



BUNIONS

An Information Pack

Great Dunmow Osteopathy & Health

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A Note from Joe Hellier, Clinic Director

In our experience, bunions are one of the most under-treated problems in adult foot health. They are common, very treatable and yet often left to drag on for months or years before patients seek proper care. Many of the people we see have already tried stretching, over-the-counter remedies, off-the-shelf insoles and time off their feet - without lasting improvement.

We have written this pack for the patient who wants to understand what is really going on before picking up the phone. It explains what bunions are, what may be contributing to them, and how our programme is structured to treat the underlying cause rather than manage the symptom.

There are no costs in these pages and no pressure to book - only the information we believe you need to make a considered decision.

If, after reading, you would like to talk to one of our practitioners, the details for doing so are at the end.

Joe Hellier

Clinic Director, Great Dunmow Osteopathy & Health



Our Approach to Foot Care

We treat foot conditions the way we treat every area of the clinic: with thorough assessment, evidence-informed care and a clear plan from the outset.

Three principles shape our work in this area:

Diagnosis before treatment

We do not begin a programme until we understand what is driving your symptoms. Bunions can look like other conditions, and identifying the right diagnosis (and any contributing biomechanical factors) is the first step. Where appropriate we refer onward - to your GP, an orthopaedic specialist or imaging - before, alongside, or instead of treatment with us.

An evidence-led approach

Our bunions programme is built around the treatments shown to work best for the condition. We do not chase short-term symptom relief; we treat the underlying tissue and biomechanics.

A defined plan

Our programmes are structured. You will know from the start what is involved, how long it is expected to take, and what we are aiming to achieve together. There is no open-ended treatment.



Understanding the Condition

A bunion (medically: hallux valgus) is a bony bump that forms at the base of the big toe. It develops over years as the big toe gradually drifts towards the second toe and the joint at the base of the big toe pushes outward. Bunions are more common in women, often run in families and can be made worse by tight, pointed footwear over many years.

The first sign is usually a small bump at the base of the big toe and shoes that feel tight on that side. Over time you'll notice pain in the joint (especially in shoes or after activity), redness or swelling around the bump, the big toe drifting towards the second toe and sometimes pain across the ball of the foot as weight distribution changes. Some people develop a smaller bump on the outside of the foot at the base of the little toe, known as a bunionette.

How it is diagnosed

A clinical examination is usually sufficient. The podiatrist looks at the position of the big toe joint, range of motion, any tenderness, how the foot loads when you stand and walk, and any related changes in the rest of the foot. For severe or surgical-stage bunions, X-rays are useful to see the precise angle of the bones.



Contributing Factors

Bunions almost always has more than one cause. Identifying which factors apply to you is part of the work of the initial appointment.

Bunions develop from a combination of inherited foot shape and how the foot loads when you walk. Genetics is the biggest factor (if your mum or gran had them you're more likely to). Other contributors include flat feet, very flexible joints, decades of tight or high-heeled shoes and conditions like rheumatoid arthritis. Bunions are not caused by tight shoes alone but tight shoes worsen them once they've started.



Three Common Presentations

While every case is different, the patients we treat for bunions most often present with one of three recognisable patterns. Identifying which applies to you is part of the work of the initial appointment.

Mild Bunion

A small bony bump at the base of the big toe with minimal pain and the big toe still mostly straight.

At this stage prevention is the focus. Footwear advice, simple stretches, toe spacers and possibly orthotics can dramatically slow progression.

Many people with mild bunions manage them indefinitely without ever needing surgery.

Painful Bunion

A more visible bony prominence with regular pain, especially after activity or in certain shoes. The big toe may be starting to drift towards the second toe.

Treatment focuses on pain management with custom orthotics to offload the painful area and improve biomechanics, footwear guidance, padding, and exercises to maintain mobility and strength.

Most patients see meaningful pain reduction within a few weeks.

Severe Bunion

A pronounced deformity with significant pain, big toe crossing over the second toe, difficulty finding any comfortable footwear and possible pain in other parts of the foot from altered weight distribution.

Conservative care can still help with pain in severe cases but won't change the bone structure. We'll discuss whether surgical referral is the right next step.

