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Peroneal Tendinopathy

Outer ankle

Outer-ankle tendon trouble that often shows up after cambered roads, trails, or one sprain you never properly rehabbed.

INJURY
Peroneal Tendinopathy

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SERIES
Injury Hub: ***Top 20***

By Liesel · Head Physio · Kilometer Klub · 30+ years' experience · 11x Comrades finisher

11: INJURY HUB

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CAN I KEEP RUNNING?

Some runners can keep easy flat running if there is no limp, no ankle instability, and symptoms settle by the next day. Uneven ground and technical trails need to wait.

TYPICAL TIMELINE

2 to 8 weeks for most cases. Stubborn cases with instability history or poor rehab can take longer.

WHAT IT IS: IN LIESEL'S WORDS

The peroneal tendons run along the outside of your ankle, behind that bony bump on the outer ankle bone. Their job is to control eversion, meaning the outward movement of your foot, and to stabilise the ankle every time it lands on uneven ground.

When these tendons get overloaded, you end up with pain on the outside of the ankle that is often mistaken for an old sprain that never quite went away. It is a load and capacity problem. The tendon has more demand on it than it currently has the capacity to handle.

This is almost always the whole story.

> **LIESEL'S NOTE**
> *If your ankle has a history of rolling and you never did the rehab, this is often where that story catches up with you.*

HOW IT USUALLY FEELS

Pain on the outside of the ankle, around or just behind the outer ankle bone. It often aches during the first part of a run and either warms up or gradually gets worse, depending on how irritated the tendon is.

- Pain or aching on the outer ankle, behind or below the lateral malleolus.
- Worsens with push-off, side-to-side movement, or uneven terrain.
- Morning stiffness and a clunky feeling on first steps of the day.
- Cambered roads and trails provoke it more than flat surfaces.
- May ease mid-run, then returns after you stop.

WHY RUNNERS GET THIS REAL REASONS

This injury rarely appears out of nowhere. It shows up when load quietly outruns tissue capacity. The usual culprits:

- Previous lateral ankle sprain with incomplete rehab.

- Poor lateral ankle and foot strength.
- Cambered roads or technical trails that constantly load the outer ankle.
- Rapid mileage or terrain increase that exposes weak lateral control.
- Worn-down outer heel creating a subtle camber effect on every step.

> **REALITY CHECK**
> *Check the underside of your shoes. If the outer edge is significantly more worn than the inner, that is contributing to this injury on every single run.*

THE ROAD BACK TO RUNNING

Returning to running is not the same as returning to full training. The tissue needs to tolerate easy impact first, then volume, then terrain.

- **Reduce the biggest triggers first**
  Cambered surfaces, technical trails, and uneven ground. Shift to flat roads or a track while things settle.
- **Start lateral ankle work early**
  Even in the first week, gentle band work and single-leg balance are appropriate if pain-free. Tendons need load to heal.
- **Use morning stiffness as your guide**
  If stiffness is climbing run to run, you are moving faster than the tendon is adapting. Back off one step.
- **Add volume before terrain**
  More easy kilometers on flat ground before you reintroduce trails and camber.
- **Trails and technical descents come last**
  Not because you cannot handle them eventually, but because they are the exact load that caused this.

> **QUICK TIP**
> *Morning stiffness is the tendon's report card. If it is getting worse day by day, you have your answer.*

REHAB PLAN: KEY EXERCISES

Start Phase 1 and progress when pain-free with good form. These exercises rebuild the lateral ankle strength and balance the tendon needs.

Single-Leg Balance Flat stable surface, eyes open. Progress to eyes closed. **3 x 30 sec · Daily**	**Band Eversion** Resistance band around foot, slow outward movement against resistance. **3 x 15 · Daily**
Two-Leg Calf Raise Full range, controlled descent. Progress to single-leg. **3 x 15 · Daily**	**Single-Leg Calf Raise** Single leg, full range. Add load when strong enough. **3 x 12 · 3x week**
Step-Down Eccentric Stand on step, slow controlled lowering on affected leg. **3 x 10 per side · 3x week**	**Lateral Band Walks** Band around ankles, athletic stance, step sideways with control.

	2 x 15 steps each way · 3x week

CROSS-TRAINING THAT WORKS

Stay fit without making it worse. These are generally well tolerated:

- Cycling on flat routes, keeps the ankle in a stable position.
- Pool running and swimming, zero impact on the tendon.
- Elliptical on flat setting if it does not provoke symptoms.
- Strength training for the whole leg, glutes, quads, and calf.
- Avoid: long cambered runs, technical trails, and barefoot loading if symptoms worsen.

LIESEL'S PEN

If you are frustrated by peroneal tendinopathy, that makes complete sense. This one sits in the background for months, always just irritating enough to mess with your training, never quite bad enough to force you to stop. That grey zone is exhausting. What I want you to know is that steady, deliberate progress works here. The tendon needs load, not rest. Every clean rep, every single leg balances you nail, and every sensible run on flat ground is a deposit. The accounts grow slowly, but they do grow. I have seen runners come back from stubborn peroneal problems running stronger than before, because the rehab forced them to build ankle strength they had been skipping for years. That strength stays with you.

INJURYHUB · QUICK REFERENCE

Peroneal Tendinopathy

Outer ankle: everything you need at a glance

PAIN LOCATION *Outer ankle, behind or below the lateral malleolus. Worse on cambered roads, trails, and uneven terrain.*	**COMMON TRIGGERS** *Previous ankle sprain with poor rehab. Weak lateral ankle muscles. Cambered surfaces and technical trails. Sudden mileage increase.*
KEY FIX *Reduce unstable surface exposure first. Then rebuild lateral ankle strength and balance progressively before returning to terrain.*	**RECOVERY TIMELINE** *2 to 8 weeks typical. Runners with instability history or poor prior rehab may take longer.*

REAL TALK FROM LIESEL

The peroneal tendons are hard workers that rarely get any attention until they speak up loudly. The runners who beat this quickly are the ones who do the boring single-leg balance work and resist the urge to get back on the trails before they have earned it. Patience here is not weak. It is what separates someone who fixes the problem from someone who manages it forever.

EVIDENCE BASE

Rehabilitation Approaches for Proximal Peroneal Tendinopathy (2024)

The ESSKA-AFAS International Consensus Statement on Peroneal Tendon Pathologies (2018)

Rehabilitation of Ankle and Foot Injuries in Athletes (2010)

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