

## PATIENT INFORMATION

# Bunions (Hallux Valgus): Causes, Symptoms and Treatment

*A bunion is a bony bump at the base of the big toe caused by the toe gradually drifting toward the other toes. Bunions are common and progressive. While they cannot be reversed without surgery, the right footwear, orthotics, and exercises can significantly reduce pain and slow progression.*

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## AT A GLANCE

A bunion (hallux valgus) is a progressive bony prominence at the base of the big toe from toe drift. Common, hereditary, and not reversible without surgery. Footwear modification is the most effective conservative intervention. Surgery reserved for severe or refractory cases after 6+ months conservative treatment.

## At a Glance

Bunions (hallux valgus) affect 23 to 35% of the population, with women more commonly affected than men. A bunion is a bony prominence at the base of the big toe, formed as the toe gradually angles toward the other toes. Bunions are progressive — they do not improve on their own — but most people manage them successfully without surgery using appropriate footwear, orthotics, and targeted exercises.

## What is a Bunion?

The medical name for a bunion is hallux valgus. "Hallux" means big toe and "valgus" describes the outward deviation of the toe. As the big toe angles toward the second toe, the head of the first metatarsal bone is pushed outward on the inner side of the foot, forming the characteristic bump.

Over time, the joint at the base of the big toe (the first metatarsophalangeal joint) can become arthritic, stiff, and painful. The overlying skin may become thickened, red, or blistered from footwear friction.

Smaller bunions can also form at the base of the little toe — these are called bunionettes or tailor bunions.

## Who Does It Affect?

Bunions are very common, particularly in:

- Women (approximately three times more common than in men)
- Adults over 40, though they can begin developing in adolescence
- People with a family history of bunions (heredity is the strongest risk factor)
- Those who wear narrow, pointed, or high-heeled footwear over long periods
- People with flat feet, joint hypermobility, or certain arthritic conditions
- Ballet dancers and athletes in sports requiring tight, narrow footwear

## Symptoms

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Not all bunions are painful. Symptoms, when present, include:

- A visible bony bump on the inner side of the foot at the base of the big toe
- Pain or soreness at the bunion site, particularly with walking or footwear pressure
- Swelling, redness, or warmth around the joint
- Restricted or painful movement of the big toe
- Callus or thickened skin over the bump
- Difficulty finding comfortable footwear
- In more advanced cases, the big toe overlapping or pressing under the second toe

Symptoms often fluctuate and are frequently worse with certain footwear or after prolonged activity.

## How Is It Diagnosed?

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Your podiatrist will diagnose a bunion through:

- **Clinical examination:** Assessing the alignment and range of motion of the big toe joint, the degree of deviation, and any associated problems such as lesser toe deformities, calluses, or arthritis
- **Footwear review:** Identifying contributing footwear patterns
- **Foot posture and biomechanical assessment:** Flat feet or abnormal walking patterns can accelerate bunion development
- **Weight-bearing X-ray:** Measures the hallux valgus angle and the angle between the first and second metatarsal bones, which helps classify severity and guide treatment decisions

Severity is typically classified as mild (hallux valgus angle less than 20 degrees), moderate (20 to 40 degrees), or severe (greater than 40 degrees).

## Treatment Options

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### Conservative treatment (non-surgical):

Conservative treatment does not correct the deformity but can significantly reduce pain and slow progression:

- **Footwear modification:** Wide, round-toed shoes with adequate depth are the single most important change. Avoiding narrow, pointed, or high-heeled footwear reduces pressure on the bunion and may significantly reduce pain.
- **Orthotics:** Custom foot orthotics address underlying biomechanical factors (flat feet, excessive pronation) that contribute to progression. They can reduce symptoms and are more effective when combined with stretching.
- **Padding and splints:** Gel pads or bunion shields protect the prominence from shoe friction. Toe separators and bunion splints (worn at night) may provide comfort but do not correct the deformity.
- **Exercise:** Stretching and strengthening exercises for the big toe and foot muscles can help maintain joint range of motion and reduce pain.
- **Anti-inflammatory management:** Ice after activity and short-term use of non-steroidal anti-inflammatory medications (NSAIDs) for acute flares.

