



Hammertoe

What is hammertoe?

A hammertoe is a contracture (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 and cause problems to develop. 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 conservative measures. If left untreated, hammertoes can become more rigid and will not respond to non-surgical treatment.

Because of the progressive nature of hammertoes, they should receive early attention. Without medical intervention, hammertoes never improve.

Causes

The most common cause of a 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 may be aggravated by shoes that do not fit properly. A hammertoe may result if a toe is too long and is forced into a cramped position when a tight shoe is worn.

Occasionally, a hammertoe is the result of an earlier trauma to the toe. In some people, hammertoes are inherited.

Symptoms

Common symptoms of hammertoes include:

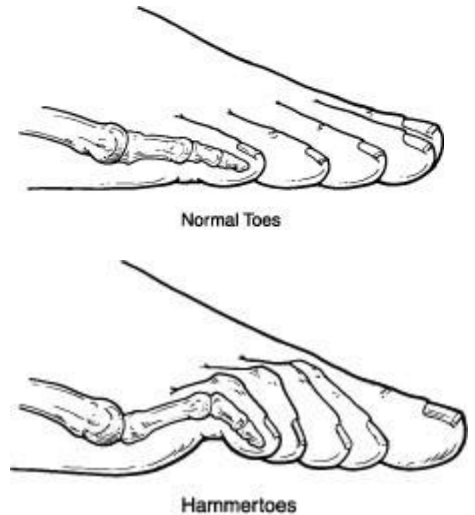
- Pain or irritation of the affected toe when wearing shoes.
- Corns and calluses (a buildup of skin) on the toe, between two toes, or on the ball of the foot.
- Inflammation, redness or a burning sensation.
- Contracture of the toe.
- Open sores or ulcerations

Diagnosis

Although hammertoes are readily apparent, your podiatrist will obtain a thorough history of your symptoms and examine your foot. During the physical examination, the doctor may attempt to reproduce your symptoms by manipulating your foot and will study the contractures of the toes. In addition, your podiatrist may take x-rays to determine the degree of the deformities and assess any changes that may have occurred.

Hammertoes are progressive. The deformities do not go away by themselves and usually get worse over time. However, not all cases are alike. Some hammertoes progress more rapidly than others. Once your podiatrist has evaluated your hammertoes, a treatment plan can be developed that is suited to your needs.

Non-surgical Treatment



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A variety of treatment options are available for the treatment of a hammertoe. The treatment that your podiatrist selects will depend upon the severity of your hammertoe and other factors.

Several non-surgical measures can be undertaken:

- **Padding corns and calluses.** Your podiatrist can provide or prescribe pads designed to shield corns from irritation.
- **Changes in footwear.** Avoid shoes with pointed toes, shoes that are too short or shoes with high heels. Choose comfortable shoes with a wide 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 a hammertoe.
- **Medications.** Oral nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen may be recommended to reduce pain and inflammation.
- **Splinting/strapping.** Splints or small straps may be applied by the surgeon to realign the bent toe.
- **Debridement/Shaving.** Your podiatrist may debride, or shave off, any corns and calluses to remove pressure from the hammertoe deformity.

When Is Surgery Needed

In some cases, usually when the hammertoe has become more rigid and painful or when an open sore (ulcer) has developed, surgery is needed. Often patients with hammertoes have bunions or other foot deformities corrected at the same time. In selecting the procedure or combination of procedures for your case, your podiatrist will take into consideration the extent of your deformity, the number of toes involved, your age, your activity level and other factors. The length of the recovery period will vary depending on the procedure or procedures performed.

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