

## **Health “Painful Bunions: New Therapy”**

*Nearly every second woman aged 20 to 50 is tormented by “Hallux valgus”, a malpositioning of the big toe. Read here how you can prevent an operation and when it still might be necessary.*

With a bunion the big toe is no longer straight, but points inward and may even be pushed below or above the second toe. Thus the metatarsal bone on the base joint protrudes to the side like a hump. Because it is pressed against the inside of the shoe, the bursa on the joint is easily inflamed. The bunion turns red and hurts with every contact – hardly any shoe fits and walking becomes agonizing!

If the malpositioning persists for more than a year, the cartilage in the joint wears out and the toe becomes stiff. No rolling on one’s feet or standing tiptoe is possible anymore, no walking in sandals and pumps – only shoes with hard soles remain. “Taking timely action by doing foot gymnastics, wearing good shoes and wearing a bunion splint can prevent that”, says orthopedics Assistant Professor Dr. Dr. Klaus Milachowski, Munich.

### **What causes bunions?**

**Predisposition:** It is caused by an inherited weakness of the connective tissue which cannot sufficiently support the bones/ligaments in the forefoot. Thus the ligaments contract in the wrong places and pull the toe inward. It is mainly noticed between the ages of 20 – 25 or sometimes later – depending on the shoes that were worn. **Shoes:** Tight and pointy shoes and/or high heels (higher than 4 cm) press the entire weight onto the forefoot. An enormous load! It increasingly presses the arch of the foot to the ground, thereby continuously pushing the bunion further out!

### **Gentle correction: The “bunion-splint“**

As long as the bunion is not yet very pronounced (the toe only slightly askew, bunion hump 0.5 – 1 cm thick), a novel special splint made of plastic (photo below) can “straighten it out”. Additionally, a plastic pad presses the metatarsal from the sole of the foot upward. Great: You can walk normally with it on, because the splint is flexible at the bunion and because of the flat design it even fits in comfortable shoes. By this corrective measure the big toe is drawn outward, while shortened ligaments and tendons are gradually brought back into the right position!

**Important:** \_ Have an orthopedist check if there is really a malpositioning. \_ Wear the splint at least \_ a year – at least 20 minutes per day and also overnight. \_ Health insurance covers the cost (approx. 60 Euros) if the splint is worn for stabilisation purposes following a bunion operation; often even in the case of a pre-existing bunion (a physician’s attestation is then required), however not prophylactically.

### **This helps prevent a pronounced bunion**

\_ walk barefoot as often as you can! In doing so, all muscles in the foot are exercised, the arch of the foot is drawn upward, thus removing pressure from the bunions and the toes.

\_ Wear the wrong kind of shoes in which you can wiggle your toes. Wear slender shoes and high heels only for short periods in between, maximum 1 – 2 hours per day.

\_ Do daily 10 – 20 minute “foot-gymnastics“, e. g. turn the pages of a telephone book with your toes, hold a pen or pick up marbles off the ground. But: Let a physiotherapist show you the correct posture first (can be prescribed by a physician).

### **Bunion operations: several procedures**

In the case of extremely protruding bunions an operation will be necessary (short general anesthesia). In the process the tendons are detached from the bone and the joint is stabilized. That works e. g. with titanium discs (disadvantage: they can become loose) or with wires (disadvantage: they can break). Advice: Good surgeons master several procedures, select the right foot specialist at [www.fuss-chirurgie.de](http://www.fuss-chirurgie.de)

**Caution!** The malpositioning can only be corrected by a proper operation with a 3 – 4 cm long incision. “At miniature operations with local anesthesia the incision is only 1 – 2 cm long and the bone is normally only millcut. But it will grow back again within six months”, warns Dr. Milachowski.

### **That doesn't help much**

Many try it – to no avail:

- \_ Shoe inlays that are not specially adjusted to the foot. They only press the metatarsal upward, but they do not correct the malpositioning.
- \_ Rigid “night splints”. They only constrain the foot and pinch. It is impossible to walk with them.
- \_ Plastic cones between the toes in order to splay and straighten them. They slip constantly and do not stabilize the foot.

### **Photo:**

The splint is positioned at the side of the bunion and is fastened around the toe and the metatarsal with two straps.