Stretches for Hallux Limitus or Post Bunion Surgery with Dr Emily Transcript

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Holiday intro and topic overview

Everyone, happy holidays as we are getting towards the end of the year. I just wanted to do a video to share with you about a concept that I've actually been discussing with several patients this week, and it is in regards to how it's limitless and how do we possibly increase that range of motion.

Oftentimes when people have limited dorsiflexion of their big toe joint, they want to just force it into extension, thinking that they can stretch the tissue on the bottom of the foot and therefore increase range of motion.

Why big toe range of motion gets limited

Unfortunately, it does not always work that way. I also just saw a patient who is status post-echilectomy, which is an approach for helixomatous, is since you go in and you shave the dorsal bump, so the osteophytes, the arthritis on top of foot, And then she's still not getting good range of motion.

Part of that, I went into her, that it's the joint space that we need to address. But post bunion surgery, post helix-limited surgery how can you support range in motion?

So I wanna go through that with you with a few stretches that I like to recommend for my patients and may be beneficial for you. All right, so here. First thing is, is what happens when you have arthritis in your big toe joint and any sort of inflammation, a capsulitis, synovitis arthritis, or your post surgery is that you get inflammation.

Now inflammation in soft tissue, doesn't matter what tissue it is. Inflammation in the soft tissues creates contractures. So you will get a capsule contracture, which means imagine this capsule of your toe joints getting tighter it's actually going to pull your toe into the metatarsal, therefore tightening the joint.

So you can get a joint tightening, a capsular contracture, which is going compress the joints that can increase pain and that decreases range of motion.

Joint capsule distraction stretch

Part of that, I like to actually just stretch the joined capsule. Now what's important on this is that you don't want to just grab the toe and pull it straight out because you have two joints that are part of your foot.

You have your toe joint, this is called your IPJ, and then this your MPJ. This is the one that we're trying to stretch. So if you are going to pull the toe, distract it to, stretch the joint capsule, you need to take your hand and make sure that you're grabbing all the way at the base of you big toe.

I like to hold the foot stable, so I'm essentially pulling this hand this way, then my right hand I'm grabbing the toe and I pulling straight out. Now I am holding it kind of like a stretch.

I going to hold this for approximately a minute. This is a lot of work because I doing quite a bit of a pull on it and it's going be hard to tell but I actually pulling enough that my joint is starting to pucker.

So when I do joint injections into the first MPJ, I have to really pull that toe to open up the joint so I can get the needle into joint to do the injection.

But here I'm holding this, holding, and then I would release. If you want to compress a little bit and pull out again, you absolutely can. So that is the 1st one.

I like to just hold it. Again, it's a lot of muscle intensive, so just kind of listen to your body. If you want to first rub in

some CBD oil, Voltaren gel, vitamin E, whatever you to into the joint capsule.

Plantarflex the first metatarsal and dorsiflex the toe

And then I like to do this holding this distraction. You could do three sets of essentially holding it. Now, the second way that I liked to stretch the join capsule or support dorsiflexion is that you have to, first, push the first metatarsal down.

So, I don't like to just pull the toe back and force it back, and hold it there, think that this is going to increase range of motion. Unfortunately, it doesn't work that way.

You need to push that first meta-tarsals down, so I'm at my head, pushing down with one thumb. While holding that meta tarsall down then I am taking the opposite hand to extend the Okay, so first metatarsal down, then I'm going to dorsiflex with the opposite hand.

I like to make sure that I am at the proximal failing so I not at tip of the toe trying to force it because what can happen, it's so hard to show in the video, but what could happen is you can actually extend at your IPG and then you get this ski jump toe nail.

anyone who has essentially a tip of the toe that lifts and it looks like a ski jump like this, essentially is telling me that they have limited range of motion in the first MPJ.

So we want to push down the metatarsal. I'm going to to at the proximal phalanx, the base of toe to extend. And essentially that's what I am trying to reinforce and hold.

You can go through that movement pattern. Then I like to couple this With the use of a dancers pad, you can get quarter inch felt dancers pads, which you would put on the bottom of the foot.

I like the dancers' pads from Hapad, H-A-P- A-D. Put it on bottom the of foot, that's going to encourage the dropping and the dorsiflexion at the same time.

And then sometimes I'll have patients in a rocker base shoe momentarily.

Dancer's pad, rocker shoe, and recap

Now, what I do not like is pulling the toe and essentially just cranking on it like this. I like to distract. If you want to hold, remember we're trying to stretch that tissue that is essentially in a contracture.

So we are holding a little bit longer. I focus on the extension. Could you extend and then plant or flex it or flexibility? Sure. that is not going to increase any sort of dorsiflexion because the mechanism just doesn't work that way.

So again, as a recap, if you are status post-surgery, If you have hallux limitus, or if your pain in your big toe, and if have an acute capsulitis synovitis, this is actually even great after a gout attack and once the pain has reduced, you got a lot of inflammation in there.

Again, I like to work the inflammation with that joint capsule stretch, a massage of the joint capsules, Plantar flex the metatarsal, dorsiflex the digit, use a dancer's pad, and then transition to a rocker base shoe.

If you would like to learn more about how I approach patients from a functional perspective, please visit thefunctionalfootdoc.com. Happy holidays, stay barefoot strong.