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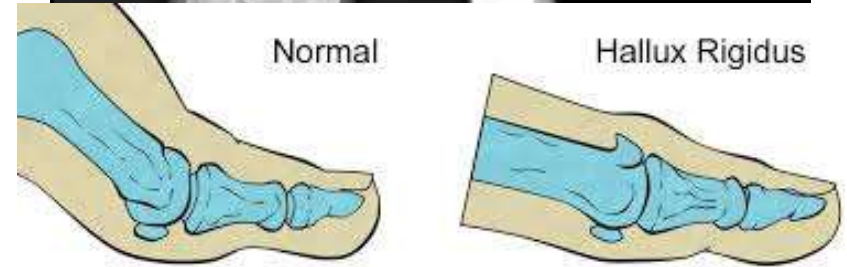
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Big toe Arthritis (Hallux Rigidus)

Rowley Bristow Orthopaedic Unit

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Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

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Useful Links

British Orthopaedic Foot and Ankle Society (BOFAS)

<https://www.bofas.org.uk>

Offers a list of all surgeons carrying out specialist foot and ankle surgery across the UK as well as patient information.

Arthritis Research UK / Versus Arthritis

<https://www.versusarthritis.org/>

Phone: 0300 790 0400

Offers a wide range of information and articles as well as a selection of self-help booklets which can be downloaded on the Internet.

National Rheumatoid Arthritis Society (NRAS)

<https://www.nras.org.uk>

Phone: 0845 458 3969

Helpline: 0800 298 7650

Email: enquires@nras.org.uk

Provides information and support for people with rheumatoid arthritis (RA) and juvenile idiopathic arthritis (JIA), their families, friends and carers.

What is hallux rigidus?

Hallux rigidus is a type of arthritis in your big toe. Specifically, it affects your big toe joint - the metatarsophalangeal (MTP) joint. Your MTP joint is where the base of your big toe meets your foot.

“Arthritis” is a general term for a group of more than 100 diseases. It causes inflammation (swelling) in and around your joints. Healthcare providers sometimes call hallux rigidus “big toe arthritis.”

Hallux rigidus means “stiff big toe” - the condition’s most common symptom. It causes pain and stiffness in your MTP joint. It’s a form of osteoarthritis (“wear and tear arthritis”).

Visit a healthcare provider if you’re experiencing symptoms like pain, stiffness or swelling in your big toe or foot.

How common is hallux rigidus?

Experts estimate that around 1 in 40 adults older than 50 have hallux rigidus. It’s the most common type of foot arthritis.

Hallux rigidus is the second most common MTP joint condition after bunions (Hallux Valgus).

What are hallux rigidus symptoms?

The most common hallux rigidus symptoms include:

- Pain in or around your big toe. It usually feels like the pain is on the top of your toe, but you may feel it deeper or inside your toe, too.
- Stiffness in your big toe.
- Swelling around your big toe joint.
- Losing range of motion in your big toe (how far you can comfortably move it).
- A bump that looks like a bunion or callus on top of your big toe.

Some activities or conditions might make your symptoms worse, including:

- Standing or moving.
- Cold, damp weather.
- Wearing shoes that are too tight or don't properly fit your feet.

What causes hallux rigidus?

Most cases of hallux rigidus develop naturally over time without an obvious cause. As you age, normal wear and tear on your joints can add up to damage the cartilage (joint surface) that cushions them. This wear and tear is usually what causes hallux rigidus (and other forms of osteoarthritis).

How long will I spend in hospital or on treatment after surgery?

People having big toe surgery will either go home on the same day or spend one night in hospital.

You will be expected to be up and active the day after surgery by completing normal tasks, such as walking, toileting and dressing, but otherwise will need to strictly rest and elevate the foot for 10 to 14 days after surgery.

For the first six weeks after surgery, you may be provided with a modified shoe to protect your foot, and walking aids such as crutches to help support you.

You may start driving again after about six weeks, or earlier if you have an automatic car.

You will be able to run within 6 months to a year post-surgery.

Following your surgery, you may be asked to complete post-surgery outcome questionnaires to monitor your progress and improve our knowledge.

It may take up to one year to recover fully from foot surgery, sometimes longer. A very small number of people will continue to experience pain after surgery.

- Infections can occur but are often treated by antibiotics. Occasionally, wounds can become more deeply infected and require further surgery.
- Rarely, further surgery may be required if a fusion does not join or joins in a poor position.
- In some cases, a new joint may not be stable, may loosen or wear, and further surgery may be needed to correct it.
- A small number of patients may require further insoles or help from a podiatrist if the foot becomes unbalanced after surgery.

It is important to remember that most complications are minor and can be easily and successfully treated.

Benefits of surgery

The outcome of foot surgery is usually good, but it doesn't mean that everyone who has surgery will be completely pain free.

The main benefits are:

- Relief of pain and disability, or pain that may be significantly improved.
- Greater independence.
- A wider choice of more comfortable shoes.

Hallux rigidus likely develops because your big toe joint experiences a lot of stress when you walk. Every step you take, places a force equal to twice your body weight on the MTP joint.

Other causes of hallux rigidus include:

- Overusing the MTP joint (like during a sport, hobby or job).
- Stubbing your toe.
- Turf toe (a toe sprain).
- Having longer-than-usual bones in your feet and toes.

Hallux rigidus risk factors

Anyone can develop hallux rigidus, but it's more common in certain groups of people, including:

- People older than 50.
- Women and people assigned female at birth (AFAB).
- People who are on their feet all day at work.

