Clinical Monograph



HALLUX RIGIDUS:

Maximizing Range of Motion through Implant Design, Intra- and Postoperative Management

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Intraoperative Management:

Soft Tissue Mobilization

- Capsular release
- Collateral ligament mobilization
- Sesamoids mobilization

• Joint Decompression:

- Advance screw by 2-3 mm
- Re-ream implant bed and reshape metatarsal head

• Flexor Hallucis Brevis Tendon Release

- Subperiosteal release at the bony insertion on the proximal phalanx

Intraoperative Goal:

• 90 degrees of passive dorsiflexion



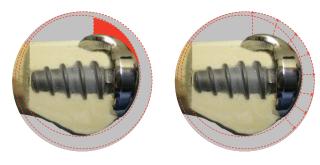
Postoperative Management:

- Patients are instructed in passive and active dorsi- and plantar-flexion preoperatively, and these instructions are repeated immediately postoperatively.
- Heel to toe gait and no walking on the side of the foot are encouraged.
- Patients without adjunct procedures are weight bearing immediately in a surgical boot or stiff-soled shoe for comfort and outside ambulation, but full weight bearing without a shoe in the household is encouraged immediately to prevent joint stiffness.
- Aggressive ROM therapy is initiated after healing of the integument.
- Return to normal shoe gear and activities after suture re moval as tolerated.
- Early joint mobilization has not interfered with normal wound healing.
- No postoperative bracing is used to maintain alignment. No postoperative deformities have been seen by the authors.



Arthrosurface HemiCAP^{DF®} Toe Resurfacing System:

Joint Decompression and improved DorsiFlexion through anatomic non-spherical implant design re-establishing multiple anatomic centers of rotation over the full range of motion arc.



References:

1) Hasselman C, Shields N. Resurfacing of the First Metatarsal Head in the Treatment of Hallux Rigidus. Tech in Foot & Ankle Surgery 7(1):31–40, 2008

- 2) Carpenter B, Smith J, Motley T, Garrett A. Surgical Treatment of Hallux Rigidus Using a Metatarsal Head Resurfacing Implant: Mid-term Follow-up. J Foot Ankle Surg.
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Always refer to the package insert information, product labeling and/or user instructions before using any Arthrosurface product. The HemiCAP® DF Toe Resurfacing System is approved by FDA 210 Map Law Struct Wort Deidersurter, MA 02270, 1, EQ0, EQ0, 2002

³⁾ Kinematics of the First Metatarsophalangeal Joint. MJ Shereff, FJ Bejjani, FJ Kummer. JBJS: Vol 68-A, No 3, 1986