South County
Orthopedics Specialist

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Hammer Toe Correction

In hammertoe, the toe is bent at the middle joint, so that it resembles a hammer. Hammertoes typically start as a flexible deformity and can progress to a fixed/rigid deformity.

Hammertoe results from shoes that don't fit properly or a muscle imbalance, usually in combination with one or more other factors. Shoes that narrow toward the toe push the smaller toes into a flexed (bent) position. The toes rub against the shoe, leading to the formation of corns and calluses, which further aggravate the condition. A higher heel forces the foot down and squishes the toes against the shoe, increasing the pressure and the bend in the toe. Eventually, the toe muscles are unable to straighten the toe, even when there is no confining shoe. Muscles work in pairs to straighten and bend the toes. If the toe is bent and held in one position long enough, the muscles tighten and cannot stretch out.

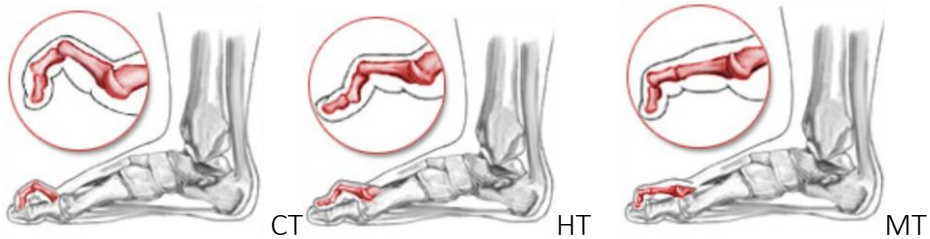
Treatment is a trial of nonoperative management with shoe modification. Surgical management is indicated for progressive deformities, fixed shortening of toes, and toe ulcerations.

Clinical Presentation

People with hammertoe may have corns or calluses on the top of the middle joint of the toe or on the tip of the toe. They also may feel pain in their toes or feet and have difficulty finding comfortable shoes.

Claw toe vs. Hammer toe vs. Mallet toe

	Claw toe	*Hammer toe*	*Mallet toe*
DIP	Flexion	Extension	Flexion
PIP	Flexion	Flexion	Normal
MTP	Hyperextension	Slight extension	Normal



CT HT MT

Non-surgical Treatment

Conservative treatment starts with shoes that have soft, roomy toe boxes. Avoid wearing tight, narrow, high-heeled shoes. Sandals may help, as long as they do not pinch or rub other areas of the foot.

Conservative treatment includes strapping the toe or crest pads.

Surgical Treatment

Hammertoes can be corrected with surgery if conservative measures fail. In rigid deformity, some bone needs to be removed as well to get the toe to be straight. Once the bone is removed, the toe is stabilized by a pin.

Pins can temporarily hold the toe in a straight position. This allows the area to fill in with scar tissue after the pins are removed.

Capsular release is releasing the joint and lengthen the tendon at the base of the toe to allow the toe to lay completely flat.

Usually it is an outpatient procedure, meaning the patient can go home the same day as surgery, done with a local anesthetic. The procedure will depend on the type and extent of the deformity. After the surgery, there may be some stiffness, swelling, and redness and the toe may be slightly longer or shorter than before.

Post-operative care

Patient will leave surgery in a loose dressing with post op shoe and are able to bear weight. Dressing change in 2-3 days after surgery. At first post op visit 2 weeks from date of surgery, patient will have sutures removed, toe strapped down and weight bearing as tolerated in their post op shoe. They are to follow up in 2 more weeks with foot X-ray. At 4-6 weeks from date of surgery patient will have pins removed from toe. Will discuss toe range of motion (piano keys) at that visit. At 8-10 weeks from date of surgery patient can transition into a wide/open toe shoe, toe flexion and can resume activities as tolerated.

Risks of surgery

It is possible that after surgery your hammertoe may come back. If this happens and you have discomfort in the toe, an additional surgery may be needed to address the pain.

All surgeries come with possible complications, including the risks associated with anesthesia, infection, damage to nerves and blood vessels, and bleeding or blood clots.

Complications specific to hammertoe surgery include the chance that the hammertoe may come back after your surgery. There is a risk that after the surgery you may feel like the toe is stiff. With a fusion there is a risk of the bones not healing. These complications are not common.

References:

1. Hammer Toe - Foot & Ankle - Orthobullets
2. Hammertoe Surgery | FootCareMD
3. Hammertoe | FootCareMD