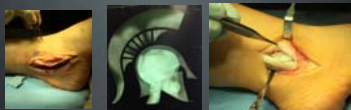


## Peroneal tendon tears and instability



Michael Swords, DO  
Michigan Orthopedic Center  
Chief, Orthopedic Surgery  
Director of Orthopedic Trauma  
Sparrow Hospital  
Lansing MI

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## Peroneal tendon pathology

- Peroneal tenosynovitis
- Peroneal tendon tears
- Peroneal tendon subluxation
- Severe PL/PB tears

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## Physical Exam

- Lateral ankle/HF pain
- Swelling
- Reproducible pain with resisted eversion



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### Hindfoot varus



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### Nonop treatment

- Immobilization – Cam boot
- NSAIDS
- Activity modifications
- Orthotics
- Address alignment



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### Imaging

- WB 3 views ankle
- WB 3 views foot
- Hindfoot alignment view
- MRI
- Ultrasound for dynamic assessment



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## Peroneal tenosynovitis

- Debridement hypertrophic synovium
- Debridement distal muscle belly
- Low threshold to explore with Brostrom



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## Peroneal tenosynovitis

- Postop care
- NWB/splint x 2 weeks
- Cam boot/WBAT/OOB/P T
- ROM ASAP



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## Peroneal tendon tears

- Most commonly peroneus brevis
  - <50% PB involved
    - Resection vs tubularization
  - >50% PB involved
    - Tenodesis to PL

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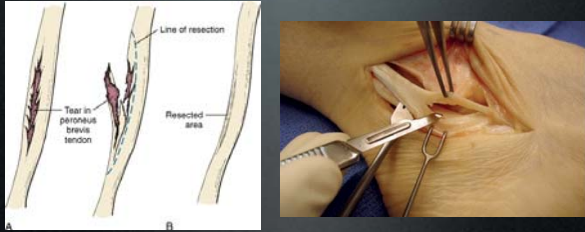
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### Small peripheral tear



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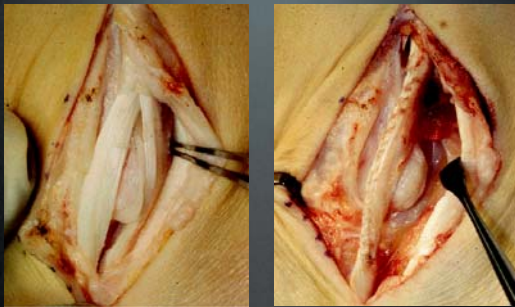
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### Multisegmented tear



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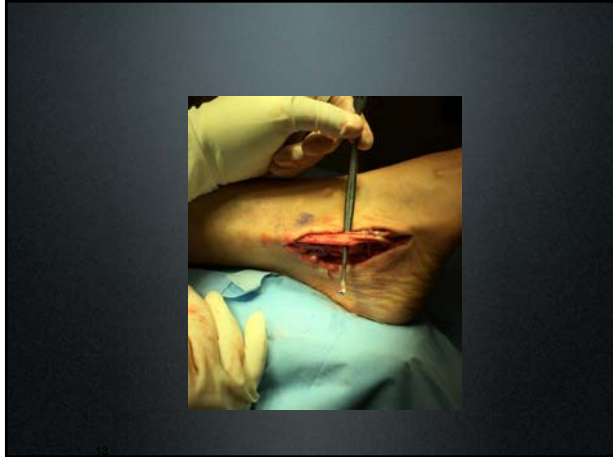
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## Superior Peroneal Retinaculum

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## Peroneal tendon subluxation

- Grade I – SPR stripped off of fibula
- Grade II – Fibrous rim avulsed from PL fibula
- Grade III – Bony rim avulsion fracture

GRADE I

GRADE II

GRADE III

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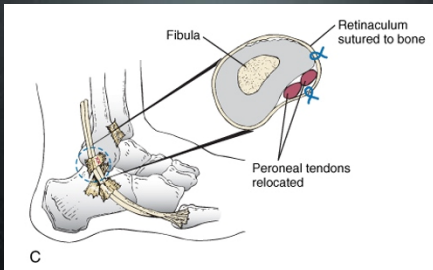
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## Repair SPR



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## Peroneal subluxation



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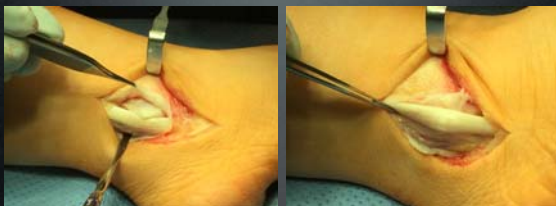
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## Retinaculum



