Bunions & Taylor's Bunions Fact Sheet

Evexia Foot Care
Expert Care for Every Step

📋 Overview

Both conditions are **bony deformities of the forefoot**, caused by gradual misalignment of the bones. A **bunion** affects the big toe, while a **Taylor's bunion** affects the little toe. Both develop slowly and are progressive — early management is key to preventing pain and worsening deformity.

🦶 What Is a Bunion (Hallux Valgus)?

A bunion is a bony bump that forms on the inner side of the foot at the base of the **big toe**. It develops when the big toe angles inwards toward the smaller toes, pushing the joint outward. Over time, the position of the bones changes permanently.

Causes & Risk Factors

Factor	Details
Genetics / foot type	Inherited foot structure — flat feet, low arches, or loose ligaments are the most common cause
Footwear	Tight, narrow, or pointed shoes; high heels that squeeze the toes forward
Medical conditions	Rheumatoid arthritis, gout, or other joint conditions
Injury	Previous damage to the big toe joint

Signs & Symptoms

- ✅ Visible bony bump at the base of the big toe
- ✅ Redness, swelling, or callus over the bump
- ✅ Pain — constant or only when wearing certain shoes
- ✅ Big toe angles toward the smaller toes
- ✅ Corns form where toes rub together
- ✅ Difficulty finding comfortable shoes
- ✅ Stiffness or reduced movement in the big toe

🦶 What Is a Taylor's Bunion (Bunionette)?

A Taylor's bunion is a smaller bony bump on the **outer side of the foot** at the base of the **little toe**. It occurs when the 5th metatarsal bone shifts outward, making the joint prominent. It is often mistaken for a simple callus.

Causes & Risk Factors

Factor	Details
Footwear — the main trigger	Narrow, tight, or pointed shoes squeeze the little toe against the shoe edge
Bone structure	A naturally long or curved 5th metatarsal bone
Biomechanics	Abnormal foot shape or walking pattern
Genetics	Runs in families

Signs & Symptoms

- ✅ Small, hard bump on the outer edge of the little toe
- ✅ Pain and tenderness — especially in tight shoes
- ✅ Redness and thickened skin/callus over the area
- ✅ Swelling over the joint
- ✅ Little toe may be slightly turned

📊 Side-by-Side Comparison

Feature	Bunion (Hallux Valgus)	Taylor's Bunion (Bunionette)
Location	Inner side — base of big toe	Outer side — base of little toe
Size	Larger, more prominent bump	Smaller bump
Toe position	Big toe points inward	Little toe often pushed inward
Main trigger	Genetics + tight footwear	Very narrow/pointed shoes
Pain pattern	Pressure over big toe joint	Rubbing against outer shoe edge
Common age	30+; more common in women	40+; linked to footwear choice

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💊 Treatment Options

🟢 Conservative Management — First Choice

These methods relieve pain and pressure, but **they do not reverse the bony deformity**. They aim to slow progression and improve comfort.

Treatment	What It Does — How to Use
Footwear changes	✅ Most important step — switch to **wide, deep shoes with a roomy toe box**. Avoid narrow, pointed styles and high heels where possible. Sandals or lace-up styles are often best.
Protective padding	Silicone or foam bunion pads sit over the bump to reduce friction and pressure. Available from pharmacies or your podiatrist. Replace regularly.
Toe spacers / straighteners	Gently separate or realign toes. Wear inside shoes — start with short periods to check comfort. Will not "cure" the bunion but may improve comfort.
Orthotic insoles	Custom or off-the-shelf inserts support your arch, improve foot alignment, and reduce pressure on the forefoot. Your podiatrist can advise what is best for your foot shape.
Ice packs	Apply for 10–15 minutes to reduce redness, swelling and pain after being on your feet.
Pain relief	Paracetamol or ibuprofen may help — always follow the manufacturer's instructions.
Padding & callus care	Your podiatrist can safely reduce thickened skin over the bump. Do not attempt to cut it away yourself.

🔴 Surgical Treatment

Surgery is **not cosmetic** and is only considered when:

- ✅ Pain persists despite 6+ months of conservative care
- ✅ Walking or daily activities are affected
- ✅ You cannot find comfortable footwear
- ✅ The deformity is getting significantly worse
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What it involves: Different procedures realign the bones, remove excess bone, and correct soft tissue balance. Recovery varies — typically several weeks off work and time in supportive footwear. Your podiatrist or surgeon will explain which option is right for you.

⚠️ **Important:** Surgery is not guaranteed to be pain-free forever. It does not prevent recurrence — good footwear habits remain essential afterwards.

🛡️ Prevention Tips

- ✅ Choose shoes with a wide, deep toe box — your toes should be able to wiggle freely
- ✅ Avoid shoes that pinch or rub your toes — even "fashion" shoes
- ✅ Limit time in high heels — ideally no more than 2–3 hours at a time
- ✅ Measure both feet when buying shoes — one foot is often slightly larger
- ✅ Replace shoes when they wear out — support reduces over time
- ✅ Check feet regularly — early redness or soreness is a warning sign; review your footwear immediately

⚠️ When to See a Podiatrist

Seek professional advice if:

- Pain interferes with walking, work, or daily life
- The bump is red, hot, swollen, or painful at rest
- You struggle to find shoes that fit
- The deformity is getting worse rapidly
- You have diabetes or poor circulation — do not use over-the-counter treatments without advice

Disclaimer: This fact sheet is for educational purposes only and does not replace professional advice. Always consult your podiatrist or GP before starting treatment. Early assessment gives the best results.

Sources: Royal College of Podiatry; NHS Clinical Guidelines; College of Podiatry Professional Standards