What is Tarsal Tunnel Syndrome and How is it Treated?

Tarsal Tunnel Syndrome (TTS) is the foot and ankle version of Carpal Tunnel Syndrome. Pain associated with TTS is progressive, meaning it worsens over time, and can be severe. If you or a loved one are experiencing any of the symptoms described below, you should be evaluated by our team at NueStep. Our unique method of diagnosing and treating TTS should achieve full healing and prevent TTS from returning.

The following is an introduction to the basics surrounding diagnosis and treatment of Tarsal Tunnel Syndrome:

**Who is at Risk?**
A high percentage of TTS sufferers are those with flat feet (pes planus) and athletes or workers who regularly put a lot of weight on their ankles or feet. Other factors—like varicose veins, diabetes, arthritis, or the presence of cysts, bone spurs, etc.—can contribute to TTS.

**What Happens**
The Tarsal Tunnel runs on the outside of the ankle and encases the Posterior Tibial Nerve. TTS develops when something presses on the tunnel and therefore on the nerve.

**Symptoms**
When the tunnel and nerve are compressed, a number of sensations may be felt, including tingling, burning, swelling, numbness, or traveling pain (ie, pain that shoots from the foot up through the leg). Pain is progressive and may become severe.

**Diagnosis**
Physicians will ask patients to describe their pain and will then perform a Tinel’s Test, which consists of tapping along the course of the nerve. Further tests may include X-ray (to rule out fracture), MRI, or ultrasound.

**Treatment**
Treatment varies according to the nature of whatever is compressing the tunnel and underlying nerve. Sometimes non-surgical treatments will work, but minor surgery is often required. Surgery removes whatever is doing the pressing, resulting in relief.

**After Treatment**
Successful treatment results in a return of a pain-free foot and ankle. Occasionally, a post-operative patient may need to wear custom shoe inserts or avoid certain behaviors that put pressure on the foot.