

## A Commentary on Hallux valgus

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### Introduction

Hallux valgus is a common paralysis of the feet. It can be a progressive paralysis where the basic metatarsophalangeal joint is affected and is common between dysfunction and foot pain and reduced quality of life. This joint is a step-by-step connection to the capillary of the primary metatarsal and phalanges adduct. This often leads to a state called inflammation (exostosis in the dorsomedial part of the main metatarsal head). In the past, these changes have caused pain and functional deficits i.e. unbalanced deformities (changes in weight, late heel rise, single leg band adjustment). Diagnosis was done in the clinic by the detection of hallux that exists in the valgus area and is raised. Foot radiographs are available to identify the severity of the disease and to arrange for the surgery. Treatment may not work with shoe modification for cases with mild and minor symptoms. Surgical treatment is suggested by ongoing disability and difficulty in wearing shoes. There may be a significant increase in tog valgus within the population (23% of adults aged 18-65 years.). There may be an increase in women and therefore adults (35.7%). It is most common in people with flat feet or toes. The first toe is the medio-distal part of the foot. It is made up of the main metatarsal represented by 2 sesamoid bones, the first phalanx / primary phalanx is called as the first distal phalanx. It is made up of 3 bones rather than four, not like the opposite toes with an extra bone which is named as the middle phalanx. The first toe has 3 secretion organs: a member of the Tarsometatarsae which is present between the medial cuneiforme bones. Therefore the first metatarsal, does not involve in high movement. Metatarsophalangeal joint connects the initial or the primary metatarsal. Therefore the first phalanx is used for joining which allows for thickening and extension of the main toe as well as a slight reduction in movement to the middle of the second toe. It is also strengthened by lig. Metatarsophalangae collateralia and lig. Metatarsophalangae plantaria.

Interphalangae joint is the joint between the 2 phalanges of the first toe. This combination only allows for bending and stretching and is further enhanced by the channels lig. Interphalangae collateralia and lig. Interphalangae plantaris. Two sesamoid bones are identified by the main metatarsal bone. The sesamoid bones protect the connective tissue of the bone Hallucis Brevis FHB which is embedded within the FHB muscle tendon. The main function of FHB is to generate more power by stretching its connectors. Collaborative muscles are M. tibialis, M. extensor muscle hallucis longus, M. striated muscle longus, M. skeletal muscle hallucis

longus, M. extensor Hallucis Brevis, M. abductor hallucis, M. skeletal muscle hallucis brevis, M. adductor muscles hallucis, M. interossei dorsales I, fascia plantaris. Hallux valgus Angle is the angle created between the lines along its length which cuts the adjacent phalanx and hence known as the first metatarsal. Below 15° is considered as traditional, 20° angles and a large square measure are thought to be unusual. A corresponding angle of 45°-50° is considered highly. Epidemiology & Etiology is not well established. These features are bound to play a role for the development of the toe valgus. Gender, athletic shoes and / or heeled shoes between the ages of twenty and thirty years are thought to be important in developing the toe valgus in recent years. Birth defects or predisposition, chronic Achilles tension, severe flatfoot, Hypermobility of the main metatarso cunieform combination, Systemic instability, abnormal muscle implantation is a square measure of the valgus of the toes. Hallux valgus is more closely related to hip and OA knee and is similarly related to subsequent BMI. The rate of sesamoid transplantation and the degree of osteoarthritic remodeling within the basic MTP compound are considered to be similar. It is not necessary to require radiographs to determine the severity of tog valgus all the time. Therefore, the Manchester rating is developed. The Manchester scale possesses typical images of 4 types: none, gentle, moderate and heavy. Analyses have shown that the measure is definite in terms of obligation to re-evaluate and test inspectors. In the study, the authors developed a tool that contains 5 images rather than four in which all images had a tog valgus angle raised by 15°. This tool had a satisfactory repetitive load and was also a good tool to be used to determine the severity of valgus toes. Each scale (division of four levels or measured scale) tends to confirm the severity of the tog valgus. A physical examination should be performed with each patient for awareness. Disability in all weight bearing is due to presence of foot or muscle contraction of Achilles tendon, height of cell and long toe with reference to minimal toe treatment.

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### Conflict of Interest

The authors declare that there is no conflict of interest.