

# THE COMPLETE GUIDE TO BUNION SURGERY

## The 14 Major Website Pages

Complete patient-facing manuscript

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# About This Compilation

This document contains the 14 completed patient-facing website pages, beginning with “Deciding About Surgery” and ending with “Request an Evaluation.”

The copy is intentionally written for patients. Detailed surgeon-to-surgeon anatomy, proprietary operative refinements, and the full technical history of the procedure are reserved for the future textbook and surgeon-education material.

The manuscript is formatted for printing, review, and electronic sharing. Website buttons, videos, forms, photographs, X-rays, illustrations, and interactive elements will be added during website production.

Individual treatment needs, recovery times, and results vary. This manuscript provides general educational information and is not a substitute for an individual medical examination, diagnosis, treatment plan, or emergency care.

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# Deciding About Surgery

## When Should Surgery Be Considered?

There is rarely a perfect or universal time for bunion surgery. The practical question is whether the deformity has become consistently painful, restrictive, progressive, or disruptive enough that correcting it makes sense for the individual patient.

Surgery may be considered when the bunion repeatedly interferes with shoes, walking, work, exercise, sports, travel, or daily comfort; when the deformity is progressing; when the second toe is becoming crowded or unstable; when motion of the great-toe joint is decreasing; or when reasonable nonsurgical measures no longer provide adequate relief.

The decision should be based on symptoms, progression, physical examination, weight-bearing X-rays, medical health, activity goals, and a realistic understanding of the expected benefits, limitations, and recovery.

## Surgery Is Not Required Simply Because a Bunion Exists

A visible bunion does not automatically require surgery. Some bunions remain relatively comfortable and stable for years. When the deformity causes little discomfort, does not interfere with reasonable footwear or activity, and is not clearly progressing, continued observation may be appropriate.

Nonsurgical measures such as wider shoes, padding, activity modification, anti-inflammatory treatment, and selected orthotic devices may reduce pressure and improve comfort. These measures do not permanently realign the bones, but they may allow a patient to function satisfactorily without surgery.

Surgery should be recommended because the symptoms, deformity, progression, or functional limitations justify correction - not simply because a bunion is visible on an X-ray or photograph.

## The Patient Should Not Be Forced to Reach a Crisis Point

The best time is not necessarily when the patient can no longer walk comfortably or tolerate any shoe.

When a painful bunion is clearly affecting daily life and is likely to require correction eventually, waiting may offer little benefit. It may simply prolong the symptoms while allowing the deformity, joint restriction, second-toe crowding, and surrounding soft-tissue imbalance to progress.

At the same time, surgery should not be performed merely because the patient fears that the bunion might worsen. There must be a meaningful reason to correct it, and the anticipated benefit should outweigh the inconvenience, cost, and recovery.

## The Best Time Is Individual

There is no single age, X-ray measurement, or level of discomfort that determines the correct time for every patient to have bunion surgery.

The decision should be based on the individual patient's symptoms, progression, quality of life, physical examination, activity goals, medical health, and understanding of the procedure and recovery.

For some patients, continued observation is reasonable. For another patient, surgery may be appropriate even though the bunion is not extremely large. The deformity may already be causing recurring inflammation, restricting footwear, limiting walking or exercise, crowding the second toe, reducing great-toe motion, altering pressure beneath the forefoot, or decreasing quality of life.

The appropriate time is when the symptoms or limitations justify treatment, reasonable nonsurgical measures are no longer adequate or desirable, the patient is medically prepared, expectations are realistic, and the patient is ready to move forward.

## Lifestyle and Timing Matter

Even when surgery is appropriate, the timing must fit the patient's circumstances.

Important considerations may include work responsibilities, family obligations, travel plans, exercise or athletic schedules, which foot is being corrected, transportation needs, availability of help during the earliest recovery, and the patient's general health or other medical treatment schedule.

The decision is both medical and practical. A patient may be an appropriate candidate but choose a surgical date that creates the least disruption and allows the postoperative instructions to be followed correctly.

### **Requesting an Evaluation Is Not Agreeing to Surgery**

Requesting an evaluation is simply a way to understand what is causing the deformity, what treatment options may be available, and what can reasonably be expected. It does not obligate the patient to schedule surgery or make an immediate decision.

After reviewing the patient's symptoms, photographs, weight-bearing X-rays, medical information, and goals, Dr. Moy may recommend continued observation, further testing, conservative care, or an in-person consultation. A final diagnosis and surgical recommendation require an appropriate examination.

Patients should proceed only when they understand what is being corrected, feel comfortable with the proposed treatment and recovery, and believe the timing is right for them.

# The Moy Approach

## What Makes Dr. Moy's Approach Different?

The operation is planned for the individual foot and directed toward restoring the entire first metatarsophalangeal joint as a functional unit.

No two bunions are exactly alike. Dr. Moy evaluates the position and length of the first metatarsal, the intermetatarsal angle, sesamoid position, tendon balance, joint motion, arthritis, foot structure, hypermobility, neighboring metatarsal relationships, previous surgery, bone quality, and the patient's activity goals.

The objective is not simply to create a straighter-looking foot. The objective is to restore alignment, preserve motion whenever reasonably possible, maintain balanced weight distribution, reduce the forces that contribute to recurrence, and help the patient return to an active life.

## Correcting the Cause, Not Just the Appearance

The visible bump is only one part of the deformity. A durable correction must address the first metatarsal, great toe, sesamoids, tendons, ligaments, joint capsule, and weight-bearing relationship of the forefoot.

The first metatarsal is repositioned sufficiently to restore the integrity of the joint apparatus. The sesamoid complex is brought back beneath the metatarsal head. Tendon and soft-tissue forces are balanced so that the great toe rests naturally rather than being forcibly held straight.

The great toe should simply want to stay home - in its normal anatomical position.

## Preserving the Joint Whenever Possible

The great toe plays a critical role in walking, balance, propulsion, exercise, and athletic activity. Dr. Moy's goal is to preserve and restore the natural joint whenever it can reasonably be reconstructed.

When stiffness, bone spurs, or early arthritic changes are present, treatment may include decompression, removal of obstructing bone, restoration of joint space, treatment of damaged areas, and preservation of as much motion as possible.

## Refining the Bone and Soft-Tissue Contour

After the bony prominence is corrected, thickened or scarred capsular tissue may still leave the inner side of the joint looking or feeling prominent. Dr. Moy reduces excess and abnormally thickened capsule so the soft-tissue contour more closely resembles a normal foot before the capsule is repaired.

## Precise Tissue Handling

Postoperative discomfort is influenced by more than incision length. Tissue handling, bone preparation, nerve and blood-vessel protection, fixation, removal of debris, and the way the soft tissues are balanced all affect the recovery experience.

Dr. Moy emphasizes careful dissection, preservation of neurovascular structures, stable fixation, smooth bone contours, complete removal of loose debris, and repeated assessment of alignment and motion before the operation is concluded.

## Immediate Protected Walking

Most appropriate patients are placed in a protective walking boot and permitted to bear weight immediately after surgery. Early protected mobility helps patients remain independent while the correction heals.

Immediate weight-bearing does not mean unlimited walking. Standing and walking must be carefully controlled while the bone and soft tissues heal, and activity is increased gradually according to fixation, bone quality, swelling, balance, healing progress, and the individual procedure.

## **No Routine Narcotic Pain Medication**

Dr. Moy has not prescribed narcotic pain medication for bunion surgery in more than 30 years.

When medication is desired, a short course of a strong prescription anti-inflammatory medication or an appropriate nonprescription medication may be used, depending on the patient's medical history and instructions. The goal is not simply to avoid narcotics; it is to perform the operation in a manner that minimizes unnecessary tissue trauma and reduces the sources of postoperative discomfort.

## **Experience Supported by Visible Evidence**

A surgical philosophy should be supported by results that patients can examine. The practice has preserved handwritten evaluations, patient interviews, before-and-after photographs, weight-bearing X-rays, walking milestones, range-of-motion demonstrations, revision cases, and long-term follow-up.

Patients should be able to see what was corrected, how the foot functioned, what the patient reported, and when the evidence was recorded.

# Is Bunion Surgery Painful?

## Is Bunion Surgery Painful?

Bunion surgery has a painful reputation, but the recovery experience is not identical from one surgeon or procedure to another.

Many patients arrive expecting severe pain because they have seen what friends or relatives endured. Some have personally experienced a traumatic bunion operation on the opposite foot and delayed further treatment for years.

Dr. Moy's early postoperative evaluation asks a direct yes-or-no question: "Was your surgery virtually painless?" In more than 97% of the patient evaluations currently reported, patients answer yes. The historical archive should be formally counted and verified before final publication of any percentage claim.

## What Happens When the Numbness Wears Off?

Long-acting local anesthesia commonly keeps the foot numb for approximately 24 to 36 hours. By the first postoperative visit, the anesthetic has worn off and the patient has experienced the initial days of recovery.

The evaluation asks separately whether the patient experienced any discomfort whatsoever and, if so, how intense it was on a 0-to-10 scale. Many patients record zero, while others describe brief, low-level discomfort. Higher scores can occur, and no individual result can be guaranteed.

These questions measure different things. A patient may truthfully describe the overall experience as virtually painless while recalling a brief sensation as the anesthesia wore off, during increased activity, or when swelling created temporary pressure.

## Why the Difference Matters

A statement such as "most patients do not have severe pain" does not fully describe the question patients were asked. The patient is asked directly whether the surgical experience was virtually painless, and that response is supported by a separate numerical report of any discomfort experienced.

The written evaluations preserve the patient's own response shortly after surgery rather than relying only on selected testimonials or distant recollection.

## Medication Use

Dr. Moy has not prescribed narcotic pain medication for bunion surgery in more than 30 years.

Patients may be offered a short course of a strong anti-inflammatory medication such as Toradol when medically appropriate, or may use acetaminophen, ibuprofen, naproxen, or another suitable nonprescription medication according to their individual instructions and medical history.