Certain health conditions can make you more likely to develop hallux rigidus, including:

- Rheumatoid arthritis.
- Gout.
- Autoimmune disorders that cause inflammation.
- Osteochondritis dissecans, a joint condition in which bone underneath the cartilage of a joint dies due to lack of blood

flow. This bone and cartilage can then break loose, causing pain and possibly hindering joint motion.

How is hallux rigidus diagnosed?

A healthcare provider will diagnose hallux rigidus with a physical exam. They'll test your toe joint's range of motion and check how far you can bend your toe up and down. You might need to visit a podiatrist - a healthcare provider who specializes in taking care of your feet.

Your provider might use a foot X-ray to take pictures of your foot and check for bone spurs (osteophytes).

Hallux rigidus stages

Your provider might classify hallux rigidus with a grade based on how much it affects your ability to move your big toe. They might call these grades stages if your symptoms are getting more severe over time. Hallux rigidus grades include:

- Grade 0: Your affected toe can move 10% - 20 % less than your other big toe.
- Grade 1: 20% - 50% less movement in your affected big toe.
- Grade 2: 50% - 75% less movement.
- Grade 3: 75% - 100% less movement.
- Grade 4: 75% - 100% less movement along with more severe pain while moving your affected big toe.

What happens during surgery?

Surgery is usually performed under a general or spinal anaesthetic and some form of nerve block. You will need to stay in hospital for several hours or, rarely, overnight.

Your surgeon will be able to give you further information about the different options, types of surgery and the specific risks and benefits.

Fusion of the big toe joint is the most common procedure offered.

Risks of foot surgery

As with any surgery, there are associated risks. If you are overweight, smoke or not active, you are at greater of risk of developing complications after surgery and it may take you longer to recover. You may wish to discuss with your GP or health professional what you can improve before surgery.

- Stiffness or persistent pain in the foot. In very few cases, nerves may be damaged, which could lead to chronic pain that may be worse than the pain before surgery.
- There is a low risk of developing a blood clot in the leg or deep vein thrombosis (DVT). All patients will be assessed for DVT risk. If you have no other risk factors, we don't generally recommend further treatment.

Can you get rid of hallux rigidus?

Surgery is usually the only way to permanently get rid of hallux rigidus. But most people with hallux rigidus are able to find a combination of nonsurgical treatments that manage their symptoms.

Who needs surgery for big toe arthritis?

The aim of surgery is to relieve pain and improve mobility. It may also be to improve foot shape and function. Surgery is only considered for patients who have not responded to simple measures such as pain relief, physiotherapy, podiatry or shoe modifications. People with the following may need surgery for big toe arthritis:

- Confirmed arthritis with pain that is so severe that it has an impact on your life, such as walking and standing;
- Intermittent or constant pain through the night; or
- Pain when carrying out weight bearing exercises such as dancing and climbing stairs.
- Difficulty in getting comfortable shoes.

What is the best treatment for hallux rigidus?

Which treatment you'll need depends on the severity of your symptoms and what caused hallux rigidus. Your surgeon might suggest:

- **Footwear changes:** Wearing shoes that have plenty of room for your toes can relieve pressure on your MTP joint. Shoes with **stiff soles** relieve pain. Avoid wearing high heels or shoes that squeeze your toes (have a small toe box).
- **Limiting your toe movement:** Your surgeon may recommend over-the-counter (OTC) pads that you can put in your shoe to support your big toe and limit its movement. You might need to avoid activities that stress your toe joint, like running or playing sports.
- **Pain relievers:** Over-the-counter nonsteroidal anti-inflammatory medications (NSAIDs) can relieve pain and reduce swelling. Don't take NSAIDs for more than 10 days in a row without talking to your doctor.
- **Icing:** Applying ice or cold packs to your affected toe can relieve your symptoms. Wrap a cold pack in a thin towel to avoid putting it directly onto your skin. Ask your doctor / surgeon how often (and for how long) you should ice your toe.
- **Corticosteroids:** These are prescription medications that reduce inflammation. You may need cortisone injected directly into your big toe joint.

- **Foot soaks:** Your healthcare provider might suggest soaking your feet in a contrast bath, switching between hot and cold water to relieve inflammation. Place your foot in hot water for 30 seconds, then right away in cold water for 30 seconds.

Will I need surgery for hallux rigidus?

Most people don't need surgery to treat hallux rigidus. Your provider might suggest surgery if other treatments don't relieve your symptoms, or if the hallux rigidus makes it hard (or impossible) to participate in your daily routine.

Surgical procedures for hallux rigidus include:

- **Cheilectomy** (kie-LEK-toe-me): A cheilectomy gives your toe more room to bend. Your surgeon will shave down any bone spurs or growths on your MTP joint to relieve pain and help your joint move better.
- **Osteotomy:** Your surgeon will cut your toe bones to realign or shorten your affected big toe.
- **Arthroplasty:** An arthroplasty is a joint replacement. Your surgeon will remove the damaged bone in your MTP joint and replace it with a "spacer" of donor tissue between the joint ends.

- **Arthrodesis:** An arthrodesis is a joint fusion. Your surgeon will remove damaged cartilage and join the bones in your joint together. This surgery offers a permanent solution but may restrict how much you can move your big toe.

Can I prevent hallux rigidus?

You probably can't prevent hallux rigidus from developing, but you may be able to slow down its progression if you:

- Exercise to keep your big toe joint mobile.
- Rest your joint after intense physical activity - never play through pain.
- Wear well-fitting shoes with enough space around your toes.

What's the prognosis for hallux rigidus?

With the right treatment, you can reduce pain and inflammation so you can get back to your usual activities. Some hallux rigidus surgeries may leave you with a limited ability to bend your toe, but you can still be active. Your surgeon will tell you what to expect, and which activities to avoid.