

BAD BIG TOES!

Hallux valgus (bunion) is classified as an abnormal deviation of the great toe towards the midline of the foot.

Hallux rigidus is a stiff toe arising from degenerative joint disease

Hallux valgus

Aetiology

- footwear (hallux valgus occurs almost exclusively in shoe-wearing societies)
- pronation of the hindfoot - pes planus
- contracture of the Achilles tendon
- heredity

Clinical features

- the most common patient concern of hallux valgus is about the appearance, although pain is usually given as the principal complaint (it is more acceptable to complain of pain than cosmesis!)
- pain is usually localised to the medial eminence, with pressure from footwear being the most frequent cause of this discomfort, but later, as the deformity increases, weight is transferred to the 2nd & 3rd MTP joints which may become symptomatic
- The medial eminence, or bunion deformity, is often the most visible component although skin ulceration can occur. There may be signs of flat feet and a tight Achilles tendon

Management

- **non-operative care is always the first option**
- attention to footwear is essential: open shoes, footwear with a wide toe box, or stretching areas of the shoe that cause pressure are required to eliminate friction over the medial eminence. Often this alone will reduce symptoms substantially. High heels should be avoided
- Pes planus may be managed with an orthosis
- A tight calf may be assisted by stretching exercises
- Rarely stabilization of the hindfoot may be necessary. (Running shoes with a rigid heel counter may provide this as well as some medial arch support)

Indications for surgery

- failed conservative management in the presence of significant pain, functional impairment or skin ulceration, particularly in the younger patient as the deformity once established inevitably progresses
- refusal by the patient to change footwear is not acceptable!

Hallux rigidus

Clinical features

- pain, crepitus, and stiffness, with movement of the metatarsophalangeal joint
- diffuse enlargement of the joint but seldom any loss of alignment

Management

- analgesia
- modification of activity
- use of footwear with more rigid sole (acts to splint the MTP joint)

Indications for surgery

- severe or intractable pain interfering with mobility or sleep
- significant functional impairment (eg. impacting on ability to work, or perform activities of daily living)