The majority of patients report no pain or only brief, low-level discomfort. Medication decisions remain individualized, and patients should never take a medication that conflicts with their physician's instructions or health conditions.

## Virtually Painless Does Not Mean the Foot Is Not Healing

Minimal discomfort does not mean the bone and soft tissues are ready for unrestricted activity. The correction still requires protection, swelling control, use of the walking boot, and gradual progression.

Patients should follow the activity limits even when the foot feels surprisingly comfortable. Doing too much too soon can increase swelling and place the surgical correction at unnecessary risk.

## Patient Experiences Vary

No surgeon can promise that every patient will have the same recovery. Anatomy, procedure complexity, previous surgery, bone quality, medical conditions, individual sensitivity, swelling, and adherence to instructions all influence the experience.

The purpose of the evaluations and videos is not to guarantee an identical result. It is to allow prospective patients to examine a large body of reported experiences and make a more informed decision.

# Walking, Driving, and Recovery

## How Soon Can I Walk After Bunion Surgery?

Most patients begin protected walking immediately, but the amount of standing and walking must be controlled while the correction heals.

On the day of surgery, the average patient is allowed approximately 15 total minutes of standing and walking. That time is divided into brief periods for essential activities such as using the bathroom, moving between a chair and bed, or obtaining food and medication.

The patient should spend most of the day resting with the foot elevated. The protective boot must be worn whenever standing or walking.

## Beginning the Following Day

Beginning the day after surgery, the average patient may spend up to approximately 20 minutes of each hour standing or walking. That time should be broken into short periods - one minute here, three minutes there, five minutes there - rather than completed as one continuous walk.

Standing counts as activity. Showering, preparing food, standing at a counter, and completing household tasks all place pressure on the operated foot.

## Weekly Walking Progression

The general progression is approximately 20 minutes per hour during the first week, 25 minutes per hour during the second week, 30 minutes per hour during the third week, and 35 minutes per hour during the fourth week.

These are general limits. Patients with strong bone and secure fixation may progress more quickly. Patients with severe osteoporosis, softer bone, less secure fixation, poor balance, or additional procedures may need partial weight-bearing, additional support, or a slower progression.

## Will I Need Crutches, a Walker, or a Knee Scooter?

Most patients do not require crutches. Crutches are generally reserved for substantially weakened bone, complex reconstruction, or another reason to restrict weight-bearing.

A walker may be appropriate for an older patient or anyone with poor balance, weakness, or difficulty walking before surgery. A knee scooter is optional and may be useful for patients who must cover longer distances.

## Driving After Surgery

Patients may not drive on the day of surgery because anesthesia and sedation may affect judgment, coordination, and reaction time.

After an overnight rest, many patients may be permitted to drive the following day when they are fully alert, are not taking impairing medication, can enter and exit the vehicle safely, and can operate the pedals rapidly and firmly. An automatic transmission is preferred.

Driving a manual vehicle is not permitted during the early postoperative period because repeated clutch use places unnecessary pressure and movement through the foot. Right-foot surgery requires particular caution because the patient must be capable of an emergency stop.

The day after surgery is the earliest driving may be considered. Individual safety and Dr. Moy's postoperative instructions always take priority.

## The First Night and First Day

The foot may remain numb for 24 to 36 hours. Swelling, heaviness, tingling, and mild bruising are expected. The patient should not remove the dressing, touch the incision, walk without the protective boot, or assume that minimal discomfort means unlimited activity is safe.

The dressing must remain clean and dry. The foot should be elevated frequently, and icing should be performed according to the written instructions.

## Postoperative Days 2 Through 5

Patients continue protected walking, frequent elevation, icing as instructed, and careful activity control. Swelling and bruising may increase. Temporary numbness can remain present because of swelling and pressure in the tissues.

The office should be contacted for spreading redness, increasing heat, increasing discomfort, drainage, uncontrolled itching, unusual discoloration, or excessive tightness that does not improve after following the bandage-relief instructions.

## First Postoperative Visit

The first postoperative visit generally occurs approximately three to five days after surgery. Dr. Moy examines the incision, swelling, circulation, sensation, alignment, range of motion, dressing, and activity level.

By this time, the long-acting anesthetic has worn off, and the patient completes the written postoperative evaluation.

## Range-of-Motion Exercises

At the conclusion of surgery, many patients demonstrate substantial upward and downward great-toe motion. Some motion decreases during the first several days because of inflammation, swelling, early scar formation, and reluctance to move the toe.

When instructed, the patient gently bends the great toe upward and downward in repeated, controlled sessions. These exercises function as self-directed physical therapy. Moderate, controlled pressure is used; patients should never attempt violent manipulation.

## Weeks 1 Through 4

During Week 1, the average patient remains limited to approximately 20 minutes of combined standing and walking per hour. The boot is worn during all weight-bearing activity. Desk work may often be resumed quickly when the foot can be elevated and walking remains limited.

During Week 2, standing and walking may increase to approximately 25 minutes per hour. Stitches are generally removed according to the individual plan. Range-of-motion exercises and swelling control remain important.

During Week 3, standing and walking may increase to approximately 30 minutes per hour. Swelling commonly peaks around the third week because the patient is becoming more active. A temporary increase in swelling does not necessarily mean that something has gone wrong.

During Week 4, standing and walking may increase to approximately 35 minutes per hour. Many patients transition from the walking boot into a loose, comfortable lace-up athletic shoe when the examination, X-rays, bone healing, fixation, swelling, and motion are satisfactory.

## Weeks 5 and 6

Patients gradually increase ordinary walking, work activity, time in regular shoes, and low-impact exercise. High-impact activity should not be resumed solely because the foot feels comfortable. The bone, fixation, capsule, tendons, and surrounding tissues must be ready for greater force.

Many patients may begin a gradual return toward jogging or higher-impact activity at approximately six weeks when healing is satisfactory.

## Returning to Work, Exercise, Sports, and High Heels

Patients with a desk job or another occupation that does not require prolonged standing or walking may often return as early as the day after surgery, provided that they can elevate the foot, wear the protective boot, limit walking, and remain fully alert after anesthesia.

Patients whose work requires prolonged standing, walking, climbing, lifting, or rapid movement generally require approximately six weeks before returning to unrestricted duty. Modified duty may allow an earlier return.

Early exercise should emphasize seated, lying, upper-body, or core activities that protect the operated foot. Most sports begin gradually at approximately six weeks, with progression toward normal participation over the following two weeks when healing is satisfactory.

High heels should generally be avoided for approximately seven to eight weeks. When resumed, the patient begins with a lower, stable heel for a short period and gradually increases heel height and wearing time. All activity and footwear should be resumed according to healing and function - not discomfort level alone.

### **After Six Weeks**

The six-week point is an important milestone, but healing continues. Mild swelling after prolonged standing or exercise, continued improvement in motion, and gradual return of strength and endurance may continue through the sixth to eighth week and beyond.

The procedure may be virtually painless, but successful healing still requires patience, protection, and adherence to the postoperative program.

# Why Bunions Return

## Why Do Some Bunions Return After Surgery?

A bunion can return when the underlying structural and soft-tissue forces were not fully corrected or when the correction was not adequately protected during healing.

A bunion is not simply a piece of unwanted bone. The visible prominence develops because the first metatarsal, great toe, sesamoids, tendons, capsule, and ligaments are no longer functioning in their proper relationship.

Removing the bump without sufficiently restoring the first metatarsal and the entire joint apparatus may leave the original deforming forces in place.

## Restoring the First Metatarsal

A durable correction begins by moving the first metatarsal sufficiently toward its functional anatomical position. Every foot does not have to be forced into one textbook number, but the correction must restore enough alignment to rebuild the integrity of the great-toe joint.

## Restoring the Sesamoids

Correction involves two coordinated movements: the first metatarsal is moved toward the sesamoid apparatus, and the mobilized sesamoid apparatus is restored beneath the metatarsal head. These movements counterbalance each other and help rebuild the normal joint relationship.

## Neutralizing the Deforming Forces

The intrinsic and extrinsic tendons, ligaments, capsule, and plantar structures must be balanced so the great toe naturally rests in a neutral position. The extensor tendon should be centered over the longitudinal axis of the first ray, and the toe should not demonstrate an easy preference to drift in one direction.

## Testing the Correction Under Load

Before closure is completed, Dr. Moy simulates loading of the foot and observes where the great toe naturally wants to rest. The toe is gently tested in both directions. A balanced correction should remain centered rather than snapping back toward the second toe or drifting in the opposite direction.

## Protecting the Correction During Healing

A correction that is ideal on the operating table must still be protected. Splinting, postoperative positioning, the walking boot, activity limits, and patient compliance all help maintain alignment while the bone and soft tissues heal.

A bunion correction should not only look straight at the conclusion of surgery. It should remain stable when the foot is loaded and the toe is tested in both directions.

## Other Reasons a Bunion May Recur

Recurrence may also be influenced by severe ligamentous laxity, unusual anatomy, advanced deformity, inadequate fixation, bone displacement during healing, failure to follow postoperative instructions, or changes that occur over many years.

No operation can guarantee that a bunion will never change. The goal is to identify and correct the major structural and soft-tissue forces that can reasonably be addressed and to protect the correction until healing is secure.

## Complications and Prevention

### What Can Go Wrong After Bunion Surgery?

Patients deserve an honest explanation of possible problems, how they develop, and what can be done to reduce the risk.

No surgeon can guarantee that every patient will have an identical recovery or result. Anatomy, health, bone quality, procedure complexity, tissue response, and compliance all matter. Dr. Moy's approach is directed toward anticipating common failure mechanisms and addressing them before they become permanent problems.

### Joint Stiffness

At the conclusion of surgery, the great-toe joint is assessed through its range of motion. Motion can decrease during the first several days because of swelling, inflammation, tightening of the capsule, early scar formation, and the patient's reluctance to move the toe.

