

**Clinical Guideline:** Hallux Ridigus Site: FPH

Stiffness of the first MTPJ occurs at almost any age. In young people it may be due to local trauma or OCD. In older people it is usually due to gout, pseudo-gout or OA. Men and women are equally affected.

History

General Information

A rocker soled shoe may abolish pain by allowing the foot to roll without the necessity for dorsiflexion at the MTPJ. If walking is painful despite this type of shoe adjustment then an operation is advised. For young patients a simple extension osteotomy of the proximal phalanx may suffice. In older patients a cheilectomy is the procedure of choice. The dorsal osteophyte and the dorsal edge of the metatarsal head are removed to improve dorsiflexion. Athrodesis is an option as is a joint replacement.

Advice and Treatment

Referral Guidelines – red flag signs

Investigation

* Pain on walking, especially on slopes or rough ground. The hallux is straight and often has a callosity under the medial side of the distal phalanx. The MTPJ feels knobbly. A tender dorsal osteophyte (bunion) is diagnostic. Dorsiflexion is restricted and painful and there may be compensatory hyper-extension at the PIPJ. The outer side of the sole of the shoe may be worn due to rolling the foot outward to avoid pressing on the big toe.
* It is important to check the state of the other joints in the foot to rule out polyarthropathy.

Examination