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Step Ahead Foot & Ankle Clinic

Hallux Limitus

Some contributing factors for the development of a big toe that doesn't move or a Hallux Limitus include the following: a long or elevated 1st metatarsal, trauma or injury, osteoarthritis, or flat feet. Systemic disease can also cause injury to the joint such as rheumatoid arthritis, lupus, or gout. The problem is mostly related to foot function or the mechanics of how your foot operates. Pressure on the top of the joint, can cause a characteristic type of bone formation recognized on an x-ray. This excess bone around and the joint can impair the big toes ability to move. The movement of the big toe is essential to normal lower extremity function. When we walk all of our body weight is on one foot as the apposing extremity swings through the air. About 1/2 of the time that all of our weight is on one foot our heel is off the ground, placing all our body weight under the ball of the foot. About 90% of the weight under the ball of the foot should be under the big toe. This is a tremendous amount of weight. Your body's tendons and muscles possess a special mechanism to deal with the stress of walking. This mechanism helps the arch to lock or become a ridged lever when the heel comes off the ground and the opposing foot is swinging through the air. For many of us this mechanism does not work as well as it should. Excess joint pres-sure wears out the cartilage and causes spurring and excess bone formation. The result is pain, and very poor lower extremity function that can effect hips and knees. The most effective treatment is an orthotic or shoe insert, which can help to push the big toe into the ground, effectively lock the mid-foot, and decompress the joint. Surgery to restore the normal biomechanics should be addressed prior to the onset of severe degenerative arthritis.