

# Hallux Rigidus / Hallux Limitus

How you should be involved in decisions  
about your healthcare and treatment.



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## Who is this leaflet for?

This leaflet is for patients requiring information on how to manage arthritis affecting their big toe joint (medical term, Hallux Limitus / Rigidus).

## What is this leaflet about?

This leaflet will provide you with the required information to help you decide whether you can self-manage your arthritis or whether you require a surgical opinion. This leaflet will also provide you with the pre and post surgery care, the possible procedures and make you aware of any complications which may arise.

## What is Hallux Rigidus / Limitus

This is a common form of arthritis affecting the big toe joint. This joint is important to the proper function of the foot, as it needs to bend when the foot is in motion. The joint has cartilage which covers the bone, if the cartilage becomes damaged by either wear or injury, this can result in an overgrowth of bone. The overgrowth of bone can reduce the range of motion in the joint (Hallux Limitus), ultimately resulting in complete loss of movement within the joint (Hallux Rigidus).



## What are the symptoms?

When arthritis affects the big toe, the joint can become painful, stiff and bulky with a bump affecting the top of the toe joint rather than to the side, like a bunion.

## How can it be treated?

There are 2 treatment options in managing your arthritis, these are:

- **Non surgical management.**
- **Surgical management.**

### Non surgical management

Suitable footwear is often all that is needed to help accommodate and manage the shape of the arthritic joint. Wearing suitable footwear will not cure the deformity but ease the symptoms of pain and discomfort. Please see separate leaflet for advice on suitable footwear. Some patients may benefit from other therapies, these may include:

- **Medication.** Anti-inflammatories e.g. Ibuprofen (if these are suitable for you) and pain relief e.g. paracetamol may help. If the arthritis has developed as a result of a general medical condition, then other medication may be advised.
- **Padding and strapping of joint.** Padding, strapping and orthotics may help make your foot and toe feel more comfortable and support the structure of your foot.

An example of a wide fitting shoe.



- **Footwear:** Changing to wider footwear to accommodate the width and depth of your foot can also improve symptoms. When the big toe has arthritis, sometimes changing to a shoe style with a stiffer sole can help. If you look at a shoe 'side on' and the toe area of the shoe is sitting off the ground this gives the shoe a 'rocker effect'. The 'rocker effect' stops the big toe joint from bending as much when walking, relieving painful movement whilst helping you walk more comfortably.
- **Joint Mobilisation:** Joint mobilisation is a passive hands-on movement technique which can be applied to the great toe. Mobilisation is particularly effective when combined with other treatments such as soft tissue and muscle stabilising techniques, along with exercise. A thorough physical examination by your Podiatrist will determine if mobilisation is the most appropriate technique for your particular presentation.
- **Steroid Injection:** If the toe remains very painful, it may be worth injecting steroid mixed with local anaesthetic into the joint. This reduces the inflammation inside the joint. The effect may last for a few days, weeks or months. Occasionally the improvement can be permanent.



## Surgical management

If non surgical options do not help your symptoms, surgical treatment may be an option.

### Why should I consider surgery?

The purpose of surgery is to reduce pain. Surgery will not be offered to improve the appearance of your foot. The recovery for surgery to the big toe can be long and frustrating. However if you feel your toe is problematic enough, surgery may be an option for you.

The aim of surgery is to limit the motion or fuse the big toe joint and relieve the discomfort. There are several surgical procedures for arthritis in the big toe; this will be dependent on the severity of arthritis within the joint and instability in the foot.

### What types of surgery is available for my arthritis?

- **Athrodesis.** If the big toe joint has significant arthritis, we may recommend surgery to fuse the toe joint together. This will still straighten the toe however it will additionally involve knitting the bones of the big toe together making the joint permanently stiff. You can still walk comfortably with the joint stiffened.
- **Cheilectomy.** If the big toe joint has a little arthritis or only a problematic bump on the joint with problems fitting into footwear, sometimes a procedure called a cheilectomy can help. This procedure essentially will "tidy up" the uneven edges around the joint due to the arthritis. This procedure will not address all the arthritis issues.

During these surgeries the bones are held in their new straightened position with small screws and/or staples. You will not see the metal work unless you have an x-ray. We do not usually remove the metal work although if it causes any problems we can remove it at a later date.



## **What are the potential benefits of and risks of surgery?**

As with any surgery, there are always a few potential risks. These may include local infection, which means the wound may take longer to heal; non or malunion of bones, which means the bone does not heal or heals in a position which may need further surgery; long term stiffness or swelling of the joint and surrounding area; nerve damage, resulting in painful scarring and nerve pain.

## **Are there any safer or alternative treatment options?**

Only you know how much the pain and problems caused by your big toe affects you. Therefore only you can decide if non-surgical or surgical management will help your foot condition. If you feel you do not want surgery, other options include self management which are detailed within this leaflet.

## **Is there any preparation needed before the procedure?**

Prior to the surgery, you will meet with the surgeon to assess your foot condition and discuss with you the type of surgery which would be best to treat your foot condition.

## **What happens after the procedure?**

Following the procedure, your foot and ankle will be bandaged and may be placed in a cast or velcro boot. You may also be provided with a special sandal and crutches. Please ensure your bandage is kept dry. A follow-up appointment in approximately 10-14 days will be made to change your dressing.

## **Will I be able to undertake normal activities?**

During your recovery period, you will need to limit your normal daily activity e.g. walking. Driving will be restricted for several weeks post surgery. The nature of your work will determine how much time you require off to recuperate. You are best to be on your feet for very short periods at a time rather than a single longer period.

## **How long will it take to heal?**

6-8 weeks following your procedure, you will be reviewed by the Orthopaedic team. You may have an x-ray at this stage and you should be able to start to increase your weight bearing. If your swelling is improving you will be able to start to wear your own foot wear again.

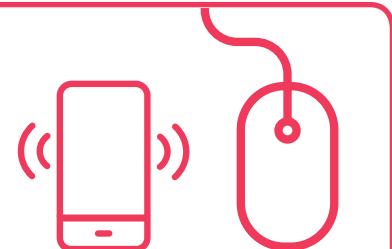
It is normal for you to have some swelling and this may last for several months but should gradually settle. Your toe may be stiff to start with however this normally improves with time and exercise. It may take 3-6 months for you to be back to your normal level of activity e.g. work standing all day. However every person is different.

**A x-ray of the foot.**



## **Further Information:**

- NHS 24 - Phone: 111
  - [rcpod.org.uk](http://rcpod.org.uk)
  - [www.nhsinform.scot](http://www.nhsinform.scot)
  - [www.nhs.uk](http://www.nhs.uk)





**For further information and advice please contact:**

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**Upperboat Road**  
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**Podiatry Department**  
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