Peroneal nerve > anatomy and palpation

Palpable areas

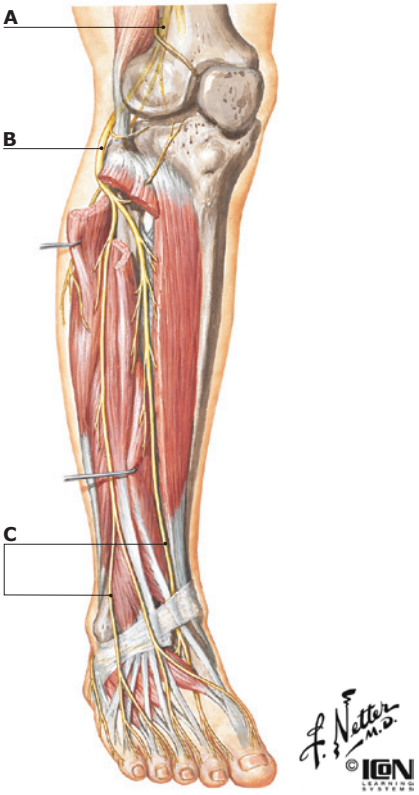
A Medial to Biceps Femoris
B At the head of the fibula
C Dorsum of the foot
(both superficial and deep peroneal nerves)

Common entrapments / syndromes

Lower lumbar spine
Piriformis area
Superior tibiofibular joint
Lower limb compartments
Ankle extensor retinaculum

The Sensitive Nervous System

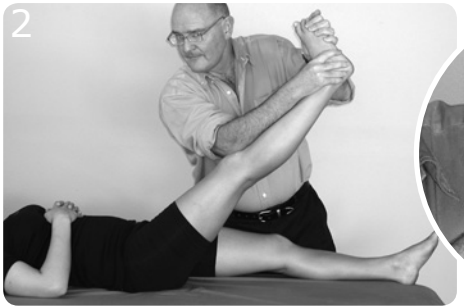
Chapters 8, 11 and 15



Peroneal nerve > therapist's assessment

PF/IN/SLR

Foot held in plantar flexion/inversion



As the hip is flexed the therapist's arm maintains knee extension

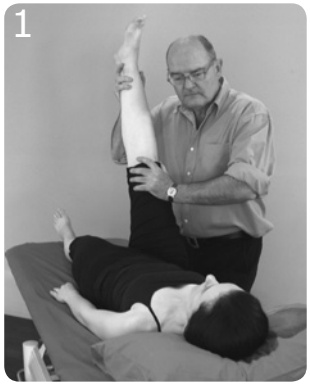
PF/IN/SLR via shoulder

More mobile subjects require the technique variation shown. The leg is placed on the therapist's shoulder and then 'walked' up.

Peroneal nerve > passive techniques

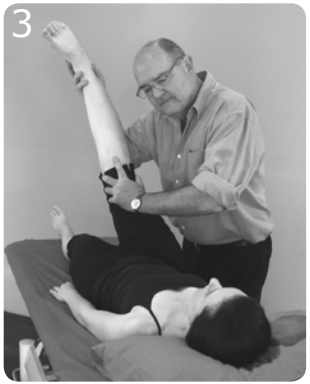
In: SLR/HAd/HMR/SP flex

These four images show increasing tension being placed upon the peroneal and the neuromeningeal system. Exploring these movements may be necessary for minor physical health issues of the peroneal nerve (add PF/IN) or tibial (add DF/EV) or situations where there is a spinal as well as peripheral component. Any of these movements could be used as therapy.



SLR

Hip adduction



Hip medial rotation

Spinal lateral flexion

In: HF/PF/IN > DF/EV Did: KE

Knee extension in hip flexion and ankle plantar flexion/inversion is a gentle way to mobilise the peroneal nerve for physical health issues anywhere along the nerve. In the technique example here, while the knee is being extended, the ankle is taken from plantar flexion/inversion to dorsiflexion and eversion for additional nerve mobilisation.

In: Slump LS/PF/IN Did: Sup TF mob + KE

The slump based technique illustrated is a combination of superior tibiofibular joint mobilisation, plus knee extension, plus spinal flexion and note also that the patient's right foot is held into plantar flexion and inversion by her left foot. All these movements together would comprise a vigorous tensioner technique.

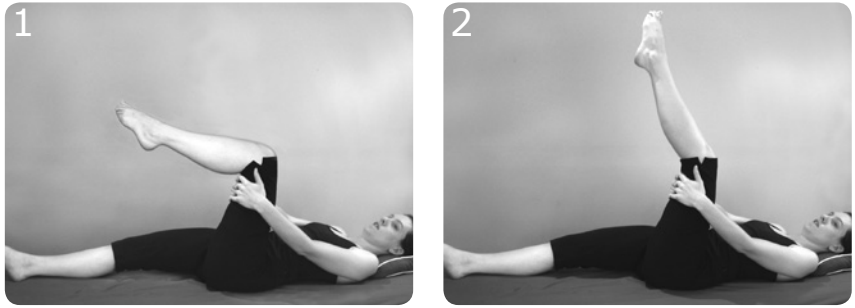
Neck extension at the same time as knee extension would be a slider.

Peroneal nerve > self management > gentler movements

These techniques are examples of gentle ways to mobilise the peroneal nerves and roots.

If a more gentle distracting movement is required, the patient could extend her neck during the knee extension or the 'swing through' in the leg swing technique.

In: HF/PF/IN Did: KE



Leg swing toes curled under

Peroneal nerve > self management > stronger movements

These techniques are more vigorous than the ones on the previous page and may be applicable for mobile patients and patients with sports injuries involving the peroneal nerve such as a settling sprained ankle.

In: Slump LS/PF/IN Did: KE (sli/ten)

With the foot held in plantar flexion/ inversion, knee extension and neck flexion makes
a tensioner technique.

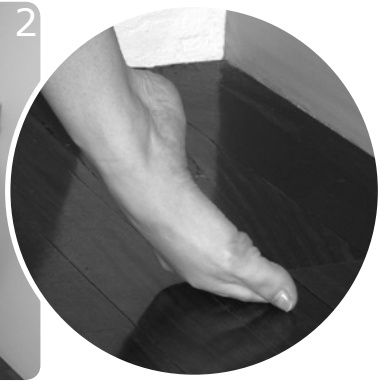
With neck extension, a slider technique is performed.

Standing mobilisation

Note how all the movement components which place load on the peroneal nerves and roots are used here.

The right hip is adducted and medially rotated and the knee is held extended by the patient's left leg.

With foot in plantar flexion and inversion, spinal flexion including neck flexion allows a strong self mobilisation of the peroneal nerve and associated roots.



Illustrated here are two vigorous peroneal nerve based techniques.

Wall mobilisation

The key with the wall technique, where the patient lies in a doorway, is to make sure that the foot is maintained in plantar flexion and inversion via a towel or a strap.

'Hamstrings stretch'
Focus on peroneal nerve

The 'hamstrings stretch' is a reminder that any muscle stretch will be likely to be a nerve mobilisation, particularly if the movements that place more load onto the nerve are included.

In this example, note in image 2 the addition of hip flexion, adduction and medial rotation, ankle plantar flexion and inversion and spinal flexion.