Some patients naturally have a stronger biological tendency toward stiffness. Patients with hallux limitus, arthritis, preoperative restriction, or previous surgery require particular attention to early range-of-motion work.

The first postoperative visit is an important opportunity to identify excessive restriction before it becomes established. In selected cases, the joint may be locally anesthetized and carefully manipulated by the physician. Patients should never perform forceful manipulation without instruction.

### Transfer Metatarsalgia

Discomfort beneath the second metatarsal can develop when the first ray no longer carries its proper share of weight and pressure shifts toward the neighboring metatarsals.

Possible causes include inadequate restoration or hypermobility of the first ray, excessive shortening, elevation or valgus positioning of the first metatarsal, an elongated or plantarflexed second metatarsal, and pressure from a hammertoe or unstable second toe.

Preventing transfer pressure requires evaluating the entire metatarsal parabola and restoring balanced weight distribution across the forefoot rather than treating the great toe in isolation.

### Temporary Numbness or Nerve Irritation

Temporary numbness is common and is usually related to the long-acting anesthetic, swelling, pressure from postoperative tissues, and the bandage. A narrow line of reduced sensation may occur directly along the incision.

During surgery, the nerves and blood vessels are identified, protected, and retracted away from the active dissection. Prolonged numbness directly related to surgery has been rare in Dr. Moy's experience. Sensation generally improves as swelling and pressure resolve.

### Swelling

Swelling is expected and commonly reaches its highest level around the third postoperative week as activity increases. Most swelling generally subsides through the sixth to eighth week, although some patients remain swollen longer.

Pitting edema, varicose veins, chronic fluid retention, venous problems, and certain medications can prolong swelling. Treatment may include reducing activity, elevation, icing, compression, and anti-inflammatory measures according to the patient's instructions.

Persistent or localized swelling beyond the expected recovery period may be associated with hardware irritation, sensitivity to a component of stainless steel, or another condition requiring evaluation.

### Hardware Irritation and Screw Removal

Most patients leave the fixation screw in place because it never causes a problem. Some patients request removal because they prefer to have it out after healing or because it becomes prominent, backs out, causes localized swelling, or is irritated by shoe pressure.

Dr. Moy developed a minimally invasive removal method using fine-needle localization and guide-wire tracking through the center of the cannulated screw. The screw is removed through a very small opening, generally requiring one stitch and a small dressing. Patients commonly return to a regular shoe the following day.

## **Infection and Skin Reactions**

Postoperative infection has been extremely uncommon in Dr. Moy's practice. Concerning signs include spreading or bright redness, increasing warmth, a newly sensitive area, drainage, odor, wound separation, fever, or systemic symptoms.

Patients should keep the dressing clean and dry, avoid touching or scratching the incision, and use the protective shower covering. Intense or uncontrollable itching can represent contact dermatitis rather than infection and should be reported rather than treated by removing or probing the dressing.

## **Blood Clots**

Blood clots have been extremely rare in Dr. Moy's bunion patients. Early protected walking promotes circulation and may help reduce the risk associated with prolonged immobility, but it cannot eliminate risk completely.

New calf or thigh swelling, tenderness, warmth, redness, or unexplained soreness requires prompt evaluation and may require ultrasound. Sudden shortness of breath, chest pain, coughing blood, lightheadedness, or fainting requires emergency medical attention.

## **Complex Regional Pain Syndrome**

Complex regional pain syndrome, or CRPS, is an uncommon condition involving discomfort that is disproportionate to the expected healing process and may be associated with unusual sensitivity, swelling, skin-temperature or color changes, sweating abnormalities, stiffness, and loss of movement.

Dr. Moy reports encountering several CRPS cases related to traumatic injuries during his career, but none following one of his bunion procedures in more than 35 years. It is included as part of a complete discussion of uncommon possibilities.

## **Bone Healing, Displacement, and Injury**

Delayed healing, nonunion, refracture, displacement, or loss of fixation are recognized possibilities following bone surgery. Risk may be influenced by bone quality, nicotine use, medical conditions, medications, excessive activity, falls, or failure to use the protective boot.

Following the activity limits, attending follow-up visits, obtaining the required X-rays, and reporting injuries promptly help protect the correction.

## **When to Contact the Office**

Patients should contact the office promptly for increasing redness, drainage, fever, uncontrolled swelling, worsening discomfort, uncontrollable itching, calf symptoms, an injury to the surgical foot, or any other unexpected change.

Chest pain, difficulty breathing, fainting, or another emergency requires immediate local emergency care.

## Failed Bunion Surgery and Revision

### When Bunion Surgery Does Not Produce the Expected Result

A failed procedure can create structural, functional, cosmetic, and emotional problems - and many patients delay seeking help because they are afraid of repeating the first experience.

Dr. Moy evaluates patients with recurrent or incompletely corrected deformity, increasing discomfort, unsatisfactory alignment, transfer pressure, second-toe problems, joint stiffness, hardware irritation, chronic swelling, difficulty walking, and fear of undergoing another operation.

### How Is the Failure Evaluated?

The evaluation begins with weight-bearing X-rays. Dr. Moy examines the intermetatarsal angle, great-toe alignment, previous surgical site, first-metatarsal length and elevation, sesamoid position, joint congruity, arthritis, healing, and hardware.

He then examines the foot directly and places the joint and surrounding structures through range of motion to determine how the bones and soft tissues have adapted to the new position. The goal is to identify what anatomy can be mobilized and what would be required to restore the foot toward a normal functional relationship.

### Can the Foot Be Reconstructed?

Many failed bunion procedures can be improved when enough usable bone, joint structure, capsule, tendon, ligament, and surrounding soft tissue remain. Revision surgery is based on the anatomy that is still present to work with.

When excessive bone has been removed or the natural joint no longer provides enough structure for Dr. Moy's reconstructive approach, he may recommend a surgeon who specializes in another form of salvage reconstruction rather than offer an operation he does not believe can produce meaningful improvement.

### What Type of Revision Is Required?

There is no single revision operation. The procedure may require repositioning bone, correcting undercorrection or overcorrection, restoring the metatarsal-phalanx relationship, mobilizing the sesamoids, releasing scar tissue, rebalancing tendons and capsule, removing hardware, smoothing residual prominences, and correcting associated second-toe or transfer-pressure problems.

### Is Recovery More Difficult?

Revision surgery may be more complex and time-consuming for the surgeon because tissue planes are altered, scar tissue is present, anatomy has been changed, and hardware may need to be addressed.

Despite that complexity, Dr. Moy reports that many revision patients follow the same general protected-walking and approximately six-week recovery framework as primary bunion patients. The individual plan depends on the reconstruction and bone quality.

### Risks and Realistic Expectations

The risks and limitations depend on what the first operation changed, what anatomy remains, and what the reconstruction is trying to accomplish. The patient should understand the present condition of the foot, where it needs to go, what obstacles are present, and what degree of improvement can realistically be expected.

Revision surgery cannot erase every consequence of the previous operation. The goal is to improve alignment, function, shoe tolerance, joint movement, and comfort as much as the remaining anatomy allows.

## The Patient's Role

The surgeon's responsibility is to reconstruct the foot. The patient's responsibility is to allow the reconstruction to heal. Excessive activity, premature pressure, failure to use the boot, and disregard of postoperative positioning or motion instructions can alter the final result.

## Featured Two-Foot Comparison

Julie underwent a previous bunion procedure on one foot and later chose Dr. Moy for the other. Her comparison is valuable because she personally experienced two different operations and two different recoveries.

The video presentation should focus on her description of the prior recovery, the reasons she sought another approach, her experience after surgery with Dr. Moy, and the difference she perceived in mobility, discomfort, and confidence. Her experience is individual and does not guarantee another patient's result.

## Additional Revision Experience

Additional cases, including patients who traveled after prolonged or disappointing previous recoveries, can demonstrate how revision evaluation differs from primary surgery and why the original failure mechanism must be identified before another operation is planned.

# Hallux Limitus and Hallux Rigidus

## Can a Stiff or Arthritic Great-Toe Joint Be Preserved?

Dr. Moy favors preserving the natural joint whenever it can reasonably be decompressed, realigned, and restored to useful motion.

Hallux limitus describes restricted motion of the great-toe joint. Hallux rigidus describes a more advanced condition in which motion is severely limited and arthritis may be extensive. Patients may experience dorsal bone spurs, jamming, discomfort during propulsion, difficulty with shoes, and loss of normal walking mechanics.

## Why Removing Only the Spur May Not Be Enough

The visible dorsal spur - sometimes described as a "shark fin" - is often the result of a joint that remains mechanically compressed and jammed. Removing only the spur may improve the appearance but does not necessarily correct the underlying pressure or restore the joint relationship.

## Joint Decompression and Restoration

When appropriate, Dr. Moy may decompress the first metatarsophalangeal joint, remove obstructing bone, restore space, remodel the joint margins, perform peripheral resurfacing, and use subchondral drilling in damaged areas.

The objective is to reduce jamming, improve the available range of motion, and preserve the patient's own joint for as long as it can function dependably.

## Realistic Limits

No procedure can recreate normal cartilage when advanced arthritis has destroyed the joint surface. The decision depends on the amount of remaining cartilage, the location of damage, degree of stiffness, alignment, age, activity, previous treatment, and the patient's goals.

Patients should understand that joint-preservation surgery may improve motion and function without producing a completely normal joint.

## When May an Implant Be Considered?

An implant may be considered when the natural joint cannot be preserved dependably but maintaining motion remains an important goal.

Dr. Moy may consider a motion-preserving implant as a secondary option after evaluating the available bone, soft tissues, alignment, activity level, and the limitations of the arthritic joint. The patient must understand the potential benefits, wear, loosening, revision possibilities, and the fact that an implant cannot reproduce a normal natural joint.

## When Is Fusion Considered?

Fusion permanently eliminates movement at the great-toe joint. It can provide stability and reduce arthritic joint discomfort in selected severe conditions, but it also changes the way the foot functions and the types of shoes and activities that may be comfortable.

