Etiology

1) Failed turf toe repair
2) After sesamoid excision
3) Muscle imbalance

The initial exam and diagnosis is critical in the long term result. Dynamic exam under flouro will show whether the sesamoids move with the proximal phalanges with dorsiflexion. If the sesamoids do not move, there is a complete Plantar plate rupture, and conservative management is unlikely to succeed.

An interesting, and common variant is where the synchondrosis between the two part of a medial sesamoid is disrupted, with separation of the two poles. Most of these can be treat non-surgically with a stiff soled insert and taping.

Surgical indications for turf toe injury

Indications for Surgical Repair of Turf Toe Injury

1. Large capsular avulsion with unstable MTP joint
2. Diastasis of bipartite sesamoid
3. Diastasis of sesamoid fracture
4. Retraction of sesamoid
5. Traumatic hallux valgus deformity
6. Vertical instability (positive Lachman test)
7. Loose body in MTP joint
8. Chondral injury in MTP joint
9. Failed conservative treatment

Early repairs are fairly simple with a reattachment of the PP into the proximal phalanges.

Late repairs a more complicated. There might be a fixed extension contracture, and the time-tested method of a transfer of FHL to the long great toe extensor will give reasonable result.

Prevention
1) Proper care of turf toe injuries
2) Careful capsular repair after sesamoid excision
3) Shoes and orthotics
4)

Proposed Literature


NOTES