CONDITION

Bunions

Learn how bunions develop, what symptoms they can cause, how they are diagnosed, and which nonsurgical and surgical treatments may help.

WHAT IT IS
Big-toe joint shape and alignment deformity

BODY SYSTEM
Bones and joints

MAIN SYMPTOMS
Big-toe bump, joint pain, redness or swelling, difficulty walking

WHAT CAUSES IT
Inherited foot structure and foot forces

HOW IT IS DIAGNOSED
Foot examination and weight-bearing X-rays

MAIN TREATMENT
Nonsurgical care or corrective surgery

CAN IT BE CURED?
Sometimes, surgery may correct joint alignment

IS IT AN EMERGENCY?
Sometimes, chest pain after surgery

LONG-TERM OUTLOOK
May remain stable or gradually progress

Overview

A bunion is a change in the shape and alignment of the joint at the base of the big toe. The medical name is hallux valgus . "Hallux" means big toe, and "valgus" describes the toe turning toward the smaller toes.

As the big toe shifts inward, the first long bone of the foot moves in the opposite direction. This makes the joint at the base of the big toe appear more prominent along the inner side of the foot. The visible bump is not simply extra bone growing on an otherwise normal joint. It is part of a wider change in the position of the bones and soft tissues.

Some bunions remain small and cause little trouble. Others become painful, rub against shoes, or make walking and exercise difficult. A bunion may also affect the smaller toes or place extra pressure under the front of the foot.

Bunions usually develop gradually. Nonsurgical care can reduce pressure and pain, but it does not permanently straighten the joint. Surgery may be considered when symptoms continue to limit daily activities despite appropriate nonsurgical treatment.

A smaller bump can develop near the base of the little toe. This is called a bunionette or tailor's bunion. Although it can cause similar shoe-pressure symptoms, it involves a different joint.

Symptoms

The appearance of a bunion does not always match the amount of pain it causes. A large bunion may be only mildly uncomfortable, while a smaller one may be painful in certain shoes.

Possible symptoms include:

Symptoms may come and go. Tight, narrow, or stiff shoes can increase pressure on the joint. Long periods of standing or high-impact activity may also make discomfort more noticeable.

A clinician should assess sudden severe pain, marked warmth, or rapid swelling around the joint. Those symptoms are not typical of a slowly developing bunion and may have another cause, such as gout, an injury, or an infection.

- A firm-looking bump on the inner side of the foot at the base of the big toe
- Big-toe movement toward or under the second toe
- Pain, tenderness, burning, or aching around the big-toe joint
- Redness, swelling, or irritation where the bump rubs against footwear
- Stiffness or reduced movement of the big toe
- Corns or calluses where toes rub together
- Thickened skin under the ball of the foot from altered pressure
- Difficulty finding comfortable shoes
- Pain during walking, standing, sports, or other weight-bearing activities

Causes and risk factors

Bunions develop when the bones, tendons, ligaments, and muscles around the big-toe joint no longer keep the toe in its usual alignment. The reason is often a combination of inherited foot structure and forces placed on the foot over time.

A person may inherit features such as joint looseness, flat feet, or the shape and angle of the

foot bones. Bunions themselves are not inherited in a simple way, but they often occur in families because relatives can share these structural features.

Footwear can influence symptoms and may contribute to progression. Shoes with a narrow or pointed toe box squeeze the toes together. High heels shift more body weight toward the front of the foot. However, footwear is not the only cause, and people who usually wear roomy shoes can still develop bunions.

Other factors associated with bunions include:

Bunions are reported more often in women. Foot anatomy, joint flexibility, and footwear patterns may all contribute to this difference.

Children and teenagers can also develop bunions. In younger people, family history and joint looseness may be especially important. Because bones may still be growing, evaluation and treatment decisions can differ from those for adults.

- Increasing age
- Jobs or activities that place repeated stress on the front of the foot
- Inflammatory arthritis, including rheumatoid arthritis
- Certain nerve or muscle disorders that affect foot balance
- Differences in leg length or walking mechanics
- Previous injury involving the big-toe joint

Diagnosis

A health professional can often recognize a bunion by examining the foot. The assessment usually includes questions about when symptoms started, which shoes or activities make them worse, and how much they interfere with daily life.

During the examination, the clinician may look at the foot while the person is sitting, standing, and walking. They may check:

Weight-bearing X-rays may be ordered, especially if surgery is being considered or the diagnosis is unclear. These images are taken while the person stands so the clinician can see how body weight affects alignment. X-rays can show the angles between the foot bones, the condition of the joint, and whether arthritis is present.

Blood tests are not routinely needed to diagnose a bunion. They may be considered if symptoms suggest inflammatory arthritis, gout, or another medical condition.

Other problems can resemble bunion pain. These include arthritis of the big-toe joint, gout,

stress injury, nerve irritation, or inflammation of small fluid-filled cushions called bursae. An examination helps separate these conditions.

- The position and flexibility of the big toe
- Skin irritation, calluses, or corns
- Tenderness around the joint
- Movement of the big toe
- The alignment of the smaller toes
- Foot shape, arch height, and walking pattern
- Blood flow and sensation in the foot

Treatment and management

Treatment depends on pain, function, footwear problems, the condition of the joint, and the person's goals. The appearance of the foot alone does not determine whether treatment is needed.

