# Dr John Negrine Foot and Ankle Surgeon (To the poor and ignomious)

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### Plantar plate repair A "game changer"

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Foot and Ankle Surgeon
Sydney



### Foot surgeon's car vs knee surgeon's car

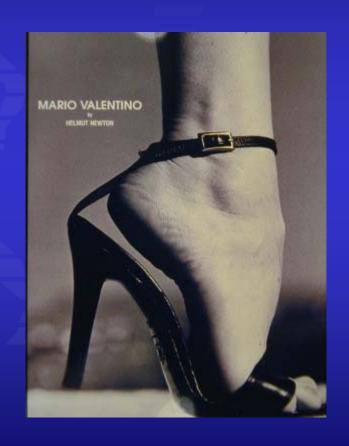






#### Patient expectations

- Always works on RPA
- The wardrobe full of sexy shoes
- Cosmesis a big issue
- Foot surgery definitely not glamorous!!





#### Second MTP synovitis 1991







#### 2<sup>nd</sup> MTP instability

- Very common cause of forefoot pain
- Patients describe walking on a stone
- Swelling
- Deviation of the toe
- Sometimes paraesthesia



There is a general lack of recognition of this condition among GP's, rheumatologists, podiatrists, physiotherapists and the general orthopaedic community.



#### Second MTP synovitis

- Spectrum from mild pain to marked deformity
- Mostly misdiagnosed initially as 2,3 neuroma
- Much more common in my practice





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#### Plantar plate

- Thick structure
- Blends with capsule
- From metatarsal neck proximal to articular surface to base of proximal phalanx
- Blends with collateral ligaments medially and laterally





#### Plantar plate anatomy

- Rectangular or trapezoidal in shape
- Approx 19 x 11 mm
- 2-5 mm thick
- Originated from the plantar aponeurosis and flimsy attachment to the metatarsal neck
- Firm attachment to the base of the proximal phalanx

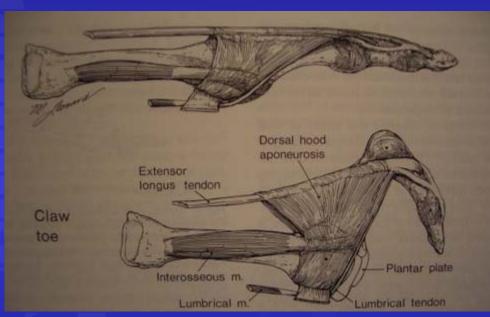






#### Patho-anatomy

- Once plantar plate ruptures interossei become extensors at MTP joint
- EDL will only extend PIP joint when proximal phalanx is flexed or in neutral
- EDL therefore a significant deforming force when MTP is hyperextended









#### Is this where hammer toes begin?



#### Isn't that exciting???





#### Causes of 2<sup>nd</sup> MTP instability

- Long second metatarsal
- Hallux valgus
- Impact runners
- Arthritides
- Neuromuscular disease



"Wear and tear"



## What is the incidence of plantar plate tears in the normal population?

- 20 specimens
- 6 male average age 56.7
- 14 female average age 71.1
- 14/20 plantar plate tears 70%
- 3/6 males 50%
- 11/14 females 78.6%

(Intervertebral disc, rotator cuff, meniscus)



Lowell Weil Jr. August 2012

#### Diagnosis

Clinical and usually obvious

• DD: Early arthropathy rheumatoid, Tumours such as PVNS, metatarsal stress fracture, neuroma



#### 65 year old GP

- Avid walker
- Presents with 2<sup>nd</sup> MTP pain and swelling
- Initial x-rays normal June 2001
- Settled with taping/insole returned to walking





#### Re-presents 2003

- Pain and swelling 2<sup>nd</sup>
   MTP joint
- Restriction of movement
- X-rays Freiberg's' infraction
- Adult cases rare but well described in the literature





#### 45 year old lady

- 3 month history of 2<sup>nd</sup> MTP pain
- Clinically no instability
- MRI Stress reaction proximal phalanx – normal plantar plate – normal metatarsal head





#### "Doctor do I need an M.I.R.?"

My iridologist said they were real good!!

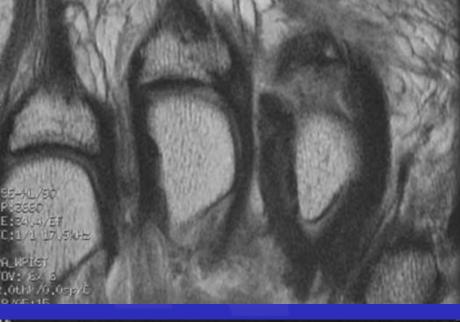


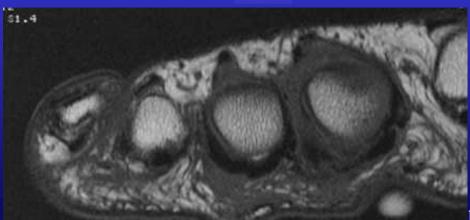
#### Interpretation is the key

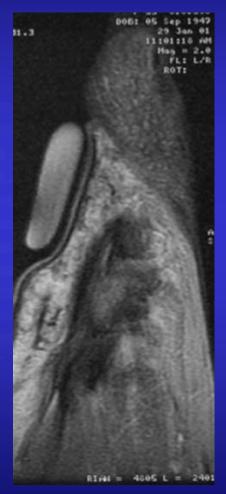


## 2<sup>nd</sup> MTP JT capsulitis and lateral plantar plate tear













### **Table 2.** Anatomic Grading of Plantar Plate Tears – Coughlin et. al 2011

#### **Grade Patterns of Injury**

O Plantar plate or capsular attenuation, and/or discoloration

1 Transverse distal tear (adjacent to insertion into proximal phalanx [<50%]; medial/lateral/central area) and/or midsubstance tear (<50%)

