

Hammertoe

What is a Hammertoe?

A hammertoe is a contracture—or bending—of the toe at the first joint of the digit, called the proximal interphalangeal joint. This bending causes the toe to appear like an upside-down V when looked at from the side. Any toe can be involved, but the condition usually affects the second through fifth toes, known as the lesser digits. Hammertoes are more common to females than males.

There are two different types:

Flexible Hammertoes:

These are less serious because they can be diagnosed and treated while still in the developmental stage. They are called flexible hammertoes because they are still moveable at the joint.

Rigid Hammertoes:

This variety is more developed and more serious than the flexible condition. Rigid hammertoes can be seen in patients with severe arthritis, for example, or in patients who wait too long to seek professional treatment. The tendons in a rigid hammertoe have become tight, and the joint misaligned and immobile, making surgery the usual course of treatment.

Symptoms

- Pain upon pressure at the top of the bent toe from footwear.
- The formation of corns on the top of the joint.
- Redness and swelling at the joint contracture.
- Restricted or painful motion of the toe joint.
- Pain in the ball of the foot at the base of the affected toe.

How Do You Get a Hammertoe?

A hammertoe is formed due an abnormal balance of the muscles in the toes. This abnormal balance causes increased pressures on the tendons and joints of the toe, leading to its contracture. Heredity and trauma can also lead to the formation of a hammertoe. Arthritis is another factor, because the balance around the toe in people with arthritis is so disrupted that a hammertoe may develop. Wearing shoes that are too tight and cause the toes to squeeze can also be a cause for a hammertoe to form.

What Can You Do for Relief?

- Apply a commercial, nonmedicated hammertoe pad around the bony prominence of the hammertoe. This will decrease pressure on the area.
- Wear a shoe with a deep toe box.
- If the hammertoe becomes inflamed and painful, apply ice packs several times a day to reduce swelling.
- Avoid heels more than two inches tall.

- A loose-fitting pair of shoes can also help protect the foot while reducing pressure on the affected toe, making walking a little easier until a visit to your podiatrist can be arranged. It is important to remember that, while this treatment will make the hammertoe feel better, it does not cure the condition. A trip to the podiatric physician's office will be necessary to repair the toe to allow for normal foot function.
- Avoid wearing shoes that are too tight or narrow. Children should have their shoes properly fitted on a regular basis, as their feet can often outgrow their shoes rapidly.
- See your podiatric physician if pain persists.

What Will Your Podiatrist Do to Treat a Hammertoe?

The treatment options vary with the type and severity of each hammertoe, although identifying the deformity early in its development is important to avoid surgery. Podiatric medical attention should be sought at the first indication of pain and discomfort because, if left untreated, hammertoes tend to become rigid, making a nonsurgical treatment less of an option.

Your podiatric physician will examine and X-ray the affected area and recommend a treatment plan specific to your condition.

Padding and Taping:

Often this is the first step in a treatment plan. Padding the hammertoe prominence minimizes pain and allows the patient to continue a normal, active life. Taping may change the imbalance around the toes and thus relieve the stress and pain.

Medication:

Anti-inflammatory drugs and cortisone injections can be prescribed to ease acute pain and inflammation caused by the joint deformity.

Orthotic Devices:

Custom shoe inserts made by your podiatrist may be useful in controlling foot function. An orthotic device may reduce symptoms and prevent the worsening of the hammertoe deformity.

Surgical Options:

Several surgical procedures are available to the podiatric physician. For less severe deformities, the surgery will remove the bony prominence and restore normal alignment of the toe joint, thus relieving pain.

Severe hammertoes, which are not fully reducible, may require more complex surgical procedures.

Recuperation takes time, and some swelling and discomfort are common for several weeks following surgery. Any pain, however, is easily managed with medications prescribed by your podiatric physician.

Your Feet Aren't Supposed to Hurt

Remember that foot pain is not normal. Healthy, pain-free feet are a key to your independence. At the first sign of pain, or any noticeable changes in your feet, seek professional podiatric medical care. Your feet must last a lifetime, and most Americans log an amazing 75,000 miles on their feet by the time they reach age 50. Regular foot care can make sure your feet are up to the task. With proper detection, intervention, and care, most foot and ankle problems can be lessened or prevented. Remember that the advice provided in this pamphlet should not be used as a substitute for a consultation or evaluation by a podiatric physician.

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Your podiatric physician/surgeon has been trained specifically and extensively in the diagnosis and treatment of all manner of foot conditions. This training encompasses all of the intricately related systems and structures of the foot and lower leg including neurological, circulatory, skin, and the musculoskeletal system, which includes bones, joints, ligaments, tendons, muscles, and nerves.

