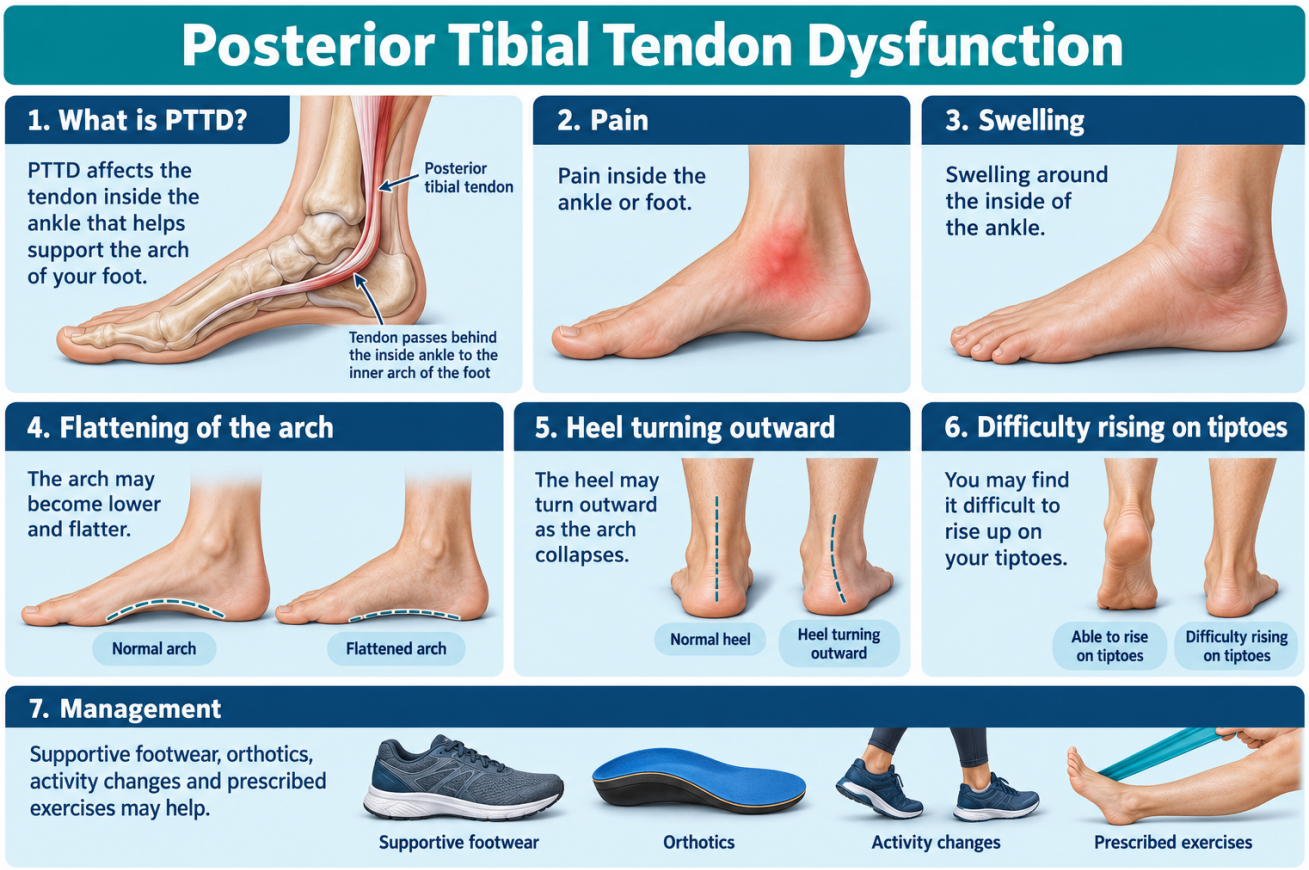
PTTD

Posterior tibial tendon dysfunction: symptoms and recovery

PTTD

A guide to symptoms, treatment and recovery



What is PTTD?

The posterior tibial tendon on the inside of the ankle supports the foot arch. If inflamed, overstretched or weakened, the arch may gradually flatten and walking can become painful. PTTD is also known as adult acquired flatfoot.

Supporting your recovery

Exercises, supportive footwear and orthotics may help. Early stages may improve within 8-12 weeks; more advanced stages can take 3-6 months and may need specialist advice.

Symptoms and contributing factors

Understanding your condition and when to seek help

Common symptoms

- Pain along the inside of the ankle or foot
- Swelling or tenderness behind the inner ankle bone (medial malleolus)
- Flattening of the foot arch
- Heel turning outward (hindfoot valgus)
- Difficulty standing on tiptoes on the affected leg
- Pain after long periods of walking or standing
- Changes in walking pattern

Causes and risk factors

- Overuse, walking long distances or running
- Flat feet or reduced arch height
- Poor footwear or unsupportive shoes
- Trauma or ankle sprains
- Age-related tendon degeneration
- Being overweight
- Inflammatory conditions such as rheumatoid arthritis
- Diabetes

Stages of PTTD

Stage I: tendon inflammation, pain and swelling; normal foot shape.
Stage II: tendon elongation and flexible flatfoot; arch collapse and outward heel.
Stage III: fixed, stiff arch collapse (rigid flatfoot).
Stage IV: the ankle joint also becomes affected.