Nonsurgical treatment is usually tried first. It cannot realign the bones permanently, but it may reduce pressure and make activities more comfortable.

Helpful approaches may include:

Toe spacers or splints may make the toes feel more comfortable while they are being worn. They do not permanently correct the underlying bone alignment. Pads and devices should not create extra pressure, numbness, or skin injury.

Over-the-counter pain relievers may help some people. These medicines are not suitable for everyone, particularly people with certain stomach, kidney, liver, bleeding, or heart conditions or those taking medicines that can interact with them. A pharmacist or clinician can help determine whether a product is appropriate. The medicine label should be followed.

A referral to a podiatrist, orthopedic specialist, or foot and ankle surgeon may be appropriate if pain continues, footwear is difficult to tolerate, or the deformity affects walking and daily activities.

Surgery is generally considered for persistent pain or functional limitation that has not improved enough with nonsurgical care. It is not usually recommended only to make the foot look different.

There are many bunion operations because the deformity varies from person to person. Most procedures involve more than shaving down the visible bump. The surgeon may cut and

reposition one or more bones, balance tight or loose soft tissues, or fuse a joint so the bones heal together in a corrected position. A bone cut used to change alignment is called an osteotomy . Joint fusion is called arthrodesis .

The appropriate procedure depends on the severity and flexibility of the bunion, the presence of arthritis, bone alignment, age, activity needs, and previous surgery. Recovery may involve dressings, a special shoe or boot, limits on weight bearing, and gradual return to normal footwear. Swelling can last for months even when healing is progressing normally.

Surgery can improve pain and alignment, but it does not guarantee a perfectly straight or symptom-free foot. Recovery requirements and expected activity limits should be discussed before deciding on an operation.

- Wearing shoes with a wide and deep toe box
- Avoiding footwear that presses directly on the bump
- Choosing shoes with a low heel and supportive sole
- Using a soft bunion pad to reduce rubbing
- Using shoe inserts or orthotics when recommended for pressure distribution or another foot problem
- Applying a wrapped cold pack for short periods after aggravating activity
- Adjusting activities that repeatedly trigger pain
- Treating corns or calluses with professional guidance

Complications

An untreated bunion may remain stable, or it may gradually progress. It can cause ongoing shoe irritation and changes in how pressure passes through the foot.

Possible complications include:

People with diabetes, reduced sensation, or poor circulation should seek professional advice about skin irritation, blisters, corns, and pads. Small areas of pressure may be harder to feel and slower to heal.

Bunion surgery also has risks. These can include infection, delayed bone healing, nerve irritation, stiffness, continued pain, recurrence of the bunion, or overcorrection in the opposite direction. Blood clots and problems with bone healing are less common but important risks. The surgeon should explain how these risks relate to the planned procedure and the person's health.

- Chronic inflammation around the big-toe joint
- Corns, calluses, or skin breakdown
- Reduced big-toe movement
- Arthritis within the joint
- Pain under the ball of the foot, called metatarsalgia
- Hammertoe or crowding of the smaller toes
- The big toe crossing over or under the second toe
- Changes in walking caused by pain or stiffness

Follow up

Routine follow-up is reasonable if bunion pain keeps returning, the toe position appears to be changing, or comfortable shoes are becoming difficult to find. An appointment is also appropriate when symptoms interfere with work, exercise, sleep, or usual walking.

People managing a bunion without surgery can monitor changes in pain, skin condition, toe position, and footwear needs. Reviewing worn shoes may help identify areas of repeated pressure. Follow-up is especially important for people with diabetes, poor circulation, loss of sensation, inflammatory arthritis, or a history of foot ulcers.

After surgery, follow the surgical team's instructions about wound care, weight bearing, footwear, exercises, and appointments. Keeping scheduled imaging and follow-up visits allows the team to check bone healing and alignment.

Seek prompt medical advice for a new open sore, spreading redness, drainage, worsening swelling, fever, or severe pain that is not improving. After surgery, contact the surgical team urgently for these symptoms or for a dressing that feels dangerously tight.

Emergency assessment is appropriate for chest pain, sudden shortness of breath, coughing up blood, fainting, or a newly swollen and painful calf after surgery. These symptoms can occur with a blood clot and should not wait for a routine appointment.

Sources

- American Academy of Orthopaedic Surgeons. Bunions . OrthoInfo. Last reviewed June 2022.

- American Orthopaedic Foot & Ankle Society. Bunions . FootCareMD. Accessed March 8, 2025.
- National Health Service. Bunions . NHS. Accessed March 8, 2025.
- MedlinePlus. Bunions . U.S. National Library of Medicine. Accessed March 8, 2025.
- Ray JJ, Friedmann AJ, Hanselman AE, et al. Hallux valgus. Foot & Ankle Orthopaedics . 2019;4(2):2473011419838500.
- Coughlin MJ, Jones CP. Hallux valgus: demographics, etiology, and radiographic assessment. Foot & Ankle International . 2007;28(7):759-777.