Dr. Moy does not view fusion as the automatic first choice for every stiff or arthritic great-toe joint. His philosophy is to preserve the patient's natural joint whenever reasonably possible, consider a motion-preserving implant when preservation is no longer dependable, and reserve fusion for circumstances in which the other options are unlikely to succeed.

## Before-and-After Results

### What Should Patients Look for in a Successful Bunion Correction?

The goal is a foot that looks, moves, bears weight, and feels as close to normal as possible - not simply a straighter photograph.

A successful result should restore the appearance and function of a normal foot. The great toe should lie flat, appear straight, rest naturally, and move smoothly. The prominence on the inner side should be eliminated, the forefoot should look balanced, and the scar should mature into a fine line that becomes less noticeable over time.

### What Should the Joint Feel Like?

The great-toe joint should move smoothly upward and downward without catching, grinding, jamming, or feeling mechanically blocked. The patient should be able to walk, propel, exercise, and wear ordinary shoes without being constantly reminded that the foot was operated on.

The ideal long-term result is simple: "My foot feels completely normal. I do not notice anything abnormal about it, and it works just fine."

### What Should the X-Rays Show?

Weight-bearing X-rays should demonstrate adequate correction of the deformity, restoration of the first metatarsal toward its functional anatomical position, sesamoids centered beneath the metatarsal head, a congruent joint, stable fixation, healing of the osteotomy, preserved length and elevation, and a balanced relationship with the neighboring metatarsals.

Every patient does not need to be forced into one identical measurement. The alignment must be sufficient to allow the bones, tendons, sesamoids, ligaments, and capsule to function together normally.

### Why Photographs Alone Are Not Enough

Photographs show the visible appearance, but they do not demonstrate what happened beneath the surface. A complete result should be evaluated through comparable clinical photographs, weight-bearing X-rays, range-of-motion demonstrations, walking and activity milestones, and the patient's own report.

Photographic angle, lighting, magnification, foot positioning, and X-ray technique can alter appearance. Comparable views and clear follow-up dates are important.

### How Can Patients Avoid Being Misled?

One impressive photograph is not proof. Patients should look for a broad and consistent body of cases with comparable views, weight-bearing X-rays, clear timing, walking and motion videos, patient interviews, written evaluations, and long-term follow-up.

Patients may not be able to determine whether two isolated images truly represent the same foot or the same stage of recovery. The most meaningful safeguard is consistency across many documented patients and the opportunity to hear directly from previous patients.

### Talk to Previous Patients

Ask how the anesthesia wore off, what medication was actually taken, how soon the patient walked, whether crutches were required, when the patient drove and returned to work, how long swelling lasted, whether the joint is mobile, whether desired shoes and activities were regained, and whether the patient would choose the same surgeon and procedure again.

An advertisement can be designed. A photograph can be selected. A large body of consistent patient experiences is much more difficult to manufacture.

## Individual Results Vary

Before-and-after cases demonstrate possibilities, not guarantees. Anatomy, deformity severity, cartilage condition, previous surgery, bone quality, health, activity, and adherence to postoperative instructions all influence the result.

## Patient Evaluations and Video Experiences

### See the Evidence for Yourself

Patients should not be asked to accept a surgeon's promise without seeing what previous patients actually reported and demonstrated.

The practice has preserved handwritten postoperative evaluations, video interviews, walking and range-of-motion videos, before-and-after photographs, weight-bearing X-rays, shoe and exercise milestones, and long-term follow-up cases.

### How Were the Written Evaluations Collected?

For many years, patients completed a handwritten evaluation at the first postoperative office visit, generally three to five days after surgery. By that time, the long-acting local anesthetic had worn off and the patient had experienced the first several days of recovery.

Each patient recorded answers concerning the operation, including whether it was virtually painless and whether any discomfort occurred. The patient signed and dated the form so the report was preserved as a contemporaneous account of the experience.

The forms retained the patient's own markings, numerical ratings, comments, signature, and date. Public copies should protect identifying information unless the patient has provided appropriate authorization.

### Why Did Dr. Moy Begin Collecting Them?

Several years into practice, Dr. Moy began describing his procedure as virtually painless. After that statement was challenged as allegedly false or misleading, he developed a written questionnaire and mailed it to prior patients so their own experiences could be submitted as evidence.

Approximately 45 evaluations were gathered in the initial response. According to Dr. Moy, the Medical Board reviewed the information and took no further action requiring him to discontinue the claim. From that point forward, the evaluation became part of the routine first postoperative visit for bunion patients.

### A Historical Record

During the busiest years of the practice, hundreds of evaluations accumulated annually. Many were scanned and paired with before-and-after cases on the website.

Changes in website developers, hosting systems, computers, and storage resulted in the loss or disappearance of parts of the historical collection, so the evaluations currently available represent only part of the archive.

### Patient Video Interviews

Hundreds of patients have discussed their experiences on video at different stages of recovery: shortly after surgery, walking in the boot, returning to shoes, resuming activity, and months or years later.

These interviews allow prospective patients to hear the patient's voice, observe mobility, see the foot, and understand the recovery in a way that advertising copy cannot reproduce.

### Walking, Motion, and Recovery Videos

Walking videos help show how patients move in the protective boot and how activity changes during recovery. Range-of-motion demonstrations show whether the great-toe joint moves freely rather than appearing straight only in a photograph.

Videos should be labeled with the postoperative interval and should make clear that they represent individual experiences.

## Before-and-After Photographs and X-Rays

Photographs demonstrate the visible correction. X-rays show what happened beneath the surface: first-metatarsal realignment, restoration of the great toe and sesamoids, joint congruity, fixation, healing, and maintenance of correction.

## Long-Term Follow-Up

Some patients returned more than a year after surgery for an unrelated condition and completed additional long-term evaluations. These cases were not collected at a uniform time and therefore should not be treated as a formal consecutive long-term study.

However, they provide useful examples of durability, function, footwear, motion, activity, and patient satisfaction over time.

## Understanding Testimonials

No testimonial can guarantee another patient's result. Each person has different anatomy, health factors, healing ability, activity demands, and expectations.

The value of a large evidence library is that patients can examine many different experiences rather than relying on one carefully selected statement.

## The Purpose of the Evidence Library

The purpose of preserving these records has always been the same: patients should be able to examine what previous patients reported in their own handwriting and demonstrated at documented stages of recovery.

# Who May Be a Candidate?

## Could You Be a Candidate for Dr. Moy's Bunion Procedure?

Most patients in satisfactory health can be considered, but candidacy is determined individually after reviewing the foot, medical condition, bone quality, and recovery requirements.

The evaluation considers the severity and flexibility of the deformity, joint condition and motion, bone quality, circulation, nerve function, previous surgery, balance, mobility, medical conditions, medications, and the ability to follow postoperative instructions.

## Does Age Matter?

Younger patients generally heal more quickly than older patients, but age alone does not determine candidacy. Many older adults are active, independent, and healthy enough to undergo successful correction.

The more important questions are whether the patient is medically fit, whether circulation is adequate, whether bone can support the correction, whether existing conditions are controlled, and whether postoperative instructions can be followed safely.

## What About Osteoporosis?

Patients with osteoporosis may still be candidates, but fixation and recovery may need to be modified. Additional internal fixation, partial weight-bearing, a longer period in the boot, assistive devices, closer X-ray monitoring, or a slower activity progression may be recommended.

## Medical Conditions and Healing

Diabetes, circulation problems, neuropathy, immune disorders, blood-clotting conditions, kidney or heart disease, nicotine use, medications, and other health factors may affect whether surgery can be performed safely.

Some conditions do not permanently prevent surgery but must be better controlled or evaluated before proceeding. Medical clearance, laboratory testing, vascular studies, or consultation with another physician may be required.

## Severe, Recurrent, or Previously Operated Bunions

Patients should not assume they are beyond help because the deformity is severe or because a previous operation was unsuccessful. The evaluation determines what anatomy remains, what can realistically be reconstructed, what procedure is required, and what recovery is appropriate.

## When Surgery May Not Be Appropriate

Surgery may be postponed, modified, or avoided when the risks outweigh the anticipated benefit, when active infection or skin problems are present, when circulation is severely impaired, when medical conditions are uncontrolled, when bone cannot support dependable fixation, or when the patient cannot follow the recovery plan.

Surgery may also be inappropriate when the concern is primarily cosmetic and the bunion is not causing meaningful symptoms, functional limitation, progression, or difficulty wearing appropriate shoes.

## Expectations Matter

An appropriate candidate must have realistic expectations. Surgery can correct deformity and improve function, but it cannot guarantee a perfect foot, eliminate every future change, or create normal cartilage in a severely arthritic joint.

The patient should understand the expected benefits, limitations, risks, recovery responsibilities, and the possibility that the final plan may change after the in-person examination.

## The First Step

Patients do not have to decide that surgery is right for them before requesting an evaluation. The first step is learning what is causing the deformity, what options are available, and what can reasonably be expected from treatment.

# Traveling for Surgery

## Traveling to Southern California for Bunion Surgery

Patients travel from across the United States and other countries for evaluation and surgery. Most preliminary review and preparation can be completed before the patient leaves home.

Traveling for surgery requires additional planning, but the medical evaluation, surgical standards, and postoperative responsibilities remain the same as they are for local patients.

## Initial Telephone or Video Consultation

The process generally begins with a private telephone or video consultation. The patient discusses symptoms, previous treatment, recovery concerns, travel limitations, and personal goals.

Photographs, medical information, weight-bearing X-rays, and previous operative reports may be submitted in advance. This preliminary review can help determine whether traveling for an in-person evaluation appears reasonable, but it does not replace the examination.

## X-Rays and Medical Records

Patients may obtain the required weight-bearing X-rays near home and send the actual images to the office. A written radiology report alone is not sufficient for surgical planning because Dr. Moy needs to personally review alignment, joint position, sesamoid relationship, arthritis, previous bone cuts, and hardware.

