

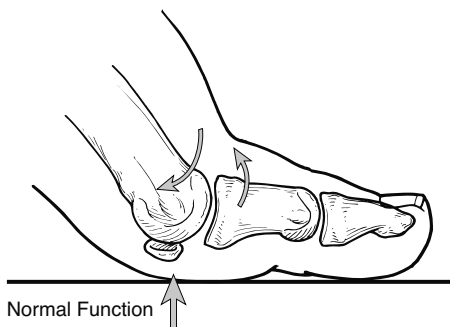
# HALLUX RIGIDUS



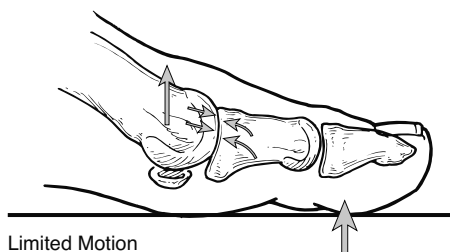
American College of  
Foot and Ankle Surgeons

Each day, with every step you take, your big toe bears a tremendous amount of stress—a force equal to about twice your body weight. Most of us don't realize how much we use our big toe. We tend to take it for granted, unless a problem develops.

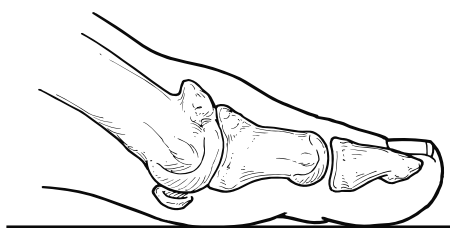
One problem that afflicts the big toe is called hallux rigidus, a condition where movement of the toe is restricted to varying degrees. This disorder can be very troubling and even disabling, since we use the all-important big toe whenever we walk, stoop down, climb up, or even stand. If you have pain and/or stiffness in your big toe, you may have this condition.



Normal Function



Limited Motion



Rigid Deformity

## What Is Hallux Rigidus?

Hallux rigidus is a disorder of the joint located at the base of the big toe. It causes pain and stiffness in the big toe, and with time it gets increasingly harder to bend the toe. "Hallux" refers to the big toe, while "rigidus" indicates that the toe is rigid and cannot move. Hallux rigidus is actually a form of degenerative arthritis (a wearing out of the cartilage within the joint that occurs in the foot and other parts of the body).

Because hallux rigidus is a progressive condition, the toe's motion decreases as time goes on. In its earlier stage, motion of the big toe is only somewhat limited—at that point, the condition is called "hallux limitus." But as the problem advances, the toe's range of motion gradually decreases until it potentially reaches the end stage of "rigidus"—where the big toe becomes stiff, or what is sometimes called a "frozen joint." Other problems are also likely to occur as the disorder progresses.

Early signs and symptoms include:

- Pain and stiffness in the big toe during use (walking, standing, bending, etc.)
- Pain and stiffness aggravated by cold, damp weather
- Difficulty with certain activities (running, squatting)
- Swelling and inflammation around the joint

As the disorder gets more serious, additional symptoms may develop, including:

- Pain, even during rest
- Difficulty wearing shoes because bone spurs (overgrowths) develop.

Wearing high-heeled shoes can be particularly difficult.

- Dull pain in the hip, knee, or lower back due to changes in the way you walk
- Limping, in severe cases

## What Causes Hallux Rigidus?

Common causes of hallux rigidus are faulty function (biomechanics) and structural abnormalities of the foot that can lead to osteoarthritis in the big toe joint. This type of arthritis—the kind that results from "wear and tear"—often develops in people who have defects that change the way their foot and big toe functions. For example, those with fallen arches or excessive pronation (rolling in) of the ankles are susceptible to developing hallux rigidus.

In some people, hallux rigidus runs in the family and is a result of inheriting a foot type that is prone to developing this condition. In other cases, it is associated with overuse—especially among people engaged in activities or jobs that increase the stress on the big toe, such as workers who often have to stoop or squat. Hallux rigidus can also result from an injury—even from stubbing your toe. Or it may be caused by certain inflammatory diseases, such as rheumatoid arthritis or gout. Your podiatric foot and ankle surgeon can determine the cause of your hallux rigidus and recommend the best treatment.

## Diagnosis of Hallux Rigidus

The sooner this condition is diagnosed, the easier it is to treat. Therefore, the best time to see a podiatric surgeon is when you first

notice that your big toe feels stiff or hurts when you walk, stand, bend over, or squat. If you wait until bone spurs develop, your condition is likely to be more difficult to manage.

In diagnosing hallux rigidus, the podiatric surgeon will examine your feet and manipulate the toe to determine its range of motion. X-rays are usually required to determine how much arthritis is present as well as to evaluate any bone spurs or other abnormalities that may have formed.

## Treatment:

### Non-Surgical Approaches

If your condition is caught early enough, it is more likely to respond to less aggressive treatment. If fact, in many cases, early treatment may prevent or postpone the need for surgery in the future. That's why it is important to see your podiatric surgeon when you first begin to notice symptoms.

