



TIBIALIS POSTERIOR

Foot function, anatomy and strengthening

A deep calf muscle whose tendon passes behind the inner ankle. It helps support the inner arch, turns the foot inward and assists push-off, working with other muscles and ligaments.^{1,2}

1 SPORT & CLINICAL RELEVANCE

MTSS (shin splints) is not the same diagnosis as posterior tibial tendinopathy.

MTSS: Exercise-related pain spread along the inner border of the tibia (shin).³

Tendon symptoms: Pain or swelling behind/below the inner ankle, sometimes toward the arch.²

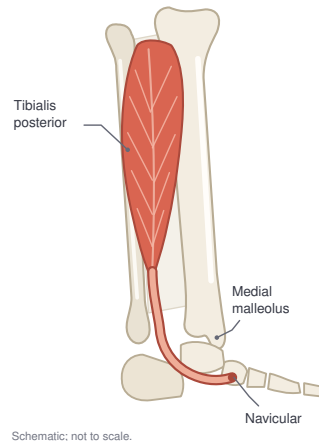
Pain location alone cannot establish a diagnosis.

Evidence check: Tibialis posterior training is not proven to prevent MTSS. A combined-exercise trial found no significant added pain or severity benefit.⁴

WHEN TO GET ASSESSED

Focal shin pain, painful walking, limping or rest/night pain may indicate bone stress injury. Stop painful running/jumping and seek assessment.⁵

2 ANATOMY AT A GLANCE



ORIGIN

Posterior tibia and fibula, plus the interosseous membrane.¹

INSERTION

Mainly the navicular; branches reach the cuneiforms and other foot bones. Attachments vary.¹

ACTIONS

Inversion, adduction, assisted plantar flexion and dynamic support of the medial arch.¹

Follow the tendon: It curves behind the inner ankle to the inside of the foot.²

3 STRENGTHENING: THREE PRACTICAL OPTIONS

Resisted inward foot movements and heel raises recruit tibialis posterior. Heel raises also train other calf muscles; activation does not prove injury prevention.⁶

1 Band-resisted inversion



Sit with the lower leg supported. Loop a band around the forefoot; anchor it **outside** the foot. Point the foot slightly down and move it inward. Keep the knee still; return slowly.

2 Double-leg heel raise



Hold a stable support on level ground. Lift both heels, keeping pressure through the forefoot and base of the big toe. Lower slowly; avoid rolling onto the outer edges.

3 Assisted single-leg raise



Progress from two legs to one with hand assistance. Keep the rise height consistent. Gradually reduce assistance, then add resistance when control is maintained.

A STARTING EXAMPLE FOR HEALTHY ATHLETES

2 sets of 8-12 controlled reps, 2-3 nonconsecutive days/week. Use exercise 1 plus exercise 2 or 3. Stop before form deteriorates; increase one demand at a time. Check the next-day response. This is general conditioning, not a validated MTSS treatment protocol. Persistent or recurring pain needs assessment.

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