Breakout / Session A
Colorado Ballroom F – J

Saturday, 10:00 – 11:00 am

Debate: Surgical Treatment of Severe Hallux Valgus

Moderators: Mark E. Easley, MD - a – Wright Medical; Orthofix; Arthrex; Biomet; b – Wright Medical; e – Wright Medical
Jeffrey E. Johnson, MD - a – Midwest Stone Institute, Inc (provided a research study grant and partially funds a foot fellowship salary, provides salary support for work as Medical Director for Midwest Stone Inst.); b – OrthoHelix Surgical Designs, Inc.; d – Midwest Therapy, LLC; OrthoHelix Surgical Designs, Inc.; e – Midwest Stone Institute, Inc. (paid Medical Director); OrthoHelix Surgical Designs, Inc. (Medical Advisory Board)

Panelists: V. James Sammarco, MD
Brian C. Toolan, MD
Steven B. Weinfield, MD

10:00 am
Proximal 1st Metatarsal Osteotomy for Hallux Valgus Correction
Steven B. Weinfield, MD
a – Zimmer

Indications for Proximal osteotomy
- hallux valgus > 30 degrees
- IM > 14 degrees
- Incongruent joint

Used in conjunction with modified McBride

Types of proximal osteotomies
- Proximal Crescentic (Mann)
- Proximal Chevron
- Ludloff
- Scarf
- Mau
- opening wedge proximal osteotomy

Clinical Assessment
- history and chief complaint
- examine both seated and weight bearing
- 1st MTP ROM, adductor tightness
- callus pattern
- stability of first ray
- associated deformities
- +/- Achilles contracture
- rotation of metatarsal, pes planus

Radiographic Evaluation
- weight bearing A/P and lateral x-rays (sesamoid view)
- Hallux valgus and IM angles
- congruency of 1st MTP joint
- sesamoid position
- DMAA - normal < 6 degrees
- MTP arthrosis?
- instability of 1st TMT joint (plantar gapping on lat. X-ray)
- assess relative lengths of metatarsals

Ludloff Osteotomy

Oblique osteotomy from dorsal proximal to plantar distal aspect of first metatarsal
Rotate metatarsal laterally after placement of proximal screw
Fixation with compression screws (3.5, 2.7)
Combine with soft tissue realignment and resection medial eminence

May plantar flex the first metatarsal
Avoids dorsiflexion malunion and transfer metatarsalgia
Allows for early weight bearing
Able to correct moderate to severe hallux valgus

Bibliography