A 2024 Cochrane review found that surgery produces clinically meaningful pain reduction and modest functional improvement compared with conservative care, but also carries a higher risk of complications. Most podiatrists recommend conservative treatment as the first and ongoing approach unless pain is severe and significantly impacting quality of life.

### **Surgical treatment:**

Surgery is considered when conservative treatment has been tried for at least 6 months without adequate pain relief, and when the bunion significantly impacts daily function. Surgery aims to realign the joint and relieve pain — it does not always guarantee a pain-free or cosmetically perfect result.

Surgical options include:

- **Chevron or Scarf osteotomy:** The metatarsal bone is cut and realigned. These are the most common procedures for mild to moderate bunions.
- **Proximal osteotomy:** For more severe deformity.
- **Minimally invasive bunion surgery (MIBS):** A newer technique using small incisions and specialised instruments. Evidence from 2025 suggests faster recovery and fewer wound complications compared with traditional open surgery, with equivalent deformity correction.

Recovery from surgery typically takes 6 to 12 weeks in a surgical shoe or boot. Return to normal footwear and full activity takes several months. Recurrence is possible, particularly if footwear habits do not change post-surgery.

### **Self-Care and Home Management**

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- Switch to wide-fitting, round-toed shoes with a low heel and a soft upper — this single change often significantly reduces pain
- Use a gel bunion pad to protect the bump from shoe friction

- Apply ice for 10 to 15 minutes after activity if the joint is inflamed
- Perform toe stretching exercises daily: gently pull the big toe away from the other toes and hold for 10 seconds, repeating 10 times
- Maintain a healthy body weight to reduce joint loading

## When to See a Podiatrist

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See a podiatrist if:

- The bunion is causing pain that affects your ability to walk or do your usual activities
- You are having difficulty finding footwear that fits comfortably
- The bunion appears to be changing rapidly or the big toe is crossing over the second toe
- You have developed corns, calluses, or nail problems related to the toe position
- You have diabetes or circulation problems

## Prognosis

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Bunions are progressive — they do not reverse on their own. However, many people live comfortably with bunions for years with appropriate footwear and conservative management. Surgery has good outcomes for pain relief in appropriately selected patients, but recurrence rates are meaningful, particularly in younger patients.

## Prevention

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While genetics plays a strong role, the following measures reduce risk and slow progression:

- Wear footwear with adequate toe room throughout your life
- Avoid prolonged use of high heels or pointed-toe shoes
- Address flat feet or abnormal foot posture early with orthotics or targeted exercise
- Maintain a healthy body weight

## Further Reading

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- [Bunions — Mayo Clinic](#)
- [Bunion — Better Health Channel \(Victoria\)](#)
- [Bunions — OrthoInfo \(AAOS\)](#)

## Frequently Asked Questions

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### Can a bunion go away without surgery?

No. Once a bunion forms, it is a structural change to the joint and will not reverse without surgery. However, conservative treatment can reduce pain and slow progression significantly.

### **Do I need surgery for my bunion?**

Most people manage their bunions without surgery. Surgery is considered when pain is severe enough to affect daily life and has not responded to at least 6 months of conservative treatment.

### **Did my shoes cause my bunion?**

Footwear is a contributing factor but genetics are the primary cause. People with a family history of bunions are most at risk. Narrow, pointed, or high-heeled footwear can accelerate progression.

### **Can bunions come back after surgery?**

Yes, recurrence is possible — particularly in younger patients or those who return to narrow footwear post-surgery. The risk is reduced with appropriate post-surgical footwear habits.

### **Are bunion splints and toe separators effective?**

They can provide temporary comfort and pain relief, but there is no strong evidence that they correct the deformity or halt progression.