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Richmond TW9 · Kensington W8

PATIENT INFORMATION

Abductor Hallucis Tendonitis

Inner heel and arch pain: causes, symptoms and treatment

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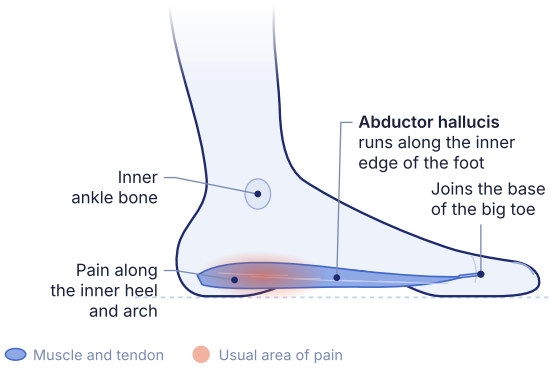

Where abductor hallucis tendonitis hurts

IN SHORT

Abductor hallucis tendonitis, also called an abductor hallucis strain, is overload of the muscle and tendon along the inner edge of the foot. It causes pain along the inner heel and arch, often after a rise in running or a switch to minimal shoes, and is frequently mistaken for plantar fasciitis. Most cases improve within 4 to 8 weeks.

What is the abductor hallucis?

A small muscle running along the inner edge of the foot, from the heel to the base of the big toe. It supports the arch, steadies the big toe as you push off, and helps control how load spreads across the foot. When it is tired or overloaded it becomes a common source of inner heel and arch pain.

Why does my abductor hallucis hurt?

Usually because it has been asked to do more than it is used to.

- A jump in running volume or daily steps
- Adding speed work or hills
- Switching to minimal or low-drop shoes
- Flat feet, rolling in or stiff ankles
- Worn or unsupportive shoes

What does it feel like?

Aching or sharp pain along the inner heel or arch.

- Tenderness on the inner heel or along the muscle
- Worse after long periods standing
- Worse on hills or at a faster pace
- Pain when pushing off, and start-up pain after rest

Is it plantar fasciitis?

No, although the two are often confused and can occur together. Plantar fasciitis is felt more under the heel and is typically worst with the first steps in the morning. Abductor hallucis pain sits along the inner edge of the heel and arch and is more linked to muscle fatigue and activity load.

Is it a strain or tendonitis?

You will see both terms used for the same problem. An abductor hallucis strain, tendonitis or tendinopathy all describe overload of the muscle and its tendon along the inner foot. What matters is confirming that this is the structure causing your pain.

How is it treated?

By reducing load enough to settle it, then strengthening it so it copes.

- Adjusting training or daily activity, rarely full rest
- Strengthening for the small foot muscles and calf
- Footwear changes and short-term arch supports
- Low-Dye taping for short-term relief
- Custom orthotics where foot mechanics are a big factor
- Soft tissue therapy, and shockwave for persistent cases

Can I keep running?

Often yes, with adjusted training and supportive measures. We advise on safe changes based on your symptoms and help you build back to your full training.

How long does it take to recover?

Most cases improve significantly within 4 to 8 weeks. It takes longer if you keep training through the pain, and persistent cases may benefit from shockwave therapy.

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FROM THE CLINIC

"Abductor hallucis pain is frequently mistaken for plantar fasciitis. Telling the two apart matters, because the management differs, and strengthening this muscle is the most important long-term fix."

William Joyce, Consultant Podiatrist, The Functional Podiatrist

Three things you can do today

1. Avoid sudden increases in standing time, steps or running.
2. Skip very flat, thin-soled or worn-out shoes during a flare.
3. If you are moving to minimal shoes, do it gradually over several weeks.

When to see a podiatrist

- Inner heel or arch pain not improving after 2 to 3 weeks
- Pain that stops you walking or running comfortably
- Burning or shooting heel pain, or numbness
- Pain that started with a specific injury

Get it properly assessed

Your treatment plan depends on what is driving the problem. We assess, explain what we find and build a plan around your activity and goals.

HCPC-registered podiatrists in Richmond (Pools in the Park, TW9 2SF) and Kensington (Sprint Physiotherapy, W8 4LY). No referral needed.

More on this condition: thefunctionalpodiatrist.uk/abductor-hallucis-strain.html

Book an assessment

Call 020 3576 0630

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