If surgery is the right path, we'll co-ordinate referral and support you through post-operative rehabilitation.



Our Programme

Our bunion treatment programme focuses on managing pain, slowing progression and keeping you active without rushing into surgery.

Initial consultation

You start with a thorough assessment of your feet, lower limbs and gait. We examine the bunion, assess the angle and progression, look at how your weight distributes when you walk and review your footwear. You'll leave knowing the stage of your bunion and the treatment options open to you.

Treatment course

Custom orthotics offload the painful bunion area and correct any underlying biomechanical issues that are accelerating the deformity. Combined with footwear guidance, padding and targeted exercises, this addresses the day-to-day pain.

Review and aftercare

For severe bunions where conservative treatment isn't enough we co-ordinate referral to an orthopaedic foot surgeon and support you through post-operative recovery.



Focused Shockwave Therapy: What It Is

Focused shockwave therapy is a non-invasive treatment that uses controlled, high-energy acoustic waves to stimulate healing in damaged or degenerated soft tissue. It is well established in orthopaedics and sports medicine and is one of the most evidence-backed treatments for chronic bunions.

Two key things to know:

First, it is not the same as the cheaper radial shockwave devices commonly seen on the high street. Focused shockwave penetrates deeper and delivers a more precise dose of energy to the target tissue. The evidence behind focused shockwave is markedly stronger.

Second, it is not a quick fix. It works by triggering a controlled healing response in the affected tissue - increasing local blood flow, breaking down scarred tissue and stimulating new collagen formation. The improvement builds over weeks rather than days, but the change is genuine rather than symptom-masking.



Focused Shockwave Therapy: How It Works

Each treatment session delivers a series of focused acoustic shockwaves to the painful area via a handheld applicator. The waves penetrate into the affected tissue and create controlled microtrauma - small, deliberate disruptions that prompt the body's natural healing response.

Several things happen in the tissue as a result:

- Increased local blood flow, which improves the delivery of the cells responsible for tissue repair.
- Breakdown of scarred and degenerated fibres in the target tissue.
- Stimulation of new collagen synthesis, rebuilding stronger, more elastic tissue.
- A short-term reduction in pain signalling from the treated area, often felt within hours.

The cumulative effect of these changes - usually over four to six sessions spaced one to two weeks apart - is a meaningful, lasting improvement in symptoms and tissue health.



Suitability and Safety

Focused shockwave therapy is generally safe and well tolerated. Side effects, when they occur, are mild and short-lived: temporary tenderness in the treated area, occasional minor bruising, brief skin redness.

Who it suits

Patients with chronic or recurrent bunions that has not responded to standard care, and acute cases at high risk of becoming chronic, typically benefit most. Suitability is confirmed at your initial consultation.

Who it is not suitable for

We do not deliver focused shockwave during pregnancy, over an active infection, over the site of certain implants, or in the presence of specific blood-clotting conditions. We screen for all of these at your initial consultation and are clear with you about any reason we would not proceed.

What you will not experience

No injections. No medication. No anaesthetic. No downtime. You can drive, work and walk normally the same day.



What to Expect from Your Consultation

Your initial consultation lasts up to 60 minutes. It is a thorough clinical assessment, not a sales appointment. The aim is to give you a clear, honest picture of what is going on and what - if anything - we recommend.

History

We discuss your symptoms in detail: when they started, what makes them worse, what you have already tried and how the problem is affecting your day-to-day life.

Examination

We examine the affected area, assess your range of motion, gait and footwear and check for any contributing biomechanical factors.

Diagnosis and plan

We explain what we have found, confirm the diagnosis where possible and outline a clear treatment plan. If we believe your case is better suited to another approach - onward referral, alternative treatment, watchful waiting - we will tell you so directly.

What you leave with

A written summary of your assessment, a clear treatment recommendation, an indicative timeline and an open invitation to ask any further questions before deciding whether to proceed.



Your Next Step

If you would like to book a consultation or simply discuss your situation in more detail, you can reach us by phone, email or via the booking page on our website.

All initial enquiries are handled by our clinical team. There is no obligation to book treatment after a consultation, and no judgement if it turns out our programme is not the right fit.

We look forward to hearing from you.

Contact

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