

Hammertoe

Fact Sheet



A hammertoe is a bony deformity where the toe begins to point down from the centre of the toe. **Claw toes** are different to hammertoes in that the toe first bends upwards from the ball of the foot, before curling around to point downwards. Hammertoes remain straight through the ball of the foot. **Mallet toes** are different in that it is the joint closest to the toenail that bends down while the middle of the toe usually remains unaffected.

Relevant anatomy & terminology

The four lesser toes have two joints between the ball of the foot and the tip of the toe. The first is called the distal interphalangeal joint which is closest to the end of the toe, and the second is your proximal interphalangeal joint which is closer to the ball of the foot. The names of these joints come from their position between the three toe bones, called the phalanges. Hence the term interphalangeal. Hammertoes describe the bending (flexion) of the proximal interphalangeal joint.

What are the symptoms?

The biggest symptom is the resulting hammer-like position of the toe. Many hammertoes can remain painless and asymptomatic otherwise, particularly in men that don't wear tight shoes or place any abnormal pressure onto their toes. However, hammertoes can also become uncomfortable and for some, painful.

Pain and discomfort usually result from **corns, blisters or calluses** that form at the end of the toes where they come in contact with the ground. This can make it painful to walk and will require the blisters, calluses or corns to be managed in order to alleviate pain. The skin around the toes may also become red and damaged if they regularly rub against the shoes.

In the early stages, hammertoes may be flexible and able to be straightened out with the fingers. Over time, however, the toes and their joints will become fixed in this position.

What causes hammertoes?

Hammertoes tend to affect the second or third toes, though can affect any of the toes. Common causes or contributing factors can include:

- Tight or ill-fitting footwear
- Previous injuries
- Genetic predisposition
- An imbalance between muscles and tendons in the feet
- Arthritis
- Pressure from a bunion affecting the first toe
- Having a long second toe

Managing hammertoes at home

Managing hammertoes at home means preventing them from worsening and becoming more prominent and rigid. As footwear is the leading cause of hammertoes, avoiding pointed footwear and always ensuring that there is sufficient room at the toe box in the shoe is a great place to start. Reducing the time spent in high heels will also help, as will ensuring the size of shoes is always measured in accordance with your longest toe, which for many will be their second or third toes instead of the big toe - a common mistake.

When to see a Podiatrist & how they can help

If you've noticed a hammertoe begin to develop, or you've had a longstanding hammertoe but it has started to cause you discomfort or pain, we recommend that you see your Podiatrist. They will help identify the causes of your hammertoes and can manage concurrent symptoms, like corns or callus, if present.

If the joints are still flexible, your Podiatrist will be able to advise you on the best strategies to reduce its progression, including splinting the toes. **Custom orthotics**

including **splinting** the toes. **Custom orthotics** can help control the imbalance between the muscles and tendons, if present.

Surgery is only suggested for hammertoes when conservative options are exhausted and the patient's ability to heal and fight infection is not compromised.

Disclaimer: This document is an informative guide only and is not a tool for diagnosis or a replacement for a consultation with a Podiatrist. If you suspect that you have or are developing a hammertoe, we recommend that you see your Podiatrist for an accurate diagnosis and an appropriate management plan. Referrals are not required to see a Podiatrist.