



**MICHAEL J. BAKER, D.P.M.**

**JASON D. GRAY, D.P.M.**

**GREGORY W. BOAKE, D.P.M**

**JESSICA R TAULMAN, D.P.M**

#### **BFS BUSINESS OFFICE**

P O BOX 330.  
Fortville, IN 46040-0330  
Tel 317.863.2556  
Fax 317.203.0420

#### **COMMUNITY FOOT & ANKLE CENTER**

1221 Medical Arts Blvd.  
Anderson, IN 46011  
Tel 765.641.0001  
Fax 765.641.0003

#### **EAST FOOT & ANKLE CENTER**

161B Washington Point Dr.  
Indianapolis, IN 46229  
Tel 317.898.6624  
Fax 317.898.6636

#### **FOOT & ANKLE AT WESTVIEW HOSPITAL**

3520 Guion Rd., Ste 102  
Indianapolis, IN 46222  
Tel 317.920.3240  
Fax 317.920.3243

#### **MARION FOOT CENTER**

330 N. Wabash Ave, Ste 460A  
Marion, IN 46952  
Tel 765.664.1413  
Fax 765.965.6530

#### **BAKER FOOT SOLUTIONS SATILLITE FOOT CLINICS**

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Tel 317.920.3240  
Fax 317.920.3243

#### **GEIST FAMILY PRACTICE**

Tel 317.898.6624  
Fax 317.898.6636

#### **NEW CASTLE**

Tel 765.664.1413  
Fax 765.965.6530

#### **SPEEDWAY**

Tel 317.920.3240  
Fax 317.920.3243

## **Hammertoes**

Hammertoe is a contracture--or bending--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 non-surgical treatment. Corns are more likely to develop as time goes on and corns never really go away, even after trimming. In more severe cases of hammertoe, open sores may form.

Because of the progressive nature of hammertoes, they should receive early attention. Hammertoes never get better without some kind of intervention.

**What Causes Hammertoe?** 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) changes in the foot that occur over time in some people.

Hammertoes are often aggravated by shoes that don't fit properly—for example, shoes that crowd the toes. And in some cases, ill-fitting shoes can actually cause the contracture that defines hammertoe. For example, a hammertoe may develop if a toe is too long and is forced into a cramped position when a tight shoe is worn.

Occasionally, hammertoe is caused by some kind of trauma, such as a previously broken toe. In some people, hammertoes are inherited.

## Treatment: Non-Surgical Approaches

**Trimming corns and calluses.** This should be done by a healthcare professional. Never attempt to do this yourself, because you run the risk of cuts and infection. Your foot and ankle surgeon knows the proper way to trim corns to bring you the greatest benefit.

**Padding corns and calluses.** Your foot and ankle surgeon can provide or prescribe pads designed to shield corns from irritation. If you want to try over-the-counter pads, avoid the medicated types. Medicated pads are generally not recommended because they may contain a small amount of acid that can be harmful. Consult your foot and ankle surgeon about this option.

**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. Instead, choose comfortable shoes with a deep, roomy toe box and heels no higher than two inches.

**Orthotic devices.** A custom orthotic device placed in your shoe may help control the muscle/tendon imbalance.

**Splinting/strapping.** Splints or small straps may be applied by the foot and ankle surgeon to realign the bent toe.

**When is Surgery Needed?** In some cases, usually when the hammertoe has become more rigid, surgery is needed to relieve the pain and discomfort caused by the deformity. Dr. Offutt will discuss the options and select a plan tailored to your needs. Among other concerns, he will take into consideration the type of shoes you want to wear, the number of toes involved, your activity level, your age, and the severity of the hammertoe.

The most common surgical procedure performed to correct a hammertoe is called arthroplasty. In this procedure, the surgeon removes a small section of the bone from the affected joint.

