

PATIENT INFORMATION

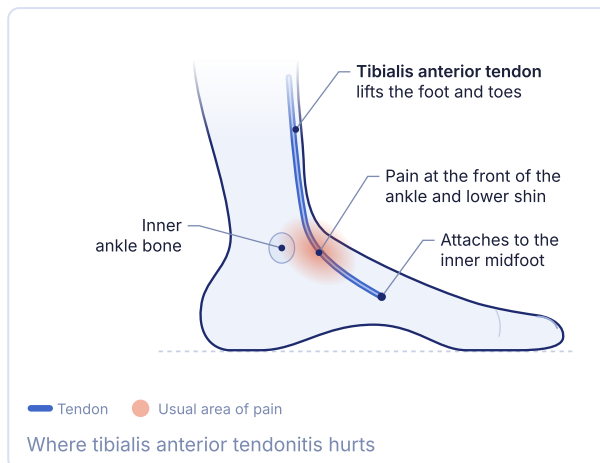
Tibialis Anterior Tendonitis

Causes, symptoms, diagnosis and treatment

Written by **William Joyce**, Consultant Podiatrist, HCPC registered · The Functional Podiatrist, Richmond & Kensington · Updated October 2026

IN SHORT

Tibialis anterior tendonitis is irritation of the tendon at the front of the ankle that lifts your foot. It causes pain at the front of the ankle and lower shin, usually after a jump in walking, hiking or running, long downhill sections or tightly laced footwear. Most cases settle within 4 to 8 weeks with the right management.



What does tibialis anterior tendonitis feel like?

Pain along the front of the lower shin or the top of the ankle, which gets worse when you walk or run and especially on downhill slopes.

- Tenderness or swelling over the tendon at the front of the ankle
- Pain when you lift your foot upwards against resistance
- A sense of weakness lifting the foot, or the foot 'slapping' down
- Discomfort where laces or a boot tongue press on the tendon

What causes it?

Doing more than the tendon is used to. The tibialis anterior controls your foot as it lowers to the ground with every step, so it works hardest on descents.

- A sudden increase in walking, hiking or running distance
- Long downhill sections, which load the tendon as it brakes the foot
- Tight lacing or stiff, high-tongued boots pressing on the tendon
- Weakness in the muscles that lift the foot, or reduced ankle mobility

Is it the same as shin splints?

No. Shin splints (medial tibial stress syndrome) cause pain along the inner border of the shin bone. Tibialis anterior tendonitis hurts along the tendon at the front of the ankle and lower shin. They can feel similar, and a stress fracture can mimic both, which is why an accurate diagnosis matters before treatment starts.

How is it diagnosed?

Usually through a clinical examination rather than a scan. We look at where the tenderness sits, test the tendon against resistance, assess your ankle mobility and strength, and watch how you walk or run. Ultrasound or MRI is only arranged if the picture is unusual or not improving as expected.

How is it treated?

With progressive loading rather than complete rest, alongside changes to whatever overloaded the tendon in the first place.

- A structured strengthening programme, tailored to your sport and stage of recovery
- Guidance on adjusting walking, hiking or running load, particularly downhill
- Footwear and lacing changes to take pressure off the tendon
- Orthotics where foot mechanics are adding to the load
- Manual therapy, and shockwave therapy for persistent cases

Should I stop walking or running?

Usually not. Complete rest tends to leave the tendon weaker. The aim is to find a level of activity the tendon tolerates, cutting back the downhill and long-distance work while it settles, then build back gradually.

How long does it take to heal?

Most mild to moderate cases improve significantly within 4 to 8 weeks. It takes longer if it has been grumbling for months, or if the training, footwear or lacing habits that caused it are not changed.

WJ

FROM THE CLINIC

"Most of the people I see with this are hikers, runners or someone who has recently changed their boots or upped their mileage. The tendon is rarely the whole story. Ankle mobility, strength and how the foot loads on the way downhill all play a part, and that is what I look at in clinic."

William Joyce, Consultant Podiatrist, The Functional Podiatrist

Three things you can do today

- 1 Ease off long downhill sections and big jumps in distance for now.
- 2 Loosen your laces over the front of the ankle, or skip the eyelets that sit over the sore spot.
- 3 Keep moving within comfort. Resting completely rarely helps a tendon recover.

When to see a podiatrist

- Pain lasting more than 1 to 2 weeks despite cutting back
- Weakness lifting your foot, or catching your toes
- Pain on one spot of the shin bone that is worse at night or when hopping
- Marked swelling, redness or heat
- Numbness or pins and needles in the foot

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/tibialis-anterior-tendonitis.html

Book an assessment

Call 020 3576 0630

General information only. This guide is not a diagnosis and does not replace an assessment. © The Functional Podiatrist.