Feet – Hallux Valgus, Claw & Hammer Toes and Mortons Neuroma’s
Hope to Cover!

- Definition
- Aetiology
- Pathology / muscle function / anatomy
- Treatment
- Outcomes
Hallux Valgus & Bunions

- Bunio – to enlarge
- Common
- Unclear cause
- Female predominant
- Barefoot protection

- Degenerative
- Acquired
- Familial
- Hypermobile 1st MTC
- Metatarsus Primus Varus
- Hyperpronated 1st Ray
- Medial slanted 1st MTC
Choo – Blahniks Disease!
Footwear
Pathology

- Lateral deviation of hallux
- Medial bunion
- Metatarsus primus varus
- Sesamoid subluxation
- Pronation of the hallux
Signs and Symptoms

• Asymptomatic
• Pain
• Tenderness
• Infection
• Aesthetic
• ‘It might get worse’
Signs
Radiologically
Move Over Jimmy Choo
Differentials
Non Operative Measures
Surgery

- Wilsons
- McBride
- Modified McBride
- Kellers
- Chevron
- Silver
- SCARF
- Akin
- Basal
- Opening Wedge
- BRT
- Arthrodesis
Post Operative

- Stable osteotomy
- Heel weight bear
- Flexible correction
- Light dressing
- Back to work
Outcomes of surgery

- Stable
- 70-80% satisfaction
- Good correction
- Low risk AVN
- Low risk #
- Poor for the Juvenile

- Contra indications –
  Spasticity
  Equinus contracture
  Marfans
  Vascular insufficiency
  Short 1st Metatarsal
Hammer Toe
Normal Toe Positioning
In Shoes!
Hammer Toe
Incidence

- Incidence 2-20% population
- Female : male = 4:1
- Mallet:Hammer = 1:9
- Increase at 50-70 years old
Hammer Toe - causes

- Multifactorial
- Footwear
- Trauma - compartment syndrome (tight FDL - dynamic)
- Muscle imbalance - Friedreich’s, C.P, M.S, Myelodysplasia, degenerative disk disease
- Diabetes
- Hansen’s disease
- RA/Psoriatic arthropathy
Long Toes - Mallet/Hammer
Treatment - Hammer

- Flexible
- Rigid
- MTP hyperextension
- FDL tight
- Associated H/Valgus
Treatment - Hammer
Treatment - surgical

- DuVries arthroplasty - rigid
- F.E.T.T - flexible
- Partial phalangectomy & syndactylisation
- Amputation
- Silicon arthroplasty
DuVries Arthroplasty
DuVries Arthroplasty
Post Operative Care

• Compression bandage
• Mobilise in cast
• R/O wire 3/52
• Support toe further 4/52
Treatment - Dynamic Hammer

- Flexible/Dynamic deformity
- FDL contracture
- Only present on standing
- Treat by FDL tendon transfer
Flexor to Extensor Tendon Transfer
Flexor to Extensor Tendon Transfer
Flexor to Extensor Tendon Transfer
Results

• High Fusion - bony/fibrous
• 50-80% satisfactory
• Excellent pain relief
• 54% correction of MTP subluxation
Complications

• Swelling
• Transient numbness
• PIP joint stiffness
• Residual angulation
• Continuing pain
• Pin tract infection
• MTP hyperextension
• Moulding
Claw Toes
Claw Toes - causes

• Unclear
• Associated with muscle imbalance
• RA
• Collagen deficiency syndromes
• Cavus foot
• Idiopathic
Muscle Action - at rest
Muscle Action - EDL
Muscle Action - FDL
Muscle Action - EDL/FDL
Clinical Examination

- Neurological
- Vascular
- Flexible/ Rigid
- Callosity
- Nail problems
- Space locally
Radiological Assessment

- Bony deformity seen
- Subluxation or dislocation
- Gun Barrel Sign
Claw Toes
Treatment - Claw Toes

- Depends on pathology, i.e. cavus
- Conservative
- Surgical
- Again flexible/rigid
- Treat both Hammer and MTP joint components
Treatment - Claw Toe
Results & Complications - Claw

• 70-90% Fair/good post operation
• Recurrence of deformity a problem
• Persistent metatarsalgia
Mortons/Interdigital Neuroma

- Difficult to diagnose
- Pain into toes
- Aggravated by activity
- Tingling in toes
- Non descript burning

- Metatarsalgia
- Stress #
- MT bursae
Morton’s
Mulders Click
Ultrasound in Morton's
Diagnosis & Treatment

- Clinical
- USS
- LA injection
- MRI

- Wide fitting shoes
- Many settle
- Steroid
- Excision
- Neurolysis
- Intermetatarsal release
Outcomes

• Dependant on diagnosis
• 80% satisfaction
Oi! No bollocks!

He believed in calling a spayed a spayed.