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Hallux valgus

S2e-medical guideline
of the

German Association for Foot and Ankle e.V. (D.A.F.) of the

German Society of Orthopaedics and Trauma Surgery e.V. (DGOU)

D.A.F.
Deutsche Assoziation für
Fuß und Sprunggelenk e.V.

DGOU Deutsche Gesellschaft für
Orthopädie und Unfallchirurgie

und

Society for Foot and Ankle Surgery (GFFC)

Professional Association for Orthopaedics and Trauma Surgery (BVOU)

German Society for Trauma Surgery e.V. (DGU)

Society for Arthroscopy and Joint Surgery e.V. (AGA)

German Society for Rheumatology and Clinical Immunology e.V. (DGRh)

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German Society for Orthopaedics and Orthopaedic Surgery e.V. (DGOOC) = DAF

DEUTSCHE GESELLSCHAFT
FÜR ORTHOPÄDIE UND
ORTHOPÄDISCHE CHIRURGIE

Gesellschaft für Fuß- und
Sprunggelenkchirurgie e.V.
Society for Foot and Ankle Surgery

AGA
Gesellschaft für Arthroskopie
und Gelenkchirurgie

DEUTSCHE GESELLSCHAFT FÜR UNFALLCHIRURGIE

BVOU Berufsverband für Orthopädie und Unfallchirurgie

Deutsche Gesellschaft für Rheumatologie und Klinische Immunologie e.V.

Version 5.1

Editor

Leading professional Society oft he Guideline
German Association for Foot and Ankle e.V. (D.A.F.) of the
German Society of Orthopaedics and Trauma Surgery e.V. (DGOU)

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What`s new?

As part of the revision of the Hallux Valgus guideline, the authors established a "living systematic review" [11]. The goal of this review is to provide an up-to-date overview of the effectiveness of existing surgical procedures, as well as the introduction of new surgical techniques, for the correction of Hallux Valgus. All future revisions of the guideline should build upon this "living systematic review."

Based on this work, several subgroup analyses were conducted. These focused on the classification of the severity of the Hallux Valgus deformity [19] as well as the currently used outcome scores [18].

1	Recommendation	Proofed 2024
Grade of Recommendation **expert consens (EC)**	In addition to the findings-oriented (specific) medical history, a general and social history should be included in the medical history. Consensus expert opinion of the guideline committee	

2	Recommendation	Modified 2024
Grade of recommendation A B 0	The diagnostics should include both a clinical and an instrumental examination. As instrumental examination, weight-bearing X-rays of the foot should be performed in at least two planes while standing. In individual cases, extended diagnostics may be useful. Consensus expert opinion of the guideline committee	
Level of Evidence		
Level III	*Coughlin 2007 [7]*	
Level V	*Welck et al. 2018[21]* *Coughlin et al. 2002 [9]* *Hecth et al. 2014 [14]* *Andrews et al. 2021 [1]*	

3	Recommendation	Modified 2024
Grade of Recommendation B	The severity of Hallux Valgus should be classified into two grades of severity based on weight-bearing radiographic images taken in the standing position.	
Level of Evidence		
Level I	*Spindler et al. 2024 [19]*	
Level V	*Coughlin and Mann et al. 2024 [6], Robinson et al. 2005 [17]*	

4	Recommendation	new 2024
Grade of Recommendation **EC**	Validated, subjective questionnaires can be used for the objective assessment of patient satisfaction. The MOxFQ and VAS are well validated for Hallux Valgus. The AOFAS can be used as a secondary outcome measure to allow for better comparability with the existing literature. Consensus expert opinion of the guideline committee *LITERATUR: SPINDLER ET AL. 2024* [18]	

5	Recommendation	modified 2024
Grade of Recommendation B	A causally oriented conservative therapy is not possible. A condition-appropriate, symptomatic therapy should be carried out. As symptomatic pain management, various conservative measures should be taken.	
Level of Evidence		
Level I	*HURN ET AL. 2022 [15]*	
Level V	*FUHRMANN ET AL. 2017 [12]; COUGHLIN 1984 [3]; COUGHLIN 1990 [4]; EASLEY, TRNKA, 2007A [10]*	

6	Statement	modified 2024
Grade of Recommendation **EC**	Patients who are considered for surgery or wish to undergo surgery must have been thoroughly informed about the conservative treatment options. The indication is usually symptomatic Hallux Valgus after unsuccessful conservative therapy. Consensus expert opinion of the guideline committee	

7	Recommendation	modified 2024
Grade of Recommendation **EC**	The preoperative counseling should include general and specific surgical risks, as well as the postoperative rehabilitation plan. Consensus expert opinion of the guideline committee	

8	Recommendation	modified 2024
Grade of Recommendation B B	The surgical therapy should be stage-appropriate, although no clear superiority of individual surgical techniques can currently be demonstrated. To verify adequate bony correction with centered sesamoids and correct implant positioning, an intraoperative radiographic control should be performed. Consensus expert opinion of the guideline committee	
Level of Evidence		
Level I	*ETTINGER ET AL. 2024 [11]*	

9	Recommendation	proofed 2024
Grade of Recommendation **EC**	The postoperative measures are partly based on the surgical strategy used. General measures such as wound care, thrombosis prophylaxis, pain management, and postoperative imaging should be considered. Consensus expert opinion of the guideline committee	

Version number: 5.1
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