A Balanced View of Fibularis Muscles

These muscles play a vital role in ankle stability as well as balance so here is a brief overview of how to approach and treat the Fibularis or Peroneals.

The Fibularis comprise a group of 3 muscles that form the lateral compartment of the lower leg. They include Fibularis Longus, Brevis and Tertius and can be palpated directly over the fibula on the lateral aspect from just inferior to the head of fibula towards the lateral malleolus. From here Fibularis Longus and Brevis tendons continue posteriorly to the lateral malleolus whilst Tertius, the smallest of the group, passes anteriorly to towards its’ insertion on the superior aspect of the 5th metatarsal.

The Latin term fibular is also known by the Greek word peroneal and they mean a clasp from a broach referring to the appearance of the fibula bones set alongside the tibias.

The muscle group plays an important role in stabilising the ankle and helping prevent inversion sprains to the lateral ankle ligaments including the Anterior Talo-Fibular Ligament (ATFL) and the Calcaneo-Fibular Ligament (CFL). These are regarded as the most commonly injured ligaments in sport. Consequently, the Fibularis muscles may often be strained during forced inversion and plantar-flexion of the foot and should be assessed following this type of injury. Strength and flexibility will both need to be restored prior to a return to sport, as well as checking proprioception.

**Peroneus Longus**

<table>
<thead>
<tr>
<th>ACTIONS</th>
<th>Plantar flexes and eversion of the foot</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORIGIN</td>
<td>Head and proximal 1/2 to 2/3 of lateral side of fibula</td>
</tr>
<tr>
<td>INSERTION</td>
<td>Medial cuneiform and 1st metatarsal</td>
</tr>
</tbody>
</table>

Sports Therapy UK 2013
The Treatment Room

Peroneus Brevis

**ACTIONS**  Plantar flexes and eversion of the foot  
**ORIGINS**  Distal 2/3 of lateral side of fibula  
**INSERTIONS**  Tuberosity on the lateral side of 5<sup>th</sup> metatarsal

Peroneus Tertius

**ACTIONS** – Dorsiflexion and eversion at the foot  
**ORIGIN** – Distal 1/3 of anterior surface of fibula  
**INSERTION** – Dorsal surface of the base of the 5<sup>th</sup> metatarsal

The Fibularis tendons are subject to stresses in sport involving repetitive ankle motion and particular those with raised arches of the foot. These may result in overuse conditions through slow onset such as Fibularis tendinitis, or sudden onset including tears and subluxation.

Stretching

To stretch the muscles, plantar-flexion and inversion may be combined in varying degrees of range in order to achieve the most effective increase in length. The simplest way to perform this actively is to sit with the knee flexed and the hip externally rotated, before performing the above actions.

Massage

The muscles are quite palpable and should be massaged to reduce any hypertonicity following injury, with deeper stroking added to stretch both the muscle and fascia during periods of immobilisation. To expose the target group and make them more easily accessible, the foot of the treated limb may be placed over the other with the client lying prone on the couch.