2 Transverse distal tear (>50%); medial/lateral/central area and/or midsubstance tear (>50%)

3 Transverse and/or longitudinal extensive tear (may involve collateral ligaments)



4 Extensive tear with button hole (dislocation); combination transverse and longitudinal plate tear

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#### 2<sup>nd</sup> instability treatment

- ??50% can be treated non-surgically
- Tape the toe, toe splint
- Metatarsal dome
- ?Judicious cortisone injection



#### Non-operative treatment













## When plantar plate ruptures pain often subsides but deformity increases



## Once the toe no longer touches the ground the only way to bring it down is surgically





#### Bad operations

- Phalangeal or hemiphalangeal resection
- Isolated metatarsal head resection
- Second toe amputation (except in the very elderly)





#### Plantar Plate Repair: My Series

- 114 so far (began 21 November 2011)
- 110 patients
- 103 female/7 male
- Age Range: 44 84
- Average age 62



#### My Series

• Second MTP 111

• Third MTP 2

• Second and Third MTP 1



#### Associated procedures

- Scarf 73 patients
- First MTP fusion 16 patients
- Akin 4 patient



#### Plantar plate repair

- New instruments make it possible from "the top"
- Direct repair and advancement is performed
- Morbidity is less



#### Small pin distractor





#### McGlamry Elevator





#### Mini scorpion









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#### Mini scorpion







#### Steps of the procedure

- 1. Pass McGlamry elevator to release plantar plate adhesions to metatarsal head
- 2. Weil Osteotomy provisionally fix 1.6mm k-wire
- 3. Place pin in base of proximal phalanx
- 4. Section collateral ligaments
- 5. Expose and debride plate tear
- 6. Put 0-fibrewire sutures in plate
- 7. Drill holes in base of proximal phalanx
- 8. Pass sutures
- 9. Tie sutures
- 10. Replace and fix Weil osteotomy



#### Technique

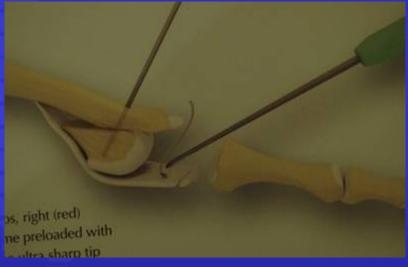




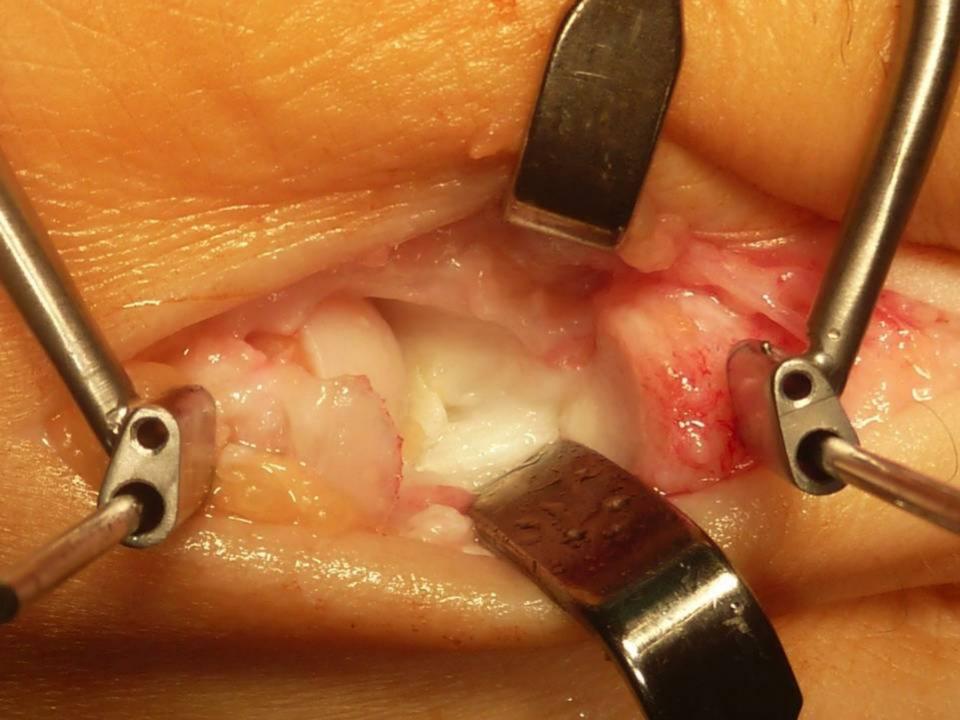


#### Technique









#### Plantar plate repair







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#### Passing the suture







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#### Final steps







#### Recovery

- 6 weeks in a recovery shoe
- Swelling 6 months
- So far 75% good results in 34 cases follow up < 12 months





Word of caution: The plantar plate is composed of type 1 collagen...we wouldn't repair a meniscus in a 60 year old woman



