



QUESTIONS | ANSWERS:

What are the best options for a 50 year old runner with Hallux Rigidus?

A 50 year old runner with hallux rigidus is a difficult problem but depending on the stage of the disease there are various solutions possible.

In the early stages when the range of motion is essentially normal and there is no mid-range pain or dorsal impingement and insole in the shoe lengthened to splint the first MTP joint will help. Occasional anti-inflammatories and lowering mileage and impact.

In the intermediate stages of the disease where there is no mid-range pain but dorsal impingement a cheilectomy (removal of the dorsal one third of the metatarsal head with the osteophyte) will afford relief, retain range of motion and enable the patient to continue running. It is however a “buy time” procedure not being curative in the longterm.

In the advanced stages with mid-range pain and or deformity the traditional answer is to do a fusion. Most surgeons would recommend that patients not run following a fusion though there are patients who run marathons with a fusion. If there is no deformity present one may try a synthetic cartilage implant such as a cartiva. This will retain movement and often relieve pain but the prognosis regarding returning to running is guarded.

Can injections help people with Hallux Rigidus?

Certainly many patients with hallux rigidus can get transient relief from a cortisone injection. I am sceptical of the results of PRP and stem cells as they are currently given in this country. Patients often ask how often they can have a cortisone injection, this is arbitrary I would suggest two injections per year maximum. We feel if cortisone injections are given prior to surgery they do increase the risk of infection.

What is the role/relationship of bunion treatment to reduce MTP arthritic change (pros/cons) of addressing bunion surgically to reduce MTP arthritic change?

In an elite runner with a bunion one does not operate until their running career is over. We feel that by realigning a joint we are decreasing the chance of arthritis in the future but there is no firm evidence. Bunion surgery will never regain lost movement and the best case scenario is retention of movement.

Dr John Negrine