarus foot shape
- Lateral swelling – may suggest peroneal tears
- Subluxing tendon – patient may be able to perform this for you, else ask patient to dorsiflex and evert against resistance
- Eversion strength
- Stability of lateral ligaments

What investigations to order

- Ankle Xrays – may show fibula rim avulsion
- Ultrasound – tendon tears (usually longitudinal), dynamic test allowing observation of subluxing tendon
- MRI/CT – may show anatomical variations, modest additional benefit

How to treat

- Surgical first-line
- Physiotherapy- muscle strengthening, taping
- NSAIDs

When to refer

- Recurrent dislocation
- Pain

What the surgeon may do

- Peroneal tendon stabilisation – reef ligaments (superior peroneal retinaculum), deepen groove
- Peroneal tendon debridement/repair – for tears
- Correction of cavovarus foot