Discussion
Our findings support the hypothesis that the first metatarsocuneiform arthrodesis can change the alignment of the section. Medical Center X is different in its results and statistical significance in the total patient population, as well as in both subgroups. This finding is consistent with the work of Avino, who noted an average change of 3.44mm. This is consistent with our own study, which showed a statistically significant change in the Lateral Talo-Forefoot angle of 2.9°. This finding is consistent with the work of Truslow, who noted an average change of 5°. This finding was also statistically significant in the Flatfoot subgroup, decreasing significantly in the total group, as well as both subgroups. The size of the subtal joint dictates that as the talus abducts as it goes through the cycle of gait, it is able to produce a more significant change in the foot alignment, consistent with our findings. This study would not have been possible without the use of the modified Lapidus procedure, as it would not have been possible to accurately predict the changes we observed in the postoperative treatment. This may be attributed to the small sample size of each subgroup, and further investigation with more subjects may prove beneficial. There was a trend in the Flatfoot subgroup, but this was not statistically significant. This finding would be expected, considering the talus would be more likely to go through a more effective gait pattern, as it would have a greater range of motion potential for correction.

Conclusion
The findings of this pilot study are consistent with current literature, supporting the hypothesis that the first metatarsocuneiform arthrodesis can change the alignment of the section. The findings of this pilot study are consistent with prior literature and support the pursuit of a larger clinical study.

Results
Ten patients (14 feet) met inclusion criteria for this retrospective review. Average age is 53.36 (range 22–76). Average follow-up was 16.6 weeks (range 5–48). There were four left and 10 right feet. Pre-operative, post-operative, and follow-up measurements were made using a protractor, consistent with the methods used by Avino. Additionally, AP measurements were made, with a technique to measure talar head uncovering as described in Figure 1. The subjects were divided into Flatfoot (n=8) and Non-Flatfoot subgroups. Exclusion criteria include nonunion, revisional Lapidus, and use of an alternate reconstruction technique. This finding would be expected, considering the talus would be more likely to go through a more effective gait pattern, as it would have a greater range of motion potential for correction.

Methods
An IRB approved database search was performed for patients who underwent a modified Lapidus procedure at the Western Pennsylvania Hospital Foot & Ankle Institute from 2010–2011. Ten patients (14 feet) met inclusion criteria for this retrospective analysis. All radiographs were measured using a protractor, consistent with the methods used by Avino. Additionally, AP measurements were made, with a technique to measure talar head uncovering as described in Figure 1. The subjects were divided into Flatfoot (n=8) and Non-Flatfoot subgroups. Exclusion criteria include nonunion, revisional Lapidus, and use of an alternate reconstruction technique. This finding would be expected, considering the talus would be more likely to go through a more effective gait pattern, as it would have a greater range of motion potential for correction.

Introduction
Arthrosis of the first metatarsocuneiform joint was initially described by Albrecht and Truslow for the correction of metatarsus primus varus. This procedure was later advocated by Lapidus in 1934. The Lapidus procedure appeared to be effective for the correction of hallux valgus, but its clinical use was limited due to the high rate of complications. This finding would be expected, considering the talus would be more likely to go through a more effective gait pattern, as it would have a greater range of motion potential for correction.

Methods
An IRB approved database search was performed for patients who underwent a modified Lapidus procedure at the Western Pennsylvania Hospital Foot & Ankle Institute from 2010–2011. Ten patients (14 feet) met inclusion criteria for this retrospective analysis. All radiographs were measured using a protractor, consistent with the methods used by Avino. Additionally, AP measurements were made, with a technique to measure talar head uncovering as described in Figure 1. The subjects were divided into Flatfoot (n=8) and Non-Flatfoot subgroups. Exclusion criteria include nonunion, revisional Lapidus, and use of an alternate reconstruction technique. This finding would be expected, considering the talus would be more likely to go through a more effective gait pattern, as it would have a greater range of motion potential for correction.