

HAMMERTOES



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Hammertoe is a contracture (bending) deformity 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. 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 nonsurgical treatment. Because of the progressive nature of hammertoes, they should receive early attention. Hammertoes never get better without some kind of intervention.

Causes

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) or neurological 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, 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. Corns are caused by constant friction against the shoe. They may be soft or hard, depending on their location.
- Inflammation, redness or a burning sensation
- Contracture of the toe
- In more severe cases of hammertoe, open sores may form.

Diagnosis

Although hammertoes are readily apparent, to arrive at a diagnosis, the foot and ankle surgeon 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, the foot and ankle surgeon may take x-rays to determine the degree of the deformities and assess any changes that may have occurred.

Nonsurgical Treatment

There is a variety of treatment options for hammertoe. The treatment selected will depend on the severity of your hammertoe and other factors. A number of nonsurgical measures can be undertaken:

- Padding corns and calluses. Your foot and ankle surgeon 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—conditions that can force your toe against the front of the shoe.
- 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.
- 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(s).

When Is Surgery Needed?

In some cases, usually when the hammertoe has become more rigid and painful or when an open sore has developed, surgery is needed. Often, patients with hammertoe have bunions or other foot deformities corrected at the same time. In selecting the procedure or combination of procedures for your particular case, the foot and ankle surgeon 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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