When to seek further help

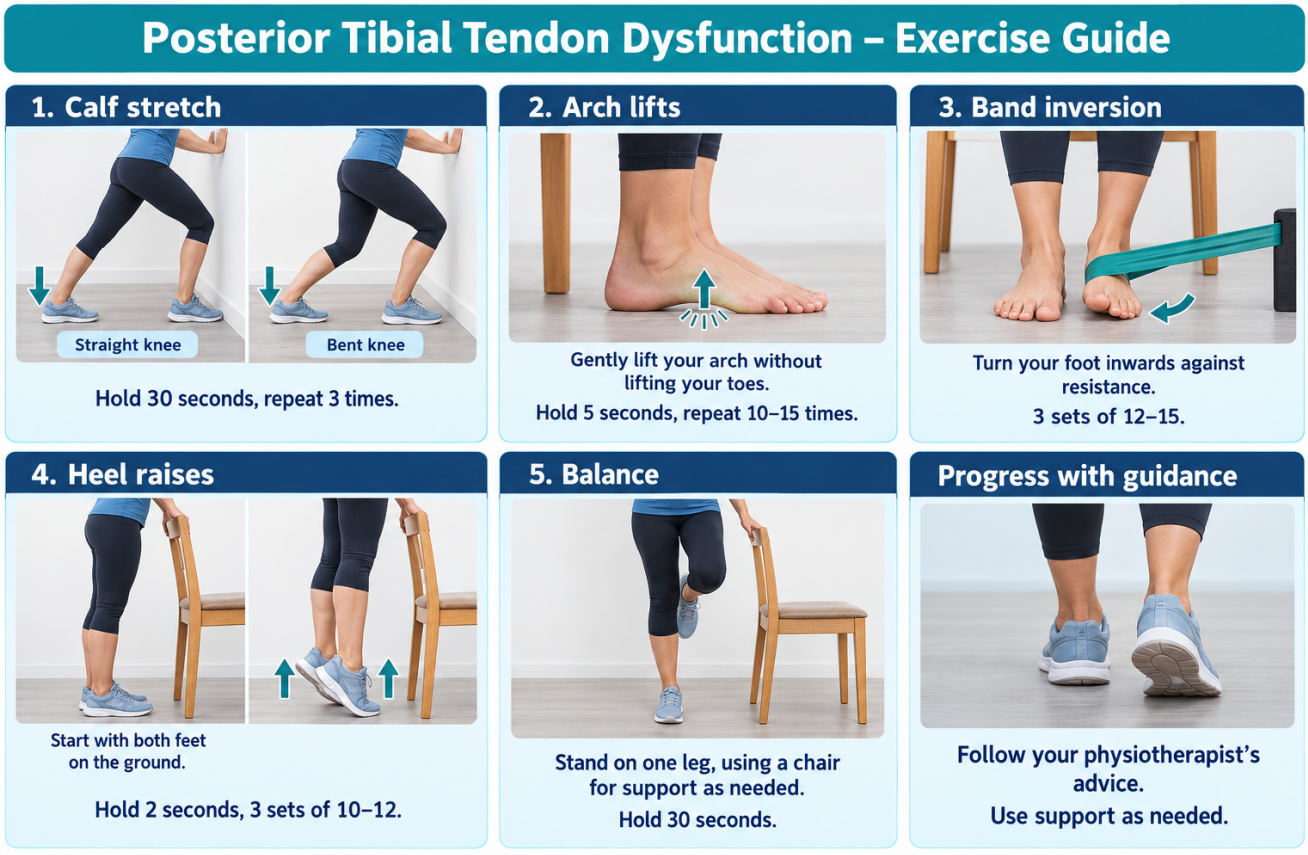
- Pain persists after 8-12 weeks of rehabilitation
- You cannot stand on tiptoes on the affected leg
- Foot shape worsens, significant swelling or difficulty walking
- Suspected stage III or IV progression, or ankle instability

Exercises and rehabilitation

Progressive strengthening under professional guidance

Exercise examples

Your physiotherapist can guide the right exercises and progression for your stage of PTTD. Use support as needed and progress as tolerated.



Exercise instructions

Calf stretch: knee straight and bent; 30 seconds, repeat 3 times.
Arch lifts: hold 5 seconds, repeat 10-15 times. **Band inversion:** 3 sets of 12-15.
Heel raises: rise slowly, hold 2 seconds, lower slowly; 3 sets of 10-12.
Balance: one leg for 30 seconds; progress to unstable surfaces as tolerated.

Progress at the right level

Start heel raises on both legs, progressing to one leg. If single-leg is too painful, keep 80% of your weight on the good leg. Consistency with exercises and footwear is essential.

Management and next steps

Practical support and a gradual return to activity

Initial management

Reduce painful long walks or running; try low-impact cycling or swimming. Use ice for 10-15 minutes after activity. Wear supportive trainers with arch support and a firm heel counter; avoid flat shoes, pumps, sliders and flip-flops. Paracetamol or ibuprofen may help if suitable; topical anti-inflammatory gels may also help.

Orthotics and bracing

Over-the-counter arch supports may help early stages; custom orthotics may be needed later. A medial ankle brace or air-cast boot may be recommended for severe pain or early-stage tendon rest.

Possible additional treatments

Physiotherapy-guided strengthening, custom insoles, an ankle-foot orthosis or shockwave therapy for persistent tendon pain may be considered. Steroid injection is not usually recommended due to tendon weakening risk. Severe deformity or failure of conservative treatment may need orthopaedic referral.

Questions or concerns?

Seek advice if pain persists after 8-12 weeks, foot shape worsens, you cannot stand on tiptoes or walk normally, swelling is significant, or you suspect advanced stages or ankle instability.

Recovery outlook

Early stages may improve within 8-12 weeks. Advanced stages can take 3-6 months; severe or rigid deformity may need specialist referral or a surgical opinion.

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