

Hallux Valgus

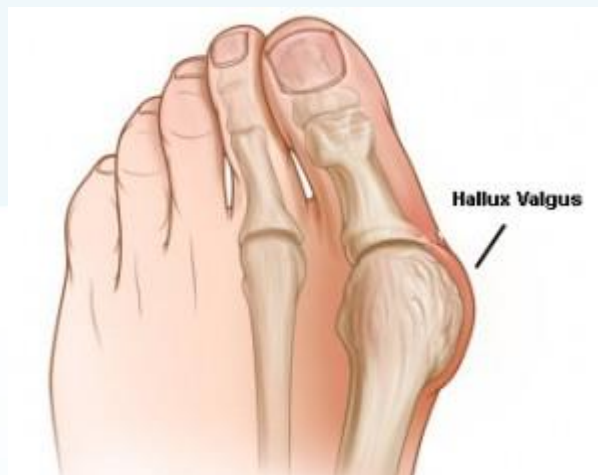
The big toe on the foot is referred to as the hallux. If that big toe begins to deviate inward to the direction of the little toe, it is referred to as hallux valgus. As the big toe continues to drift to the valgus, a bump begins to form on the inside of the big toe at the metatarsal bone. This bone prominence along the inner edge of the metatarsal bone is known as a bunion.

Many people believe the biggest cause of bunions is poor foot biomechanics. Women tend to suffer much more than men, and this is due to the regular wearing of high heels.

Hallux Valgus Anatomy

The joint that lies at the base part of the big toe is often known as the metatarsophalangeal joint. Just like any other joint within the body, it is covered with an articular cartilage, which is a hard covering on the end of the bone that allows two ends of the bone to connect. As the big toe deviates inwards, the cartilage in the joint starts to degenerate slowly.

Bone spurs will form around the joint in the process, which will end up restricting the motion within the joint, especially when it comes to being able to bend the big toe upward whenever the foot moves.



When the big toe deviates inwards, pressure is placed on the second toe and the end of the toe can become sore or the skin can become chapped. If the big toe deviation continues, the second toe has nowhere to go but to come above the big toe and sit on top of it.

How to Treat Hallux Valgus:

Treating a bunion depends largely on how uncomfortable it really is. Since bunion pain is often aggravated by wearing shoes, symptoms often depend largely on the size and type of shoes worn. Perception of pain and discomfort experienced by people tends to vary drastically. Some individuals will have a small bunion that is incredibly painful, which will limit their ability to wear shoes comfortably. There are others that can have a significant deformity that tends to be quite annoying, but it won't diminish their ability to participate in activities at all.

In reality, if a bunion has already formed, the chances are you will need to manage the problem or stop it from progressing. If the bunion is too severe, it will most likely require surgery or you simply have to put up with it.

1. Surgery

Once the bunion becomes too painful or irritating, or it becomes difficult to wear shoes, surgery might be needed. Many different surgical procedures can be performed. The decision to only perform a single surgery over another is going to be based entirely upon the magnitude of the deformity, whether there is arthritis present in the big toe joint and the spacing between the first and the second metatarsals.

2. Bunion Supports

Bunion inserts can be placed between the toes to stop them deviating. This can be especially useful at night.

3. Orthotics

Orthotics can be prescribed which are either off-the-shelf, or custom (usually better as they are designed specifically for your foot). Wearing orthotics can deviate the pressure on your foot to reduce the compensation by the big toe.

4. Exercises

Exercises that strengthen the inside arch of the foot, and the muscles around the big toe can help. Mobilisation exercises to the big toe may also help. Using ice or heat may reduce inflammation and your Rehab My Patient therapist can guide you on the best course of action.



5. High Heels

Avoid long periods wearing high heels, especially if you are wearing them regularly every week. Wearing high heels places the big toe in a poor biomechanical position and makes bunions more likely.

Tips:

- Bunions tend to be hereditary, but they can also be aggravated and caused by shoe wear.
- The condition tends to affect more women than it does men.
- Hallux valgus rarely occurs in those individuals who don't wear shoes all that often.
- Once a bunion is present, the deformity is only going to continue getting worse over the course of time. Even though you can't reverse the process, you can take measures to help correct the problem before it spirals out of control.
- Shaving the bunion down isn't normally successful when the procedure is performed alone. It often requires a bone cut on the metatarsal along with the bunionectomy.