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# Information Sheet

# HALLUX RIGIDUS
# (1st MTPJ ARTHRITIS)

**What is Hallux Rigidus?**

Hallux rigidus is arthritis of the joint at the base of the big toe (the 1st metatarsophalangeal joint). It occurs as a result of thinning of the cartilage of the joint. The joint becomes stiff and bone spurs, called osteophytes form around the joint.

**What is the cause?**

The most common cause is simple wear and tear of the joint, known as osteoarthritis. Occasionally there is a history of injury to the joint, such as a fracture. Arthritis can also occur as a result of inflammatory conditions, such as Rheumatoid Arthritis (see relevant section).

**What are the symptoms?**


Usually, the most disabling symptom is pain. This is often associated with problems resulting from the stiffness in the joint, such as pain under the outer border of the foot from overload here and difficulty running and standing on tip toes. If the osteophytes around the joint are large (see x-ray, right), it can be difficult to find footwear that doesn't rub.

**What are the treatment options?**

- Non-surgical treatment – this involves the use of anti-inflammatory painkilling tablets, footwear modification and occasionally the use of an insole. The insole needs to be rigid, in order to support the joint, and shoes need a rocker to protect the joint during walking. In general, however, non-surgical means will only control symptoms in the most inactive of patients.

- Surgical treatment – there a number of surgical methods to treat Hallux Rigidus. These are listed below.

**Manipulation and Injection**

In mild cases, an injection of long acting local anaesthetic and steroid can be successful in settling down any inflammation and pain in the joint. The manipulation aims to improve the movement in the joint. The procedure is performed as a day case under a short general anaesthetic. The risks of the procedure are low. The main risk is that the benefits of the procedure may only last a short time, in which case one of the more invasive treatments listed below may be needeed.

**Arthroscopy**

This is a keyhole surgery technique, using a small telescope and mini instruments. The joint can be visualised and any loose cartilage or inflammation can be removed. Again, this tends to be successful in mild cases only.

**Cheilectomy**

This is removal of the prominent boney spurs (osteophytes) from around the joint. It is particularly useful when the main cause of symptoms is stiffness of the joint, with pain present when the toe is pulled upwards – a movement known as dorsiflexion. This procedure will often provide pain relief for many years before a fusion or joint replacement is needed.

**1st MTPJ Fusion**

This is the most durable treatment for this condition. It involves removing any residual cartilage from the joint. The bones are then held together with staples or screws (see x-ray, right) until they fuse together. A short plaster shoe is worn for six weeks. The disadvantage of this operation is that it removes the movement from the joint and can limit choice of shoe wear. There is also a small risk that the bones may not fuse, in which case further surgery may be needed.

**Joint Replacement**

There are a number of options for replacement of the big toe joint – Mr Farrar or Mr Taylor will discuss these with you.