Patients who have had previous surgery should request operative reports, implant information, and preoperative and postoperative imaging whenever available.

## Medical Clearance

Appropriate medical clearance is generally completed within approximately six weeks before surgery. Requirements may include a history and physical examination, laboratory testing, an electrocardiogram when indicated, and additional testing based on age, health, anesthesia, medications, and surgery-center guidelines.

The office should be informed promptly of any change in health, new infection, injury, medication, or medical treatment before travel.

## Typical Travel Schedule

Out-of-area patients generally arrive on Wednesday and meet Dr. Moy for the in-person examination, X-ray review, surgical planning, consent, preoperative instructions, postoperative instructions, and prescriptions.

Surgery is generally performed on Thursday. The patient returns to the hotel or local accommodation with a responsible adult and follows the same activity limits as local patients.

The first postoperative office visit generally occurs on Tuesday, approximately five days after surgery. After Dr. Moy evaluates the incision, swelling, circulation, alignment, range of motion, dressing, and overall recovery, the patient may generally return home Tuesday or Wednesday.

## A Responsible Adult Is Required

A responsible adult must be available to drive the patient after surgery, assist with the return to the hotel or local accommodation, and remain available during the immediate postoperative period.

The patient may be walking in a protective boot, but should not be alone immediately after anesthesia or expected to manage luggage, transportation, meals, and other travel responsibilities without help.

## Choosing Local Accommodations

Patients should choose a hotel, rental, or other accommodation that is comfortable, accessible, and reasonably close to the office and surgery center. An elevator, minimal stairs, easy bathroom access, and space to elevate the foot are helpful.

Several lodging options are located near the practice, and patients who prefer to stay near the coast may choose accommodations closer to the ocean. The office can discuss the practical geographic area, but patients remain responsible for selecting and reserving their lodging.

## Recovering Locally Before Returning Home

The days between surgery and the first postoperative visit should be treated as a period of medical recovery rather than an ordinary Southern California vacation.

Patients should spend most of their time resting, elevating the foot, using the protective walking boot, and limiting standing and walking according to their instructions. Sightseeing, shopping, beach walking, amusement parks, and other unnecessary activities should be postponed.

Minimal discomfort can create a false sense that unlimited activity is safe. The bone and soft tissues still require protection even when the patient feels comfortable.

The office should be contacted promptly for unusual swelling, increasing redness, drainage, fever, calf symptoms, an injury, a dressing concern, or any unexpected change.

## Returning Home After Surgery

The first postoperative office visit is generally scheduled approximately five days after surgery. For a typical Thursday surgery, this visit takes place on Tuesday. Dr. Moy will examine the surgical area, evaluate the bandage and swelling, confirm that the early recovery is progressing appropriately, and review instructions for the trip home.

Most traveling patients may return home on Tuesday after this appointment or on Wednesday, depending on their travel arrangements, individual recovery, and Dr. Moy's recommendations.

Patients should continue wearing the protective walking boot and follow all activity and weight-bearing instructions. Airport wheelchair assistance is strongly recommended, even for patients who are walking comfortably. Airports often require considerably more walking than expected, and conserving activity helps limit unnecessary swelling during the early healing period.

During the flight or drive home, patients should periodically move the ankle and leg, avoid remaining completely motionless for prolonged periods, and elevate the foot whenever practical. Dr. Moy may provide additional individualized recommendations regarding swelling control and blood-clot prevention based on the patient's health history and travel distance.

After returning home, follow-up may include telephone communication, photographs, video visits, and X-rays obtained locally and sent to the office for review. Additional in-person visits can be arranged when necessary. Traveling patients remain under Dr. Moy's postoperative supervision throughout the recovery process, even after they have returned home.

## Follow-Up Care From a Distance

Returning home does not end your postoperative care. Dr. Moy and his team continue to follow traveling patients throughout the healing process, using a combination of telephone calls, photographs, video visits, and X-rays obtained near the patient's home.

Patients may be asked to send clear photographs of the surgical area at specific stages of recovery. These images allow the office to evaluate swelling, incision healing, skin color, bandage concerns, and other visible changes. Video visits may also be scheduled when a more detailed discussion or examination of movement is helpful.

Follow-up X-rays can usually be obtained at a local imaging center or physician's office. The images should be sent directly to Dr. Moy's office for review so that bone healing, alignment, fixation, and joint position can be

evaluated. Patients should not rely solely on a local written radiology report, because Dr. Moy will want to personally review the actual images and compare them with the operative correction.

When appropriate, the office may coordinate with a local physician, podiatrist, urgent-care center, or physical therapist. However, postoperative decisions regarding the surgical correction, walking boot, activity progression, range-of-motion exercises, and return to regular shoes should remain directed by Dr. Moy unless an urgent medical situation requires immediate local care.

Patients should contact the office promptly if they experience increasing redness, drainage, fever, uncontrolled swelling, worsening discomfort, calf pain, shortness of breath, an injury to the surgical foot, or any other unexpected change. Certain symptoms may require immediate evaluation at a local emergency department rather than waiting for a scheduled telephone or video appointment.

Traveling patients receive the same commitment to postoperative supervision as local patients. Distance changes the method of communication, but it does not change Dr. Moy's responsibility for guiding the recovery and protecting the surgical result.

# About Dr. Moy

## About Dr. Richard R. Moy

More than 35 years of bunion surgery focused on reducing surgical trauma, preserving joint function, and restoring the foot toward normal anatomy.

Dr. Richard R. Moy, D.P.M., FACFAS, is a California podiatric surgeon and a Fellow of the American College of Foot and Ankle Surgeons. He has devoted much of his professional career to bunion surgery, hallux valgus, hallux limitus and hallux rigidus, complex forefoot deformities, and the reconstruction of feet following unsuccessful previous bunion operations.

Over more than 35 years, Dr. Moy has performed more than 10,000 bunion operations. That experience has allowed him to study not only how bunions should be corrected, but also why certain operations produce unnecessary postoperative discomfort, prolonged disability, stiffness, recurrence, loss of joint function, or the need for additional surgery.

Through decades of clinical observation and continued refinement, Dr. Moy developed the surgical principles now referred to as the Moy Technique. The objective is not simply to remove the visible bump. The operation is planned to correct the underlying deformity, restore alignment, preserve or improve joint movement, maintain stability, and allow patients to begin protected walking immediately after surgery.

His approach has also been shaped by listening carefully to patients and documenting their recoveries. The practice has accumulated written postoperative evaluations, video interviews, walking demonstrations, before-and-after photographs, X-rays, and long-term follow-up records representing thousands of individual patient experiences.

Dr. Moy does not believe patients should be expected to accept broad surgical claims without evidence. They should be able to examine the correction, observe the recovery, hear directly from previous patients, and understand both the potential benefits and the limitations of the procedure before deciding whether surgery is appropriate.

## The Development of the Moy Technique

The Moy Technique was not created from a single operation or one moment of discovery. It developed gradually through more than 35 years of performing bunion surgery, studying postoperative results, listening to patients, and refining each step of the procedure.

Early in his career, Dr. Moy recognized that many traditional bunion operations focused primarily on removing the visible bump or correcting the appearance of the foot. In some cases, the underlying mechanical causes of the deformity were not fully addressed. Other procedures could involve extensive soft-tissue disruption, prolonged non-weight-bearing, substantial postoperative discomfort, joint stiffness, or the sacrifice of a functioning joint.

Dr. Moy began modifying the operation with several objectives in mind: correct the deformity rather than simply remove the bump; preserve the blood supply, nerves, veins, tendons, and other important tissues surrounding the joint; restore the position of the first metatarsal and sesamoid apparatus; decompress the joint when necessary; maintain stable fixation while allowing immediate protected walking; reduce unnecessary surgical trauma; and preserve the patient's own joint whenever reasonably possible.

The procedure uses carefully planned bone cuts that allow the metatarsal head to be shifted, slightly shortened, repositioned, and stabilized according to the individual deformity. The correction may also include releasing restricted soft tissues, restoring the relationship between the sesamoids and the first metatarsal, removing arthritic bone when necessary, and improving the available range of motion within the joint.

Every part of the procedure has been refined through direct clinical experience. Dr. Moy has evaluated patients immediately after surgery, during the first days of walking, throughout bone healing, and years after the operation. Patient-reported discomfort, swelling, motion, shoe tolerance, activity level, recurrence, and long-term satisfaction have all influenced the evolution of the technique.

This ongoing process is one reason the Moy Technique should not be viewed as a new or experimental operation. Its principles have been applied, evaluated, and repeatedly refined over several decades and more than 10,000 bunion procedures.

The technique continues to evolve as new fixation methods, imaging, surgical instruments, and rehabilitation strategies become available. However, its central philosophy remains unchanged: achieve the necessary correction while preserving as much normal anatomy and function as possible, minimizing surgical trauma, and helping the patient return to walking and everyday life quickly.

## Experience Built Through More Than 10,000 Bunion Procedures

Experience in bunion surgery is not measured only by the number of years a surgeon has practiced. It is also shaped by the number and variety of deformities treated, the ability to evaluate long-term results, and the willingness to learn from every patient's recovery.

Over more than 35 years, Dr. Moy has performed more than 10,000 bunion operations. These procedures have included mild and severe bunions, recurrent deformities, arthritic joints, hallux limitus and hallux rigidus, complex forefoot problems, and correction of feet following unsuccessful previous surgery.

This extensive experience has allowed Dr. Moy to recognize patterns that may not become apparent with a smaller number of cases. These include the factors that influence postoperative discomfort, swelling, stiffness, bone healing, joint movement, shoe tolerance, recurrence, hardware irritation, and the patient's return to normal activity.

Each foot is evaluated individually. Although two patients may appear to have similar bunions, their bone structure, joint condition, flexibility, sesamoid position, activity level, age, health history, and personal goals may be very different. The surgical plan must account for these differences rather than applying the same correction to every patient.

