# **Bunions**

# Body Part

1st Metatarsophalangeal joint (1st MPJ)

## Condition:

A bunion is an abnormal, swollen bony bump that appears on the joint at the base of the big toe. Bunions are sometimes called hallux abducto valgus (HAV) or Hallux Valgus.

## Summary

People with flat feet or a shortened 1st metatarsal often get bunions. The 1st Metatarsal moves towards the outside of the foot which then causes the proximal phalanx at the base of the big toe to compensate and move towards the 2nd toe, hence why the bump forms.

The assumption that poor footwear as a child or high heels cause bunions is a myth. The main reason is that some people have feet with a bone structure or foot shape that makes them prone to bunions, and as such is hereditary.

Wearing poorly fitting shoes isn't a cause, however they can exacerbate the rate at which you develop bunions —in particular, shoes that are narrow, have a pointed toe box or a high heel forces the toes into an unnatural position.

### Symptoms:

- Pain and tenderness in the toe
- Redness and inflammation in the toe
- Pain in the ball of the foot
- Hardened skin on the bottom of the foot
- A callus or corn on the bump
- Stiffness and restricted motion in the big toe, which may lead to difficulty in walking.
- Lesser toe pain due pressure from big toe

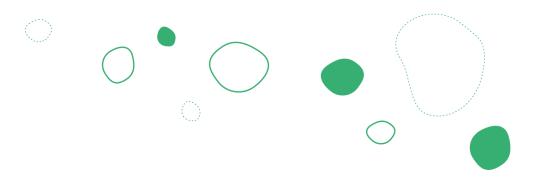


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#### Treatment:

Most non invasive treatment is around symptom relief as bunions are non-reversible unless surgery is undertaken. In sayin that, all non-invasive techniques should be considered before surgery. These are:

- Splinting
  - Splinting can provide pain relief due temporarily re-align the toe
- Mobilisations
  - If there's reduced movement in the joint, gentle mobilisations can be performed to increase function and reduce pain.
- Orthotics
  - Orthotics help redistribute pressure and can improve function, however they do no correct bunions but rather slow them down.
- Proper shoe fit
  - Improper shoe fit will increase pain and enhance the rate at which the bunion is deteriorating.
- Medication
  - Non- Steroidal Anti-inflammatories (NSAIDs), whether topical or oral can help with pain, but only acts as a band aid.
- Surgery
  - Correction of the deformity is only achieved through surgery. It should be considered if non-invasive interventions have been exhausted.

# Prognosis:

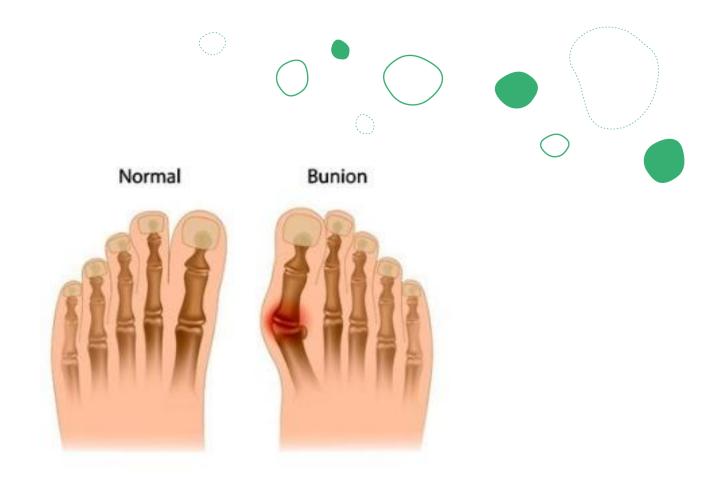
Bunions are managed case by case. A patient could have a large deformity but very little pain and others could have a small deformity with a lot of pain. Therefore, depending on the severity/ pain levels of the bunion, some people will respond well to conservative treatment and are happy to manage the bunion that way. Other patients, however, don't respond to conservative treatment and will need surgery to have the bunion corrected.



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Further information:

For further information, please contact our friendly team at Gen Health.

www.preferredfootankle.com/foot-conditions/bunions/



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