

Physical Therapy Post–Hallux Abducto Valgus Correction

Suzanne T. Hawson, PT, MPT, OCS

KEYWORDS

- Physical therapy • Bunion • Hallux abducto valgus • Postoperative rehabilitation
- Bunionectomy

KEY POINTS

- Corrective surgery for hallux valgus is an option when conservative measures fail.
- Hallux valgus has biomechanical implications that affect the entire functional chain, and these issues may not correct themselves postoperatively.
- A comprehensive physical therapy evaluation for postoperative hallux valgus correction is needed to identify problems and diagnose movement dysfunction that may lead to disability and affect how an individual interacts with the environment.
- A multifaceted physical therapy program addresses impairments and functional limitations to help restore normal function centered on patient-specific goals.

INTRODUCTION

Hallux valgus is a fairly common occurrence. In a cross-sectional study performed in 2010, Nix and colleagues¹ found that the prevalence of hallux valgus was 23.0% in adults aged 18 to 65 years and 35.7% in adults older than 65 years. Hallux valgus is more prevalent in women and elderly (>65 years of age) individuals.¹

Many treatments can be considered for hallux valgus. Conservative measures, such as orthotics, physical therapy, footwear modifications, and injections, have been documented as ways to treat this condition, and although conservative measures do not correct the deformity itself, they can help reduce pain and improve function.²

However, when conservative measures do not yield the desired result and symptoms such as pain persist in not only the big toe but also the other digits, surgical correction is often considered.² Surgical osteotomy for hallux valgus was shown to be effective for treating painful hallux valgus, whereas orthoses provided only short-term relief.³ Procedures may vary from osteotomy of the first metatarsal to addressing involvement at the tarsometatarsal joint and/or the proximal phalanx.²

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Department of Physical Therapy, University Foot and Ankle Institute, 26357 McBean Parkway, Suite 250, Valencia, CA 91355, USA

E-mail address: suzanne@footankleinstitute.com

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Several types of surgical procedures are used in treating hallux valgus, but describing them in detail is beyond the scope of this article. In general, mild deformities would be less involved than severe deformities (Wulker²), and additional procedures may be needed to address other issues, such as a Lapidus procedure for tarsometatarsal joint instability.⁴ Surgery addresses the different joints that constitute the first ray and corrects the deformity for optimal joint function, and may include addressing issues in the first tarsometatarsal, metatarsophalangeal, and the proximal interphalangeal (PIP) joints. In general, proper surgical treatment results in good outcomes in 85% of patients.² However, the severity and chronicity of the hallux valgus deformity before surgery could also potentially affect a patient's prognosis. These patients may continue to have symptoms leading to impaired body functions, limited function from disuse, and altered biomechanical function, which might limit or delay expected outcomes.

Currently, the American Podiatry Medical Association (APMA) Web site mentions physical therapy as a treatment for hallux valgus specifically to "provide relief of the inflammation and bunion pain" and that postsurgical pain can be managed with medications, without mention of physical therapy.⁵ The American Academy of Orthopedic Surgeons (AAOS) Web site mentions physical therapy as part of postoperative care after bunion surgery to help with exercises.⁶ Consequently, physical therapy may be underused in postoperative hallux valgus correction. This article highlights the usefulness of physical therapy to help regain function and optimize outcomes for patients who undergo hallux valgus surgery.

Physical therapists are qualified medical professionals who diagnose and manage movement dysfunction and enhance physical and functional abilities.⁷ In 2008, the World Health Organization established the International Classification of Functioning. This system focuses on human function, providing a framework for how people with particular health conditions function in their daily lives. Alterations in body function, rather than a particular diagnosis, can affect how individuals can perform normal tasks and their interaction with the environment. Physical therapists consider all of these factors and address them when planning a treatment plan and providing care.⁸

Postoperative physical therapy is indicated for patients who have undergone hallux valgus correction who have altered body functions and disability resulting from surgery, and to address symptoms and biomechanical issues that are associated with hallux valgus. Postoperatively, patients may present with pain, edema, impaired range of motion, impaired muscle strength and function, joint dysfunction in the foot and ankle complex, possible nerve dysfunction, altered balance, integumentary changes, and gait disturbance. Functional ability and patient expectations may fall short without proper intervention after hallux valgus correction. Although some of these issues are sequelae of surgery, studies have shown that strength and proper foot function associated with hallux valgus may not correct themselves without proper treatment, even after surgical correction,⁹⁻¹¹ and that physical therapy is helpful to improve weight-bearing forces on the hallux and first ray after hallux valgus surgery.¹²

COMPREHENSIVE EXAMINATION AND TREATMENT OF POSTSURGICAL HALLUX VALGUS

Physical therapists conduct an initial examination in which patient history, a systems review, and tests and measures are completed to evaluate and establish a plan of care that outlines diagnosis, goals, interventions, and prognosis. Gathering subjective information from patients regarding their history helps physical therapists determine which tests and measures should be completed, and provides information on

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