Dr. Moy's experience also includes caring for patients who travel from across the United States and internationally for surgery. Many have sought treatment after being advised that they would require prolonged non-weight-bearing, extensive reconstruction, joint fusion, or acceptance of continued discomfort and deformity.

A large surgical volume alone does not guarantee a successful result. What matters is how that experience is used. Dr. Moy has used the lessons from thousands of procedures to continually refine surgical planning, reduce unnecessary tissue disruption, protect joint function, anticipate potential complications, and improve the overall patient experience.

For patients considering surgery, this depth of experience provides something especially important: the procedure has been performed repeatedly, evaluated over time, and adjusted based on real clinical outcomes rather than theory alone.

## Documenting the Patient Experience and Surgical Results

Surgical results should be evaluated through more than a surgeon's description of the procedure. Patients should be able to see how others recovered, examine the correction that was achieved, and hear directly from people who have already undergone the operation.

For more than 35 years, Dr. Moy has documented the experiences of his bunion surgery patients through multiple forms of clinical and patient-reported evidence. This collection includes thousands of handwritten postoperative evaluations, video interviews, walking demonstrations, before-and-after photographs, X-rays, range-of-motion assessments, and long-term follow-up observations.

Patients are often asked to describe their level of discomfort in their own words and to record their experience during the early days following surgery. These evaluations are not based solely on a surgeon's interpretation. They preserve the patient's personal account of walking, sleeping, using medication, returning to shoes, resuming activities, and progressing through recovery.

Video interviews provide another important form of documentation. They allow prospective patients to see individuals walking shortly after surgery, observe the protective boot, listen to descriptions of the actual recovery, and compare expectations before surgery with the experience afterward. Many videos also document patients returning for follow-up visits weeks, months, or years later.

Photographs and X-rays demonstrate different aspects of the surgical result. Photographs show the appearance and alignment of the foot, while X-rays allow evaluation of the underlying bone correction, joint position, sesamoid relationship, fixation, and healing. When available, long-term comparisons help determine whether the correction has remained stable over time.

No individual testimonial can guarantee that another patient will have the same result. Every person has different anatomy, health factors, healing ability, activity demands, and expectations. However, reviewing a large and varied collection of patient experiences can provide a more realistic understanding of the procedure than relying on isolated claims or carefully selected examples.

Dr. Moy encourages patients to examine this documentation carefully, ask questions, and make an informed decision based on both the potential benefits and the recognized limitations of bunion surgery. The goal is transparency: patients should understand what was done, why it was done, how others have recovered, and what they may reasonably expect from their own treatment.

## A Philosophy of Joint Preservation and Function

The purpose of bunion surgery should be more than creating a straighter-looking foot. The correction should also preserve or improve the way the great-toe joint moves and functions whenever reasonably possible.

Dr. Moy's surgical philosophy emphasizes preserving the patient's natural joint rather than sacrificing it unnecessarily. This is especially important because the great toe plays a major role in balance, walking, pushing off, climbing stairs, exercising, and wearing ordinary shoes.

When evaluating a bunion, Dr. Moy considers not only the visible deformity but also the condition of the joint, the available range of motion, the position of the metatarsal and sesamoids, the amount of arthritis present, and whether the joint is being compressed or mechanically blocked.

In patients with stiffness, hallux limitus, or early arthritis, treatment may involve correcting the alignment while also creating additional space within the joint, removing obstructive bone, and improving movement. The goal is to preserve the patient's own joint and restore as much comfortable function as the condition of the cartilage will allow.

Joint fusion may be appropriate in certain severe or advanced conditions, but Dr. Moy does not consider it the automatic solution for every arthritic or stiff great-toe joint. Whenever a functioning joint can reasonably be preserved, he prefers to explore that option before permanently eliminating its movement.

The same philosophy applies throughout the operation: preserve healthy tissue, maintain circulation, protect nerves and tendons, minimize unnecessary disruption, and correct only what needs to be corrected.

Not every joint can be restored to normal, and the degree of improvement depends on the severity of the deformity, the amount of cartilage damage, previous surgery, stiffness, and the individual patient's healing response. These limitations are discussed during the evaluation so that patients can understand what may realistically be achieved.

For Dr. Moy, a successful result is not defined solely by an X-ray or the appearance of the foot. It is measured by whether the patient can walk comfortably, move the joint, wear appropriate shoes, return to desired activities, and maintain the correction over time.

## An Individualized Approach to Every Patient

No two bunions are exactly alike, and no single operation is appropriate for every patient. A successful treatment plan begins with understanding the individual foot, the condition of the joint, the patient's overall health, and the activities the patient hopes to resume.

During the evaluation, Dr. Moy considers the severity and flexibility of the deformity, the position of the bones and sesamoids, the amount of joint movement, the condition of the cartilage, previous injuries or operations, circulation, nerve function, and the patient's walking pattern. Weight-bearing X-rays are reviewed together with the physical examination to determine what is causing the deformity and which structures require correction.

Age alone does not determine whether someone is an appropriate candidate for surgery. A patient's general health, bone quality, circulation, healing ability, medications, lifestyle, occupation, footwear needs, and personal goals may be equally important.

Some patients primarily want relief from difficulty wearing shoes. Others wish to return to running, sports, prolonged standing, travel, or physically demanding work. These different goals may affect surgical planning, recovery expectations, and the timing of the procedure.

Dr. Moy also considers whether surgery is necessary at all. Patients with mild symptoms may be advised to continue with changes in footwear, padding, activity modification, or other conservative measures. Surgery should be recommended because the deformity and symptoms justify it - not simply because a bunion is visible on an X-ray or photograph.

When surgery is appropriate, the procedure is adapted to the patient rather than forcing every foot into the same standardized operation. The amount of correction, bone repositioning, joint decompression, soft-tissue balancing, fixation, and postoperative guidance may vary according to the individual condition.

Patients are also given a realistic discussion of what the operation can and cannot accomplish. The goal is to develop a treatment plan that reflects the patient's anatomy, symptoms, expectations, and long-term functional needs.

### **Education, Transparency, and Informed Decision-Making**

Patients should understand their condition, the available treatment options, and the expected recovery before deciding to proceed with bunion surgery.

Dr. Moy believes that informed patients are better prepared for surgery and more likely to participate successfully in their recovery. For that reason, the consultation is intended to be educational rather than simply a recommendation to operate.

Patients are shown their X-rays and are given an explanation of the deformity, the condition of the joint, and the structures contributing to the problem. Dr. Moy discusses whether surgery is necessary, what type of correction may be appropriate, and what alternatives may be available.

The consultation also includes an honest discussion of recovery. Patients should understand when they may begin walking, how long swelling may last, when they may return to shoes, driving, work, exercise, and travel, and what responsibilities they will have during the healing process.

Potential risks and limitations are also reviewed. Even when a procedure has produced consistently favorable results, no surgeon can guarantee that every patient will have the same experience. Healing may be affected by anatomy, bone quality, circulation, medical conditions, activity level, previous surgery, and how closely postoperative instructions are followed.

Dr. Moy encourages patients to ask questions, review photographs, X-rays, written evaluations, and video testimonials, and consider the information carefully before making a decision.

The goal is not to pressure patients into surgery. It is to provide enough information for them to determine whether the procedure, the recovery, and the expected outcome are appropriate for their individual needs.

A well-informed decision is an important part of a successful surgical experience.

### **Caring for Local, National, and International Patients**

Dr. Moy has treated patients from throughout California, 47 states, and multiple countries. Some live near the practice, while others travel considerable distances because they are seeking his experience, surgical approach, or an alternative to recommendations they have received elsewhere.

The medical evaluation and standard of care remain the same for every patient. However, patients traveling for surgery require additional planning before the procedure and continued coordination after they return home.

Before scheduling surgery, long-distance patients may begin with a telephone or video consultation and submit photographs, medical information, and weight-bearing X-rays for preliminary review. An in-person examination is still required before the final surgical decision is made.

The office helps traveling patients understand the anticipated schedule, including their consultation, surgery, early postoperative visits, local recovery period, and recommended return date. Whenever practical, surgery and postoperative care are organized to reduce unnecessary travel while maintaining appropriate medical supervision.

After returning home, follow-up may be conducted through photographs, telephone communication, video visits, and X-rays obtained locally and sent to Dr. Moy for personal review. When necessary, the office may also communicate with a physician, imaging center, therapist, or other healthcare professional near the patient's home.

Distance does not eliminate the possibility of unexpected problems. Traveling patients must remain willing to contact the office promptly, obtain local medical evaluation when directed, and return for an in-person appointment when necessary.

Whether a patient lives nearby or travels from another state or country, the objective remains the same: provide careful evaluation, individualized surgery, clear instructions, and continued guidance throughout recovery.

## Professional Qualifications and Surgical Experience

Dr. Richard R. Moy is a Doctor of Podiatric Medicine and a Fellow of the American College of Foot and Ankle Surgeons. His professional training has included podiatric medicine, foot and ankle surgery, hospital-based residency experience, and the treatment of a broad range of forefoot conditions.

Over the course of more than 35 years in practice, Dr. Moy has concentrated much of his surgical work on bunion correction and disorders of the great-toe joint. His experience includes primary bunion surgery, recurrent deformities, hallux limitus and hallux rigidus, painful arthritic joints, complex forefoot conditions, and the evaluation of patients who have experienced unsatisfactory results from previous surgery.

Dr. Moy has performed more than 10,000 bunion operations. This volume has provided extensive exposure to differences in bone structure, joint condition, deformity severity, healing patterns, postoperative swelling, range of motion, fixation, footwear needs, and long-term function.

His surgical experience has been accompanied by ongoing documentation of patient recovery and results. Written evaluations, clinical examinations, photographs, X-rays, video interviews, walking demonstrations, and long-term observations have all contributed to the continued refinement of his approach.

Professional credentials are important, but they represent only one part of evaluating a surgeon. Patients should also consider the surgeon's experience with their specific condition, the consistency and transparency of documented results, the proposed recovery process, and whether the surgeon is willing to explain both the benefits and the limitations of treatment.