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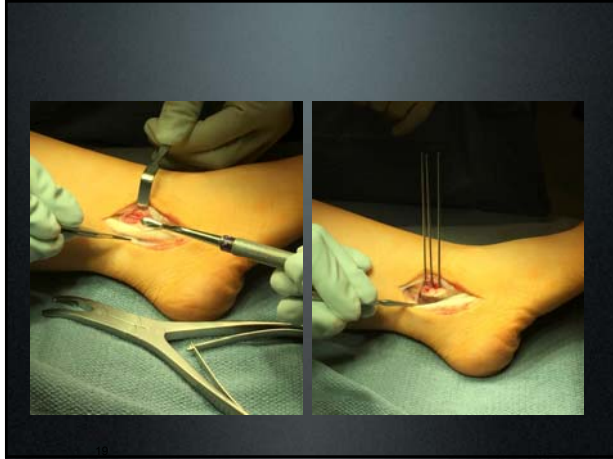
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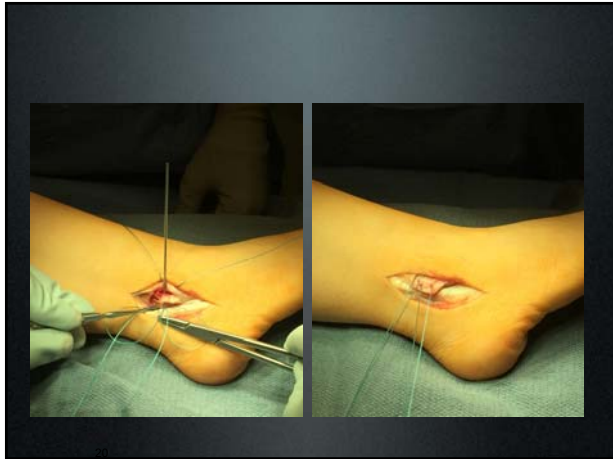
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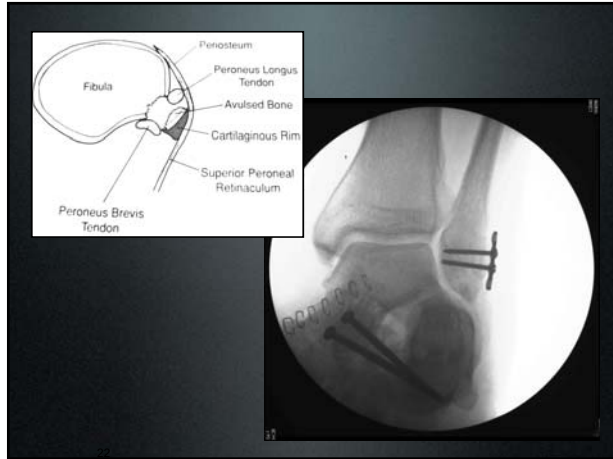
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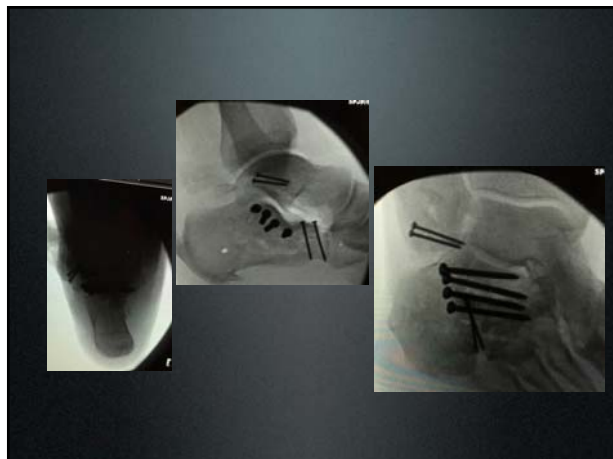
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### Adequate fibular groove?



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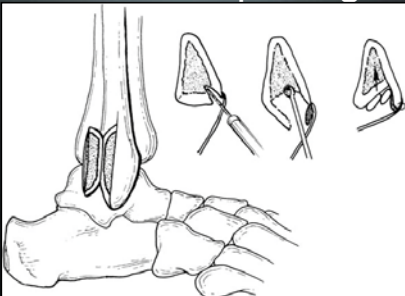
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### Groove deepening



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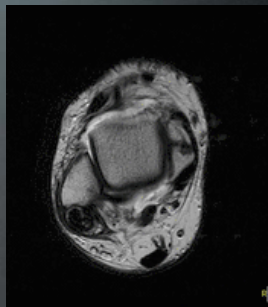
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### Peroneal tendon deficiency

- Severe tears/complete rupture PL/PB
- FHL transfer
  - Single-stage transfer



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### Chronic tear



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### FHL found, mobilized, released



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### FHL transfer



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### correction



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### Summary

- Multiple pathologies exist
- Goal is to restore function
- Don't forget to assess/address alignment



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### Thank You



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