

What is it?

The hammertoe deformity is the progressive curling of the toe. This progresses until the toe is rigidly deformed and is protruding upward into the top of the shoe and painfully pressing down on its end into the sole of the shoe.

Bellevue Podiatric Physicians

How did I get it?

Most hammertoes come from a subtle imbalance of the 7 tendons that control the toe. The long flexor tendon usually pulls too hard causing the toe to contract in an arched fashion. With time the soft tissues contract around the new position, making it a rigid deformity. The toe will eventually stop touching the ground putting more pressure and pain on the metatarsal behind it.

Where does it hurt?

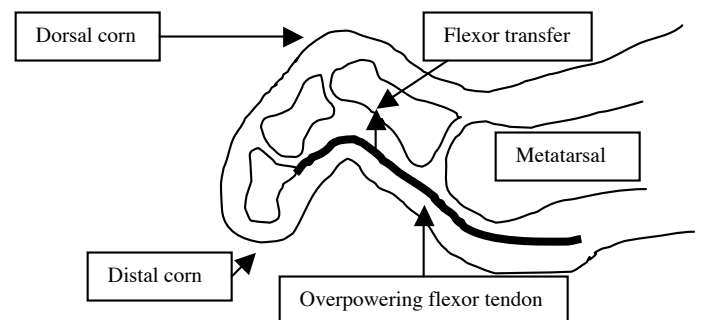
Pain associated with a hammertoe can come at the very end of the toe (**distal corn**). It is not meant to bear weight. Therefore, it does not have a lot of padding. Unfortunately, when the hammertoe deformity affects the toe, the end of the toe often contacts the ground directly and a painful corn ensues.

Heloma durum This is a fancy term for the hard corns that form on the top of the knuckles as the curled toe strikes the inside of shoes.

Metatarsal pain. Often the metatarsal bone is depressed downward by the hammertoe deformity and is made more prominent on the bottom of the forefoot. This can hurt as well cause callus formation.

Hammertoes

Claw toes Mallet toes



Types of hammertoes:

There are three basic types of hammertoes. One is a **mallet toe** where the curling deformity occurs mostly at the distal or end joint. The second is a '**hammertoe**' deformity where the curling deformity is at the proximal joint near the base of the toe. The last is a **claw toe** deformity where the deformity is at both joints.

These deformities are also rated as **reducible, semi-reducible and rigid**, depending on how much the soft tissues have contracted along with the deformity. There is also a variable amount of upward shifting of the entire toe at the metatarsophalangeal joint (the joint between the base of the toe and the rest of the foot).

Conservative treatment: Depending on the areas of pain, the main conservative treatment options include shoe selection and modification, padding, corn and callus care, and insole or orthotic therapy. There are many different types of pads used for hammertoe pain, some which use a special moldable substance that is form fit to your toe, and others that are taped on for several weeks.

Surgical treatment: If conservative treatment fails to address your pain adequately, surgical correction of the deformity is an option. In general, surgery is done as an outpatient in the hospital with no need for an overnight stay or crutches. Some simpler procedures can be done in our office under local anesthesia.

Flexor tenotomy: This is a very simple in office procedure where the tight tendon on the bottom of the toe is severed, releasing the tight contracture that is holding the toe curled. Recovery is very fast from this procedure.

Proximal interphalangeal joint arthrodesis This is the procedure involves the fusion of the deformed joint. Your toe will be a little stiffer, but the results are usually quite pleasing. This is held in place with a K-wire for several weeks.

Flexor transfer This involves rerouting the deforming pull of the flexor tendon to help correct the deformity by reattaching it to the proximal phalanx.

Metatarsophalangeal joint capsulotomy This is where the joint at the base of the toe is released so the entire toe can lay down and purchase the floor.