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

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 removal 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® 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:

Always refer to the package insert information, product labeling and/or user instructions before using any Arthrosurface product.

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