

Posterior Tibial Tendon Dysfunction (PTTD)

The posterior tibial tendon wraps around the inside of the ankle and inserts onto the inner portion of the foot. It functions primarily to initiate heel rise and to support the arch of the foot. This tendon can easily become inflamed from over use and may significantly lose its function over time, particularly in women 40-60 years of age. Fortunately, a variety of treatment options are effective at reducing symptoms and restoring function to the tendon.

Treatment

For mild PTTD, in which the majority of tendon function is maintained and symptoms are not severely limiting, initial treatment may consist of an over-the-counter arch support, stabilizing ankle brace and trial of physical therapy. At the end of the month, patients are re-evaluated.

If there is a significant deficit in tendon strength or symptoms are interfering more with every day activities, such as standing and walking for short periods of time, treatment involves immobilization in a boot with an over-the-counter arch support. Patients are then generally evaluated every 2 weeks until symptoms have decreased sufficiently to allow patients to transition into the insert in a supportive tennis shoe, along with a stabilizing ankle brace and physical therapy. For many patients, particularly those with significant collapse of the arch of the foot, custom orthotics are ordered to replace the over-the-counter insert. In some cases, should the boot fail to adequately limit symptoms, patients may be placed into a walking cast. In advanced cases of PTTD a custom brace may be ordered.

Almost all cases of PTTD resolve or significantly improve with the above treatment protocol. However, should conservative measures fail to restore function and resolve symptoms, surgery may be considered. Surgical procedure is determined on a case by case basis. It is advised that conservative measures be exhausted prior to committing to surgery.

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