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Hammertoe is a contracture—or bending—of one or both joints of the second, third, fourth, or fifth (little) toes. This abnormal bending can put pressure on the toe when wearing shoes, causing problems to develop. Common symptoms of hammertoes include:

- Pain or irritation of the affected toe when wearing shoes.
- Corns (a buildup of skin) on the top, side, or end of the toe, or between two toes. Corns are caused by constant

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- friction against the shoe. They may be soft or hard, depending upon their location.
- Calluses (another type of skin buildup) on the bottom of the toe or on the ball of the foot.

Corns and calluses can be painful and make it difficult to find a comfortable shoe. But even without corns and calluses, hammertoes can cause pain because the joint itself may become dislocated.

Hammertoes usually start out as mild deformities and get progressively worse over time. In the earlier stages, hammertoes are flexible and the symptoms can often be managed with noninvasive measures. But if left untreated, hammertoes can become more rigid and will not respond to non-surgical treatment. Corns are more likely to develop as time goes on—and corns never really go away, even after trimming. In more severe cases of hammertoe, open sores may form.

Because of the progressive nature of hammertoes, they should receive early attention. Hammertoes never get better without some kind of intervention.

What Causes Hammertoe?

The most common cause of hammertoe is a muscle/tendon imbalance. This imbalance, which leads to a bending of the toe, results from mechanical (structural) changes in the foot that occur over time in some people.

Hammertoes are often aggravated by shoes that don't fit properly—for example, shoes that crowd the toes. And in some cases, ill-fitting shoes can actually cause the contracture that defines hammertoe. For example, a hammertoe may develop if a toe is too long and is forced into a cramped position when a tight shoe is worn.

Occasionally, hammertoe is caused by some kind of trauma, such as a previously broken toe. In some people, hammertoes are inherited.

Treatment: Non-Surgical Approaches

There are a variety of treatment options for hammertoe. The treatment your podiatric foot and ankle surgeon selects will depend upon the severity of your hammertoe and other factors.

A number of non-surgical measures can be undertaken:

- Trimming corns and calluses. This should be done by a healthcare professional. Never attempt to do this yourself, because you run the risk of cuts and infection. Your podiatric surgeon knows the proper way to trim corns to bring you the greatest benefit.
- Padding corns and calluses. Your podiatric surgeon can provide or prescribe pads designed to shield corns from irritation. If you want to try over-the-counter pads, avoid the medicated types. Medicated pads are generally not recommended because they may contain a small amount of acid that can be harmful. Consult your podiatric surgeon about this option.
- Changes in footwear. Avoid shoes with pointed toes, shoes that are too short, or shoes with high heels—conditions that can force your toe against the front of the shoe. Instead, choose comfortable shoes with a deep, roomy toe box and heels no higher than two inches.
- Orthotic devices. A custom orthotic device placed in your shoe may help control the muscle/tendon imbalance.

- Injection therapy. Corticosteroid injections are sometimes used to ease pain and inflammation caused by hammertoe.
- Medications. Nonsteroidal antiinflammatory drugs (NSAIDs), such as ibuprofen, are often prescribed to reduce pain and inflammation.
- Splinting/strapping. Splints or small straps may be applied by the podiatric surgeon to realign the bent toe.

When Is Surgery Needed?

In some cases, usually when the hammertoe has become more rigid, surgery is needed to relieve the pain and discomfort caused by the deformity. Your podiatric surgeon will discuss the options and select a plan tailored to your needs. Among other concerns, he or she will take into consideration the type of shoes you want to wear, the number of toes involved, your activity level, your age, and the severity of the hammertoe.

The most common surgical procedure performed to correct a hammertoe is called arthroplasty. In this procedure, the surgeon removes a small section of the bone from the affected joint.

Another surgical option is arthrodesis, which is usually reserved for more rigid toes or severe cases, such as when there are multiple joints or toes involved. Arthrodesis is a procedure that involves a fusing of a small joint in the toe to straighten it. A pin or other small fixation device is typically used to hold the toe in position while the bones are healing.

It is possible that a patient may require other procedures, as well— especially when the hammertoe condition is severe. Some of these procedures include skin wedging (the removal of wedges of skin), tendon/muscle rebalancing or lengthening, small tendon transfers, or relocation of surrounding joints.

Often patients with hammertoe have bunions or other foot deformities corrected at the same time. The length of the recovery period will vary, depending on the procedure or procedures performed.