Dr. Moy encourages patients to review his background, ask detailed questions, examine the available clinical documentation, and make their decision based on a complete understanding of the procedure and the surgeon performing it.

## A Career Devoted to Improving the Bunion Surgery Experience

For more than 35 years, Dr. Moy's professional focus has been to improve not only the correction of the bunion deformity, but also the patient's entire surgical experience.

Traditional expectations surrounding bunion surgery have often included substantial postoperative pain, narcotic medication, prolonged non-weight-bearing, extended time away from work, and uncertainty about when normal activities may be resumed. Dr. Moy has spent his career challenging the idea that these experiences must automatically accompany a properly performed bunion operation.

Through thousands of procedures, careful observation, patient feedback, and continued refinement, he has worked to reduce unnecessary surgical trauma while maintaining the correction, stability, and function required for a successful long-term result.

His approach emphasizes correcting the underlying deformity rather than simply removing the visible bump; preserving the natural joint whenever reasonably possible; protecting nerves, blood supply, tendons, and healthy tissues; providing stable fixation that permits immediate protected walking; minimizing postoperative discomfort and avoiding routine narcotic pain medication; restoring joint movement, balance, and functional alignment; educating patients; and documenting results openly.

Dr. Moy's work has also been shaped by the patients who have trusted him with their care. Their written evaluations, questions, concerns, recoveries, complications, and long-term outcomes have helped guide the continued development of the Moy Technique.

Although the central principles of the procedure have stood the test of time, improvement remains an ongoing process. New surgical instruments, imaging methods, fixation options, and recovery strategies are considered carefully, but they are adopted only when they offer a meaningful benefit to the patient.

Dr. Moy believes that surgical innovation should not be pursued simply because something is new. It should be judged by whether it improves correction, preserves function, reduces unnecessary discomfort, simplifies recovery, or produces a more dependable long-term result.

His goal remains the same today as it was when he began refining the procedure decades ago: to provide patients with a carefully planned bunion correction, a manageable recovery, and the best opportunity to return to comfortable walking, appropriate shoes, and the activities that are important to them.

# Request an Evaluation

## Requesting an Evaluation Is Not Agreeing to Surgery

Requesting an evaluation is simply the first step toward understanding your bunion, the available treatment options, and whether Dr. Moy's approach may be appropriate for you.

It does not obligate you to schedule surgery, travel to the office, or make an immediate decision. The purpose of the evaluation is to gather enough information to provide a thoughtful preliminary assessment and help you determine what should happen next.

Some patients request an evaluation because they have experienced increasing discomfort, difficulty wearing shoes, progressive deformity, or limitations in walking and activity. Others have been advised to undergo a particular operation and would like another opinion before proceeding. Patients who have had previous bunion surgery may be seeking an explanation for recurrence, stiffness, continued discomfort, or an unsatisfactory result.

The initial review may include a description of your symptoms and how they affect your daily activities; photographs of both feet while standing; weight-bearing X-rays, when available; relevant medical history and current medications; information regarding previous foot surgery or treatment; and your goals, concerns, and questions about surgery and recovery.

After reviewing the submitted information, Dr. Moy's office may explain whether additional X-rays, records, photographs, or an in-person examination are needed. A preliminary review can help guide the next step, but a final diagnosis and surgical recommendation cannot be made until Dr. Moy has personally examined the patient and reviewed the appropriate imaging.

Some patients may learn that surgery is not presently necessary. Others may be advised to continue conservative care, obtain further testing, or schedule a consultation to discuss possible treatment.

The goal is to provide useful information without pressure. Patients should proceed only when they understand their condition, feel comfortable with the proposed treatment, and believe the timing is right for them.

## What Information Should You Submit?

Providing complete and accurate information allows Dr. Moy to conduct a more useful preliminary review and determine whether an office consultation should be scheduled.

Patients requesting an evaluation should submit a brief description of the problem; the location and nature of any discomfort; clear photographs of both feet while standing; weight-bearing X-rays, if available; a list of previous treatments; details of previous foot surgery; relevant medical history; current medications and supplements; and personal goals and concerns.

Patients should also explain whether they are seeking a first opinion, a second opinion, treatment after a previous surgery, or information about traveling for surgery.

The office may request additional photographs, imaging, medical records, or laboratory information after the initial submission. In some cases, new weight-bearing X-rays will be necessary because older or non-weight-bearing images may not accurately represent the current deformity.

Submitting complete information does not guarantee that surgery will be recommended. It helps Dr. Moy determine whether the condition appears suitable for further evaluation and what additional steps may be needed before a treatment plan can be discussed.

## How to Take and Submit Useful Foot Photographs

Clear photographs can help Dr. Moy obtain an initial understanding of the deformity before an office consultation. They do not replace a physical examination or weight-bearing X-rays, but they can provide useful information about alignment, swelling, previous incisions, toe position, and the overall shape of the foot.

Photographs should be taken while standing naturally and bearing weight on both feet whenever it is safe and comfortable to do so.

Please submit both feet from the front; both feet from above; the inner side of each foot; the outer side of each foot; a rear view of both heels; and a close-up of the affected area, especially if there is redness, swelling, callusing, a previous incision, or another visible concern.

For the clearest images, remove shoes and socks, stand on a flat surface, use bright even lighting, keep the entire foot visible, hold the camera level, avoid filters or image editing, and ask another person to take the photographs when possible.

Patients who have undergone previous surgery should also photograph scars, areas of prominence, toe displacement, swelling, or other concerns from several angles.

When sending photographs, label them with your name and indicate whether each image shows the right foot, left foot, or both feet. Include a brief description of the primary concern.

Photographs alone cannot determine the exact procedure required. Bone alignment, joint condition, sesamoid position, arthritis, and deformity severity are evaluated more accurately through weight-bearing X-rays and an in-person examination.

### Why Weight-Bearing X-Rays Are Important

Weight-bearing X-rays are an essential part of evaluating a bunion because they show the foot while it is supporting the body's weight. This provides a more accurate view of the deformity than X-rays taken while sitting or lying down.

When a patient stands, the bones, joints, ligaments, and soft tissues respond to pressure. The position of the first metatarsal, great toe, sesamoids, arch, and neighboring metatarsals may appear different under load.

Weight-bearing X-rays may help evaluate the angle between the first and second metatarsals; the position and rotation of the great toe; the relationship between the first metatarsal and the sesamoids; joint-space narrowing or arthritis; metatarsal length and alignment; bone spurs or cysts; previous fractures; retained implants; recurrence; and incomplete correction following previous surgery.

Several views are usually needed because no single image shows every important structure.

When possible, patients should submit the actual X-ray images rather than only the written radiology report. Surgical planning requires Dr. Moy to personally review the alignment, joint relationships, and details of the deformity.

Older X-rays may be helpful for comparison, but new images may be required if the deformity has changed, symptoms have progressed, or the earlier images were not taken while standing.

X-rays guide the evaluation but do not determine treatment by themselves. They must be considered together with the physical examination, symptoms, medical history, joint movement, circulation, and functional goals.

### What Happens After You Submit Your Evaluation Request?

After your evaluation request is received, Dr. Moy's office will review the information to determine whether the submission is complete and what additional steps may be necessary.

The office may contact you to request clearer photographs, weight-bearing X-rays, previous operative reports, medical records, or more information about your symptoms, health history, and treatment goals.

You may be advised to schedule an office consultation; arrange a telephone or video discussion before traveling; obtain new or additional weight-bearing X-rays; submit records from previous surgery; continue conservative treatment; or seek evaluation for another condition before considering surgery.

For patients who live outside the area, the preliminary review can help determine whether traveling for an in-person consultation appears reasonable. However, photographs, records, and remote communication cannot replace a complete examination.

During the office consultation, Dr. Moy will examine the foot, evaluate joint movement, review the X-rays, discuss symptoms and goals, and explain whether surgery is appropriate. When surgery is being considered, he will

discuss the proposed correction, expected recovery, potential risks, limitations, and postoperative responsibilities.

Not every patient who submits an evaluation request will be advised to have surgery. Some conditions may not require an operation, may not be suitable for Dr. Moy's technique, or may need additional medical evaluation.

If surgery is recommended, you are not required to schedule it immediately. The purpose of the evaluation process is to provide direction and clarity - not to pressure you into making a decision.

## Preparing for Your Consultation

A well-prepared consultation allows more time to focus on your condition, treatment options, and questions rather than gathering missing information.

Before the appointment, complete all requested forms and provide available records, photographs, and imaging. Patients who have undergone previous foot surgery should make every effort to obtain the operative report and actual preoperative and postoperative X-ray images.

Bring or submit a current list of medications and supplements; information about allergies or reactions to medications, anesthesia, metals, adhesives, or dressings; relevant medical records; weight-bearing X-rays; operative reports and prior imaging; a list of treatments already attempted; comfortable shoes that demonstrate the problem; and a written list of questions.

Consider what you hope to accomplish through treatment. Clear goals help Dr. Moy determine whether the proposed treatment is likely to meet your expectations.

Be prepared to discuss when the problem began, how it has changed, what activities make it worse, and how it affects daily life. Mention numbness, burning, swelling, stiffness, instability, calluses, skin problems, or discomfort elsewhere in the foot.

Patients traveling from outside the area should bring their anticipated travel schedule and identify timing restrictions related to work, family responsibilities, flights, or accommodations.

You are encouraged to bring a family member or trusted companion, especially when surgery is being considered.

The purpose of the consultation is not simply to choose an operation. It is to determine whether surgery is appropriate, whether Dr. Moy's approach is suitable, and whether you fully understand the expected benefits, limitations, risks, and recovery responsibilities.

## Questions to Ask During Your Consultation

A surgical consultation should give you enough information to understand your condition, compare treatment options, and decide whether the proposed procedure is appropriate for you.

