Split Tear of Peroneal Tendon in a Collegiate Football Player
Seffrin C, Wujciak D, Cleaves G: Kean University, Union, NJ

Background: A 24 year-old male collegiate football player suffered a split tear in his peroneus longus tendon at the distal fibula. Mechanism of the injury: athlete stepped on another player’s foot and rolled his ankle into inversion. He was able to finish the practice. During the initial assessment, the athlete presented pain while walking and complained of a shooting pain up the peroneal. There was edema over the lateral malleolus and point tenderness along the peroneal muscle. The worst pain was along the muscle that is proximal to the malleolus. The athlete’s neurological and proprioception evaluations were within normal limits and there was no vascular discoloration. The athlete had full ROM with AROM and PROM. He complained of pain throughout eversion with both and his pain increased as the ROM increased. Manual muscle testing showed athlete’s strength was full except for eversion, which also caused pain throughout the motion. His strength for toe flexion and extension was full. The special tests performed were anterior drawer, which was negative; kleigers, which produced pain only over the peroneals; and talor tilt, which produced pain only of the peroneals. Differential Diagnosis: peroneal strain, peroneal tendon rupture, retinaculum tear, subluxation of the peroneals, peroneal tendinitis, os peroneum sesmoiditis, lateral ligament injury, peroneal tenosynovitis, avulsion fracture of lateral malleolus, peroneal tendon lesion. Treatment: The athlete was put through rehabilitation treatments to decrease pain and edema and increase strength. His treatments included ice cup, tetany electrical stimulation with biocompression, and an unna boot with a felt j pad over the peroneals. The next few treatments progressed to therabands, isometric eversion and SLD laser. Iontophoresis was tried to help with swelling and pain. He was allowed to participate as tolerated. After a month of rehab with no improvement in strength and continued pain, the athlete was sent for an MRI. The MRI showed a split tear of the peroneus longus tendon near the distal fibula. The MRI also showed edema on the distal fibula, which was attributed to a stress reaction. Athlete followed up with his doctor who put him in a walking boot for about three months over the summer. There were no significant improvements. Athlete returned to football in August with an increase in pain and inflammation. He continues to come in for strengthening and pain management. Athlete followed up with his doctor and was put back into a walking boot. He was not able to finish his season and is going to get surgery. Uniqueness: Muscles injuries are common in all sports and can be serious. Peroneal longus and brevis tendons are not uncommonly injured and tears are possible. However, there are very few reports of the peroneal longus tendon tearing near the distal fibula. Instead there are more reports of the brevis tendon tearing here, due to its closer positioning to the malleolus. The peroneal longus seems to tear more often at the midfoot. Conclusion: In sports, it is common to injure muscles and it is important to treat muscle strains correctly so that they do not become more serious and require surgery. This athlete did have previous repeated strains to his peroneals, which may have attributed to this tear. He also sustained a midfoot sprain in the previous season and was never fully symptom free afterwards. His initial treatment was for a peroneal strain; however, since he did not improve, he was sent for an MRI and would eventually have to stop playing and get surgery to repair this tear. Word Count: 600.