

FOOT

Hallux rigidus: big-toe arthritis

A stiff, painful big-toe joint: footwear adaptations, cheilectomy and fusion.

Patient information, treatment choices, risks, recovery and a space to record your individual plan.

Understanding the condition

Hallux rigidus is arthritis of the joint at the base of the big toe. Pain may occur on push-off or where a bony spur rubs against a shoe. Examination and X-rays assess arthritis and whether pain occurs mainly at the end of movement or throughout it.

Treatment options

A wide toe box, stiff or rocker sole, insoles and suitable medication can help. An injection may offer temporary relief. If symptoms remain limiting, the extent of arthritis and your goals guide surgical choices.

What a procedure may involve

Cheilectomy removes impinging bone spurs in selected earlier disease while retaining joint motion. Fusion prepares and fixes the joint so it heals as one bone, usually for more advanced arthritis. Fusion permanently removes motion at that joint; the smaller joint near the toe tip still moves.

Risks and benefits to discuss

The aim is less pain during walking and in shoes. Cheilectomy may leave ongoing pain or be followed by progressive arthritis and later fusion. Fusion has risks of nonunion, an unsuitable position and prominent metalwork. Both have infection, scar, nerve and blood clot risks.

Any operation also carries bleeding and anaesthetic risks. Occasionally, complex regional pain syndrome causes prolonged pain and sensitivity. Your health and the extent of surgery change your personal risk.

RECOVERY AND YOUR CONSULTATION

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Use this guidance to prepare your individual plan with the treating team.

Rehabilitation and aftercare

Keep the wound protected, elevate and wear the advised shoe. Loading and toe exercises depend on the procedure: movement may be encouraged after cheilectomy but should not be forced across a fusion. X-rays may guide progression after fusion.

Expected outcomes and recovery

Recovery takes weeks to months, with swelling often lasting longer. Cheilectomy does not prevent arthritis progression. Fusion may give dependable pain relief but limits footwear choices and some activities. Discuss shoes, occupation and sport before choosing surgery.

When to seek urgent help

Seek prompt advice for rapidly increasing pain, spreading redness, wound discharge, fever, new numbness or a cast or boot causing pressure. New calf pain or swelling needs urgent assessment. Chest pain or breathlessness needs emergency help: call 999.

Your consent discussion

Ask which treatment best addresses your symptoms, what alternatives are reasonable, what the main risks mean for you, and what recovery will involve at home and work. This guide supports that discussion; consent is completed with your treating team. Your individual written instructions take priority.

Sources and further reading

RNOH: Hallux rigidus, cheilectomy and fusion

<https://www.rnoh.nhs.uk/patients-and-visitors/patient-information-guides/arthritis-big-toe-hallux-rigidus-discussions-cheilectomy-and-fusion>

Royal Orthopaedic Hospital: Big toe fusion

<https://roh.nhs.uk/services-information/foot-and-ankle/fusion-of-the-big-toe>

CLINICIAN-COMPLETED WORKSHEET

Your consent discussion

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This blank worksheet is not an executed consent. Complete it after clinical assessment with the treating clinician. The hospital or clinic must also complete its required consent process before treatment.

Patient name / identifier, date of assessment and communication support needed

Diagnosis, affected side / site and the proposed procedure or treatment

Reasonable alternatives discussed, including the option of no treatment

Expected benefit for this patient, limits of treatment and uncertainties

Material risks and personal risk factors - record the risks that matter to this patient

Patient's priorities, questions, understanding and agreed decision / time to consider

Treating clinician name, role and signature / date

Patient / representative name, signature and date - acknowledgement of discussion only

A signature here records a discussion; it does not replace a completed treatment consent form. You may ask further questions or change your decision before treatment.

CLINICIAN-COMPLETED WORKSHEET

Your rehabilitation and aftercare plan

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Complete this plan after assessment. The advice must match your injury or operation, imaging, wound and medical history. Do not start limb loading, remove protection or change medicines using an uncompleted worksheet.

Limb loading / weight bearing, walking aids, sling / cast / boot / brace and protection

Wound / dressing care, bathing, elevation and swelling advice

Medicines, pain relief, clot prevention and any treatment-specific restrictions

Exercises, physiotherapy, range of movement and progression criteria

Work, driving, sport and daily activities - individual restrictions / review points

Review date, imaging / tests, named clinician and routine / out-of-hours contact details

Clinician completing this plan, signature / date and patient questions

When to seek urgent help

Seek prompt advice for rapidly increasing pain, spreading redness, wound discharge, fever, new numbness or a cast or boot causing pressure. New calf pain or swelling needs urgent assessment. Chest pain or breathlessness needs emergency help: call 999.