

# Posterior tibialis tendon dysfunction- adult acquired flat foot deformity

Information for patients

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## What is posterior tibialis tendon dysfunction (PTTD)?

PTTD refers to an injury of the tibialis posterior tendon resulting in reduced support to the arch of your foot. It can also be referred to as adult acquired flat foot deformity.

## What are the causes?

There are several proposed risk factors for PTTD, including:

- Obesity
- Trauma (e.g. from an injury)
- Age
- Existing medical conditions (e.g. Diabetes and high blood pressure).

PTTD most commonly affects females aged over 40 years old.

## What are the symptoms?

- Pain around the inside of your ankle
- Ankle swelling
- Flattening of the arch of your foot
- Pain which increases with weight-bearing activity (e.g. standing)
- Difficulty and pain when you stand on tip toes.

## How is it diagnosed?

This condition is diagnosed by a clinical examination. An appropriate healthcare professional will discuss your symptoms and enquire about your general health. A physical examination of your foot and ankle will be carried out to assess your movement, response to particular tests and level of pain.



## What is the management for PTTD?

Many patients are happy to self-manage their symptoms with painkillers/anti-inflammatory medication or other non-invasive treatments, such as:

- Lifestyle and health changes
- Changes to your activity
- Using a cold compress on the affected area
- Rest and immobilisation (as required)
- Self directed exercises
- Podiatry and/or physiotherapy.

## Lifestyle and health changes

The following adjustments to your lifestyle can help to manage PTTD:

- Maintaining a healthy diet and weight
- Getting 7-9 hours of quality sleep per night
- Reducing your alcohol intake
- Quit smoking.

Not all of these recommendations may be relevant to you, but these are important factors to consider to optimise your outcome.

Further information and support can be found at <https://nhsinform.scot/healthy-living> .

## How can I manage it?

- Application of ice to control the pain/discomfort (do not apply ice directly to your skin- use a towel between your skin and the ice to avoid direct contact)
- Self directed exercises
- Rest/immobilisation/changes to your activity as required
- Pain relief or anti-inflammatory medication
  - Speak to your GP or pharmacist
- Wear well fitted and supportive footwear.

## Physiotherapy/podiatry

Through a thorough examination, a physiotherapist or a podiatrist can:

- Help you establish what may be causing your pain
- Provide you with a personal treatment plan to help and/or resolve symptoms

- Advise or arrange appropriate footwear adaptations/insoles
- Arrange for further investigation, if required.

## **Surgery**

In some cases, the symptoms may persist and a more invasive treatment may be required/requested by you, as the patient.

Surgery is only required if pain is present and symptoms are unable to be controlled by the methods described above. Surgery is rarely carried out for this condition.