



12SS36: Hallux Rigidus

Accreditation Statement:

The American College of Foot and Ankle Surgeons is approved by the Council on Podiatric Medical Education as a sponsor of continuing education in podiatric medicine.

Designation Statement:

The American College of Foot and Ankle Surgeons designates these educational activities for CPME Continuing Education Contact Hours. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Learning Objectives:

At the conclusion of this activity, the participant will be able to:

1. Evaluate patients with Hallux Rigidus.
2. Review the various treatment options for patients with Hallux Rigidus.
3. Identify important pearls and pitfalls gleaned from case based discussions.
4. Understand various 1st ray surgical approaches using evidence based solutions

Instructions

1. Watch the online video presentations.
2. Fill in your contact information on the CE Test.
3. Complete the CE Test.
4. Complete the Evaluation form.
5. E-Mail (must have Microsoft Outlook) your CE Test and Evaluation form to:
eLearning@acfas.org

OR

Mail your CE Test and Evaluation form to
American College of Foot & Ankle Surgeons
Maggie Hjelm, Manager, Education Curriculum & Alliances
8725 W. Higgins Road, Suite 555
Chicago, IL 60631-2724

6. Please allow 6 - 8 weeks to receive your CE confirmation.

* Please note: the minimum passing score is 70%.



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Questions

- 1. Which of the following surgical approaches to hallux Rigidus has not been proven to improve patient subjective or objective outcomes?**
 - a. Cheilectomy with or without a phalangeal dorsiflexory osteotomy (i.e., Moberg)
 - b. Decompression metatarsal osteotomy with plantar displacement (i.e., Youngswick-Austin or Green-Watermann)
 - c. Autogenous soft-tissue interpositional arthroplasty
 - d. Implant arthroplasty
 - e. Arthrodesis

- 2. Which of the following structural deformities has been proven to be responsible for the development of hallux Rigidus?**
 - a. Metatarsus primus elevatus
 - b. Long first metatarsal
 - c. Short first metatarsal
 - d. None of the above
 - e. All of the above

- 3. An increased percentage of first metatarsal head articular erosion for grade II hallux rigidus can be predicted with which of the following?**
 - a. Nonweightbearing first metatarsal-phalangeal joint dorsiflexion less than 20 degrees
 - b. Pain at both the dorsal-medial and dorsal-lateral first metatarsal-phalangeal joint
 - c. Medial angulation of the second toe
 - d. Pain on palpation of the plantar second metatarsal head
 - e. All of the above

- 4. Which of the following are true regarding distal metatarsal osteotomy for treatment of hallux limitus?**
 - a. Surgeons should stop performing this procedure because the evidence does not demonstrate effectiveness.
 - b. First MPJ dorsiflexion is significantly improved on long-term follow-up.
 - c. Patient selection including staging of hallux limitus is important when considering joint preservation procedures.
 - d. Answers a and c
 - e. All of the above



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Questions (Cont'd.)

5. **One potential advantage of Soft Tissue Interpositional Arthroplasty versus other surgical options for Hallux Rigidus treatment is?**
 - a. Faster surgical time versus arthrodesis procedure
 - b. Superior range of motion versus any other technique
 - c. Simple conversion to first MTP fusion if fails
 - d. Allograft and xenograft tissue is cheaper than screws
 - e. None of the above

6. **Approximately what percentage of intact articular cartilage is required for first MTPJ preservation?**
 - a. 10%
 - b. 30%
 - c. 50%
 - d. 75%
 - e. 90%

7. **What type of cartilage is likely to regenerate on the preserved articular surface?**
 - a. Hyaline cartilage
 - b. Immature, woven cartilage
 - c. Fibrocartilage
 - d. Answers a and b
 - e. Answers a, b and c

8. **Which of the following statements is/are true regarding preservation of the first metatarsophalangeal joint in the treatment of hallux Rigidus?**
 - a. Bioabsorbable fixation can be used to stabilize the capital fragment after decompression osteotomy of the first metatarsal
 - b. Several well-designed randomized controlled clinical trials comparing arthrodesis to joint preservation in the treatment of hallux rigidus have already been published in the peer-reviewed biomedical literature
 - c. No meaningful case series have been published that describe the combination of cheilectomy, subchondral plate drilling, and decompression first metatarsal osteotomy for the treatment of hallux Rigidus
 - d. Answers a and b
 - e. Answers a and c



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Questions (Cont'd.)

9. The best evidence supports cheilectomy:

- a. For all stages of joint arthrosis
- b. For early stage arthrosis of the first metatarsophalangeal joint
- c. Cheilectomy cannot be recommended for the treatment of end-stage arthrosis
- d. Answers b and c
- e. None of the above

10. The best evidence supports arthrodesis for end-stage hallux Rigidus:

- a. Over implant arthroplasty
- b. After arthrodesis, patients are more likely to return to former activities compared to implant arthroplasty
- c. With predictable union rates
- d. With predictable clinical results
- e. All of the above

11. Hallux Rigidus:

- a. Has an unknown etiology
- b. Has been described in two different populations : a congenital form and an adult acquired degenerative form
- c. The congenital form usually presents in the teenage years, through the 20's, from a predisposing anatomic factor such as flattening or squaring of the metatarsal head
- d. The adult degenerative form typically presents in a relatively older population in their 40's and 50's, usually as a result of predisposing high-impact activities such as running or dancing
- e. All of the above



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Please type your answers.

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CE TEST

Answers

| Question | Answers | | | | |
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Evaluation

1. The course achieved its learning objectives.

strongly disagree disagree neutral agree strongly agree

2. The course was relevant to my clinical learning needs.

strongly disagree disagree neutral agree strongly agree

3. The course was relevant to my personal learning needs.

strongly disagree disagree neutral agree strongly agree

4. The electronic method of instruction was conducive to learning.

strongly disagree disagree neutral agree strongly agree

5. The course validated my current practice.

strongly disagree disagree neutral agree strongly agree

6. I plan to change my practice based on what I learned in the course.

strongly disagree disagree neutral agree strongly agree

7. Any suggestions for the ACFAS e-Learning program?

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