Treatment for mild or moderate cases of hallux rigidus may include one or more of these strategies:

- **Shoe modifications.** Shoes that have a large toe box should be worn, because they put less pressure on your toe. Stiff or rocker-bottom soles may also be recommended.

Most likely, you'll have to stop wearing high heels.

- **Orthotic devices.** Custom orthotic devices may improve the function of your foot.
- **Medications.** Nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, may be prescribed to help reduce pain and inflammation. Supplements such as glucosamine-chondroitin sulfate and some vitamins and minerals may also be helpful.
- **Injection therapy.** Injections of corticosteroids in small amounts are sometimes given in the affected toe to help reduce the inflammation and pain.
- **Physical therapy.** Ultrasound therapy or other physical therapy modalities may be undertaken to provide temporary relief.

### When Is Surgery Needed?

In some cases, surgery is the only way to eliminate or reduce pain. There are several types of surgery that can be undertaken to treat hallux rigidus. These surgical procedures fall into two categories:

- Some procedures reconstruct and "clean up" the joint. The surgeon removes the arthritic damage from

the joint as well as any accompanying bone spurs, and then alters the position of one or more bones in the big toe. These procedures are designed to preserve and restore normal alignment and function of the joint as well as reduce or eliminate pain.

- More aggressive procedures are used when the joint cannot be preserved. These may involve fusing the joint, or removing part or all of the joint and, in some cases, replacing it with an implant, such as is done for the hip or knee. These procedures eliminate painful motion in the joint and provide a stable foot.

The procedure that is used to correct hallux rigidus depends on many factors, including the cause of the condition and the severity, as well as the patient's age, occupation and activity level. Your podiatric surgeon is trained to select a surgical procedure best suited to your particular condition and needs.

If surgery is performed, the length of the recovery period will vary, depending upon the procedure or procedures performed. ▲



Melissa J. Lockwood, D.P.M.

Melissa J. Lockwood, D.P.M. – As founder of Heartland Foot and Ankle Associates, P.C., Dr. Melissa J. Lockwood happily returns to central Illinois after seven years in Cleveland, Ohio. She is a graduate of Providence Catholic High School in New Lenox, Illinois. Dr. Lockwood completed her undergraduate degree from the University of Illinois (Urbana/Champaign) in 2001 with a Bachelor of Science in Biology and a minor degree in Chemistry. Dr. Lockwood has a great interest in archaeology and also received a minor degree in Anthropology from the U of I in 2001.

Dr. Lockwood went on to the Ohio College of Podiatric Medicine and matriculated with her Podiatric Medical Degree in 2005. While at OCPM, Dr. Lockwood served as both a delegate to the student branch of the APMA

as well as President of the Student Government organization (OPMSA). Dr. Lockwood was the recipient of several awards while attending OCPM, including the Ohio Podiatric Medical Association Dr. James Conforti Community Relations Award and the OCPM Mildred Kaufman Memorial Award for Proficiency in Orthopedics and Biomechanics.

Dr. Lockwood arrives in Bloomington following a three year residency in Cleveland, Ohio. Dr. Lockwood completed a 36 month Podiatric Medical and Surgical Residency Program based out of the University Hospital System/Richmond Heights Medical Center. Dr. Lockwood has extensive training in both forefoot (bunions, hammertoes, neuromas) elective surgical procedures as well as rearfoot reconstruction. She has a special interest in the treatment of chronic wounds as well as diabetic palliative care. Dr. Lockwood enjoys working with patients one on one in a clinical setting and chatting about her favorite sports teams!

Dr. Lockwood and her husband Scott are pleased to be back in their home state and rooting on the Illini, Redbirds, Chicago Bears, and White Sox! Scott is a 2000 Illinois State University Alumni with a BS degree in Accountancy. He is a CPA working in Bloomington.

#### EDUCATION

University of Illinois, Urbana-Champaign, BS Biology (01)  
Professional: Ohio College of Podiatric Medicine, (05)  
Residency: University Hospital Richmond Medical Center (05-June 08)

#### PROFESSIONAL ACCREDITATION

NBPME Part I (03) NBPME Boards Part II & Part III - PM Lexus (05)  
State of Illinois Licensure (08)

#### HONORS AND AWARDS

Illinois State Scholar (1997)  
OCPM Academic Scholarship (01) OCPM Dean's List (04)  
OPMA Dr. James Conforti Community Relations Award (05)  
OCPM Mildred Kaufman Memorial Award for Proficiency in Orthopedics and Biomechanics (05)  
University Hospitals Richmond Medical Center Outstanding Podiatric Resident(08)

#### PROFESSIONAL ORGANIZATIONS

President, Ohio Podiatric Medical Student's Association (02-04)  
Delegate, American Podiatric Medical Student's Association (02-04)  
Chairman, President's Committee, American Podiatric Medical Student's Association Feb. 2004  
Member - OCPM Board of Trustees (02-04)  
APMA/IPMA, AAPP, AAWP member at large

#### RESEARCH/PUBLICATIONS

*Sesamoid Pathology*, coauthored with  
Dr. Joseph Favazzo, D.P.M., December 2005. Compilation of forefoot pathology edited by Vincent J. Hetherington, D.P.M.



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