AAP BRS podcast: Foot and Ankle

Achilles Tendinosis (tendonitis): Overuse injury of the Achilles tendon characterized by inflammation

- **Presentation:** Posterior ankle pain, subacute/chronic onset, association with increased high-impact training, morning stiffness; Sudden increase in mileage or training intensity
- Evaluation: Tenderness to palpation associated with decreased ROM (specifically dorsiflexion), Thompson test NEGATIVE (96% sensitive, 93% specific for complete Achilles rupture).
- **Imaging:** Ultrasound of the Achilles tendon showing thickening, areas of hypoechogenicity (reduced, black-appearing areas), and neovascularization on Doppler. Assess for associated tears/continuity of tendon fibers *High-risk "watershed" area 2-5 cm proximal to insertion*
- Management: Rest, ice, NSAIDs; Physical therapy with an emphasis on eccentric strengthening and progressive loading of the tendon. If failing this management, can consider US guided percutaneous tenotomy. *Steroids are usually avoided due to increased risk of tendon rupture*

Achilles Tendinosis Achilles Rupture

Subacute/chronic onset Thompson test negative US shows thickening, hypoechogenicity and neovascularization Acute onset Thompson Test positive US shows area(s) of tendon fiber discontinuity

Dancer's Tendonitis aka FHL Tendonitis: Overuse injury due to repetitive/forceful plantar and dorsiflexion

- **Evaluation:** Tenderness to palpation along FHL (when placed in passive dorsiflexion), pain with resisted flexion of the great toe. Tomasen's Test positive;
- Specifically evaluate at the Knot of Henry (crossover of FHL and FDL), intersesamoid tunnel, and tarsal tunnel.
- **Imaging:** XR if concerned for fracture, POC US with ROM to assess for tendon impingement and tear
- Management: Rest, ice, NSAIDs, and consider CAM
- boot for more severe cases; Gradual return to activity once patient is pain free;
- Avoidance of aggravating movements such as pointe position or moving from plie to relevé position in dance. Continued stretching, proper warm up, and strengthening





"Tom, Dick, And Very Nervous Harry"

- posterior Tibialis tendon
- flexor Digitorum longus tendon
- posterior tibial Artery
- posterior tibial Vein
- tibial Nerve
- flexor Hallucis longus tendon

Tarsal Tunnel Syndrome

Compression of the Tibial Nerve in the Tarsal tunnel; presents as sharp, shooting pain and numbress on the medial plantar aspect of the foot

- Heel sensation may be spared due to medial calcaneal branch departing proximal to the tunnel
- Intrinsic foot weakness due to tibial nerve innervation of foot

Bursitis

Most common location for bursitis in the foot and ankle is retrocalcaneal bursitis; often associated with Haglund deformity

Anterior Ankle Impingement

- Decreased ROM with dorsiflexion associated with a "locking" sensation and pain.
- XR with evidence of osteophyte on the anterior tibiotalar joint.