Patients are encouraged to ask questions freely and take notes. Useful questions include: What is causing my deformity or stiffness? How severe is it? Is surgery necessary now? What procedure are you recommending and why? How will it correct the underlying deformity? Will my natural joint be preserved? Is there arthritis or cartilage damage? What improvement can reasonably be expected? When may I walk, drive, work, exercise, travel, and return to shoes? What discomfort is typical? What medications are commonly needed? What risks apply to me? How likely are stiffness, recurrence, swelling, hardware irritation, or another procedure? How will follow-up be handled?

Patients who have undergone previous surgery may also ask why the original correction failed, whether the foot can be improved, what limitations were created by the previous operation, whether existing hardware needs removal, and whether scar tissue, bone loss, stiffness, or altered anatomy will change the recovery.

Tell Dr. Moy which shoes, activities, sports, work responsibilities, or travel plans matter most to you.

Patients should leave the consultation understanding what is being proposed, why it is recommended, what alternatives exist, and what responsibilities they will have during recovery. There is no requirement to make an immediate decision.

## When an In-Person Examination Is Required

Photographs, X-rays, medical records, and video consultations can provide useful preliminary information, particularly for patients who live outside the area. However, they cannot replace a complete in-person examination.

Before making a final diagnosis or recommending surgery, Dr. Moy must personally evaluate the flexibility or rigidity of the deformity; the amount and quality of joint movement; tenderness; instability or grinding; skin, scars, calluses, and soft tissues; circulation and nerve function; standing and walking alignment; tendon, ligament, and sesamoid function; and the effects of previous surgery.

An in-person examination is especially important when the patient has severe arthritis, significant stiffness, numbness, poor circulation, unusual swelling, a history of infection, previous surgery, retained hardware, recurrent deformity, or a complex medical condition.

The office may require updated X-rays, additional imaging, laboratory testing, medical clearance, vascular evaluation, or consultation with another physician.

For traveling patients, the initial office visit is commonly scheduled before the planned surgery date. Occasionally, the in-person examination reveals information that changes the preliminary assessment. Surgery may need to be modified, postponed, or determined to be inappropriate.

Travel arrangements should therefore be made with the understanding that a preliminary review does not guarantee surgery. The final decision is made only after the examination, imaging review, and complete discussion of health, expectations, risks, and options.

## Who May Not Be an Appropriate Surgical Candidate?

Not every person with a bunion is an appropriate candidate for surgery. The decision depends on symptoms, deformity severity, overall health, healing potential, expectations, and ability to follow the postoperative plan.

Surgery may need to be postponed, modified, or avoided with active infection; severely impaired circulation; uncontrolled diabetes; significant heart, lung, kidney, immune, or other conditions that make elective surgery unsafe; a recent blood clot, stroke, heart attack, or other serious event; severe neuropathy; poor bone quality; open wounds or ulcers; ongoing nicotine use; medications or treatments that interfere with healing; inability to walk safely in the boot; insufficient assistance; or expectations that cannot reasonably be achieved.

These conditions do not always permanently prevent surgery. Some patients may become candidates after improving medical control, stopping nicotine, treating infection, obtaining clearance, or stabilizing another condition.

Age alone does not determine candidacy. A healthy older patient may be a better candidate than a younger patient with uncontrolled medical problems.

Surgery may also be inappropriate when the bunion is primarily a cosmetic concern and is not causing meaningful symptoms, functional limitations, progression, or difficulty wearing appropriate shoes.

Patients must be willing to participate actively in recovery. Following instructions regarding the boot, bandages, elevation, range-of-motion exercises, activity progression, visits, photographs, and X-rays is essential.

Determining that surgery should be delayed or avoided is a medical decision intended to reduce preventable risk and identify the safest treatment.

## How to Request Your Evaluation

To begin, complete the online evaluation request form and provide as much information as possible about your condition, symptoms, medical history, and treatment goals.

You may be asked to submit your name, age, and contact information; whether the right foot, left foot, or both are affected; a description of symptoms and limitations; standing photographs; weight-bearing X-rays; previous treatment or surgery information; relevant medical conditions, medications, and allergies; your location and travel needs; and the questions you most want Dr. Moy to address.

Please submit actual X-ray images whenever possible rather than only the radiology report. Patients who have had previous surgery should also include operative reports, implant information, and earlier imaging when available.

After the request is received, the office will review the submission and contact you regarding the next step. Additional photographs, records, or imaging may be requested.

Submitting an evaluation request does not establish a doctor-patient relationship, provide a final diagnosis, or guarantee that surgery will be recommended or scheduled. A final treatment decision requires an appropriate consultation, examination, and review of imaging and medical information.

The evaluation form should not be used for urgent or emergency concerns. Severe swelling, spreading redness, drainage, fever, calf symptoms, chest pain, difficulty breathing, serious injury, or another urgent problem requires immediate local medical care.

Your personal and medical information should be submitted only through secure methods provided by the office.

## What to Expect From the Preliminary Review

The preliminary review is intended to help determine whether your condition appears suitable for further evaluation and what information may be needed before an in-person consultation.

Dr. Moy will review the materials you submit, which may include photographs, weight-bearing X-rays, symptom description, medical history, previous treatment, and personal goals.

The review may help identify the apparent type and severity of the deformity; whether one or both feet require evaluation; signs of stiffness, arthritis, recurrence, or previous surgical changes; whether the X-rays are adequate; whether an office consultation appears appropriate; whether operative reports or further testing are needed; and whether another condition should be evaluated first.

After the review, the office may contact you with general observations and recommended next steps. You may be advised to schedule an examination, obtain updated X-rays, submit additional photographs, request records, or seek medical clearance.

In some cases, the information may suggest that surgery is not currently necessary or that conservative treatment should continue. In others, the condition may appear more complex and require further evaluation.

A preliminary review is not a final diagnosis, surgical plan, or guarantee that Dr. Moy will recommend or perform surgery. Photographs and X-rays cannot fully demonstrate joint movement, circulation, nerve function, skin condition, flexibility, tenderness, or walking function.

The purpose of the review is to make the consultation process more efficient, reduce unnecessary travel when possible, and help patients understand whether further evaluation is likely to be worthwhile.

No patient should make medical, travel, employment, or financial decisions based solely on a preliminary review.

## Scheduling Your Consultation or Surgery

After the preliminary review, the office will contact you regarding the most appropriate next step. This may involve scheduling an in-person consultation, obtaining additional information, or arranging further medical evaluation.

A consultation may be scheduled even when surgery has not been decided upon. The purpose of the visit is to examine the foot, review X-rays, discuss options, and determine whether surgery is necessary and appropriate.

Patients should not assume that submitting photographs or receiving a preliminary opinion reserves a surgical date. Surgery can be scheduled only after Dr. Moy has reviewed the necessary information and determined that the patient appears to be an appropriate candidate.

When surgery is being considered, the office will discuss available dates; the expected length of stay for traveling patients; preoperative testing or medical clearance; medications or supplements that require review; transportation and postoperative assistance; early follow-up; financial policies, deposits, insurance considerations, and payment arrangements; and cancellation or rescheduling policies.

Patients should disclose work obligations, family responsibilities, upcoming travel, major events, or other medical treatment. The early recovery period should not be crowded with unnecessary obligations.

Traveling patients should avoid purchasing nonrefundable airline tickets or making inflexible arrangements until the office has confirmed the schedule.

Before surgery is finalized, patients may be required to complete health questionnaires, testing, medical clearance, medication instructions, consent documents, and other requirements.

A surgical date should be selected only after the patient understands the procedure, benefits, limitations, risks, recovery, responsibilities, anticipated costs, and office policies.

Patients should contact the office promptly if their health changes, they develop an infection, begin a new medication, experience an injury, or become uncertain about proceeding.

## Privacy and Secure Submission of Medical Information

Your photographs, X-rays, medical history, medications, and previous surgical records contain private health information and should be submitted only through secure methods approved by Dr. Moy's office.

The evaluation form should explain how documents and images may be uploaded. The office may provide a secure online form, patient portal, protected file-upload link, or another approved method.

Patients should avoid sending sensitive information through public social-media posts or comments, direct messages on social-media platforms, unsecured messaging applications, shared or public email accounts, or links that allow unrestricted access.

Before submitting information, confirm that the recipient is Dr. Moy's office and that the method has been provided or approved by the practice.

Please include only information relevant to the evaluation. Remove unrelated financial records, identification numbers, or photographs that are not necessary.

When submitting X-rays or records, identify your full name, date of birth, right or left foot, date and location of imaging or treatment, and the physician or facility when applicable.

Patients sending records from another office may be asked to complete an authorization. Previous operative reports and imaging should be requested well before the consultation.

Photographs and records submitted for evaluation will not be used publicly for education, advertising, testimonials, or promotion without separate written authorization.

Electronic communication may not be reviewed immediately and should not be used for emergencies.

## Ready to Take the Next Step?

If your bunion is becoming more painful, limiting activities, interfering with shoes, or causing concern about progression, requesting an evaluation can help you better understand your options.

You do not need to decide about surgery before contacting the office. The first step is simply to provide enough information for Dr. Moy to review your condition and determine whether further evaluation appears appropriate.

To begin, complete the evaluation request form; describe your symptoms, concerns, and goals; submit standing photographs of both feet; include weight-bearing X-rays when available; provide information about previous treatment, surgery, medical conditions, medications, and allergies; and indicate whether you live locally or may need to travel.

After your information is reviewed, the office will contact you regarding the recommended next step. This may include additional records, updated X-rays, a consultation, or continued conservative care.

A preliminary review does not obligate you to have surgery and does not guarantee that surgery will be recommended. The final decision is made only after an appropriate consultation, examination, imaging review, and discussion of your individual needs.

You are encouraged to ask questions and take the time necessary to make an informed decision. The goal is to help you understand your condition, determine whether treatment is appropriate, and proceed only when you feel confident and prepared.

Request Your Evaluation: Submit your information, photographs, and available X-rays through the secure evaluation form. Dr. Moy's office will review the materials and contact you regarding the next step.

END OF THE 14 MAJOR WEBSITE PAGES