

Hammer or Claw Toes

Lesser toe deformities can cause problems in a variety of ways. 'Hammer' or 'claw' toes are the most common toe deformities that require surgical treatment. They can cause problems relating to the prominent knuckle joint (PIP joint) on the toe sticking up and rubbing on shoe-wear and causing corn formation and ulcers. The deformity of the toe may cause pain itself from inflammation in the main joint (MTP joint) at the base of the toe or damage and stretching of the ligament under the toe and ball of the foot. Sometimes the toe deformity causes extra pressure under the 'ball' of the foot with a feeling of pain or even a sensation of walking on a 'pebble'.

CAUSES OF 'HAMMER' TOE DEFORMITIES

The cause of these problems can be multifactorial:

- Genetic factors.
- Tight shoe-wear.
- Presence of a 'bunion'.
- Neurological causes.
- Rheumatoid or other types of arthritis.
- The particular anatomy of your foot (e.g. long second toe).
- Overuse and ligament damage.

NON-OPERATIVE MANAGEMENT

Non-surgical methods of treatment should always be considered first before any surgery. This can involve things such as:

- Appropriate footwear with a 'roomy' toebox on your shoe (wide and deep).
- Orthotics / insoles – may be an option for pain under the 'ball' of your foot.

- Taping or strapping of your toe for early hammer toes or ligament damage.
- Silicone sleeves or soft padding over the toe available from chemists or podiatrist/ orthotist.

If these measures fail to work or are unsatisfactory then surgery can be performed to straighten the toe.

OPERATIVE MANAGEMENT

Surgery can involve a number of small procedures on the toe depending on the degree of deformity and the exact problem.

Usually the bent knuckle in the middle of the toe (the PIP joint) will need to be straightened and possibly –fused. This may require a pin in the toe which is left just 5mm out of the toe. This will then be removed after 4-6 weeks. Removal of the pin is straight forward. It takes just a few seconds and is no more painful than having stitches removed. No anaesthetic is required. Sometimes an internal pin or dissolvable pin can be used without the need for an external pin.

Other adjustments such as lengthening tight tendons or shortening the Metatarsal head (knuckle bone at bottom of toe joint) – which is called a 'Weil osteotomy' – may also be required.

Surgery is generally performed as day surgery unless combined with bunion or other surgery, which may require an overnight stay.

Weight bearing is allowed in a post-operative sandal. Elevation for at least the first 5-7 days is important. Reasonable recovery occurs by 4-5 weeks once the bones are healing. The toe can remain swollen for up to 3 months but will recover.

Some stiffness of the toe is common as the toe cannot be made perfect again once the previous damage has already occurred. The toe however should be straighter and more comfortable.

These notes have been prepared by orthopaedic surgeons at OrthoSport Victoria. They are general overviews and information aimed for use by their specific patients and reflects their views, opinions and recommendations. This does not constitute medical advice. The contents are provided for information and education purposes only and not for the purpose of rendering medical advice. Please seek the advice of your specific surgeon or other health care provider with any questions regarding medical conditions and treatment.