Alexis E. Dixon, MD

13160 Mindanao Way Suite 304 | Marina del Rey, CA 90292
Phone: 310-437-7922 | Fax: 310-574-0423
aedixonmd.com

Hammertoes

Hammertoes are a general term for deformities of the lesser toes caused by a muscular imbalance. There are a variety of types including claw toes, mallet toes, and more common and classic hammertoes. The treatment is similar for all, so we will use the term "hammertoe" in reference to all. This can be caused by improper shoe wear such as tight, pointed shoes or they can be caused by hereditary conditions. On occasion, they can be worsened by trauma. They are not simply corns or bumps on top of the toe, though this may be the first thing that you notice. It may even lead to pain in the bottom of the ball of the foot when more severe. The tendon and bone structure beneath is abnormal. Therefore, correction of the hammering is not simply the removal of a bump. It's a complex reconstructive surgery in which we change the shape of the foot.



Diagnosis

A set of high-quality weight-bearing (standing) x-rays are required for diagnosis, as well as a thorough physical examination. Specific x-rays will be taken in my office to ensure the highest quality of x-rays.

Treatment

Shoe Wear Modification

It is important to avoid high heels and narrow, pointed toes that predispose to hammertoe formation and pain. Shoes with a soft upper are preferred. Shoes can be taken to a cobbler to be stretched around the bunion.



Orthotics and braces do not help with hammertoes. There are NO devices that will reverse the deformity. However, Budin splints (pictured to the left) may be used to temporarily alleviate pain.

Surgery

Surgical intervention may be necessary when the pain is NOT able to be treated via shoe wear modification. This requires fusion of one of the joints in the toe to straighten the toe as well as soft tissue procedures to bring the toe down. Often this also requires shortening of the metatarsal.

Because hammertoes will recur with shoes that recreate the deformity, the rehabilitation from this surgery is prolonged open toe shoe wear followed by allowance of tennis shoes no sooner than four months postoperatively. If the metatarsal is shortened, there is a period of non-weight bearing as well.



If there is a bunion present causing the hammertoe, the bunion must also be addressed, or the hammertoe will recur.

Surgery usually entails use of temporary pins to hold the toe in place for 4-6 weeks. These will be removed in the office and do not require anesthesia.

What NOT to Expect

Hammertoe surgery is a complex reconstructive surgery. Beware of promises of pain-free return to normal activity in the short term. There is no way to accelerate soft tissue and bone healing. As is often the case, the best things take a bit of effort and time but are generally worth the investment.

Hammertoe surgery will NOT change your shoe size. It WILL make you more comfortable in your actual shoe size. There may be a mild shortening of the toe, but the length of the toe is dictated by the function of the surgery and not purely cosmesis.

Hammertoe surgery is not meant for purely cosmetic purposes. It is possible to convert a pain-free bunion to a painful but beautiful foot. For this reason, it is only medically indicated to operate on toes that cause discomfort.

For Best Results

See a Board-Certified Orthopaedic Surgeon with accredited fellowship training in Foot and Ankle surgery about your hammertoes.

Be prepared for a new set of x-rays in office. Not all x-rays are the same.

Be prepared for a postoperative protocol that allows for downtime as well as time in a medical shoe. Normal shoe wear will NOT be immediate and can lead to recurrence.

References

www.footcaremd.org/conditions-treatments/toes/hammertoe

orthoinfo.aaos.org/en/diseases--conditions/hammer-toe

www.mayoclinic.org/diseases-conditions/hammertoe-and-mallet-toe/symptoms-causes/syc-20350839