



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

BROWNSBURG

Tel 317.920.3240
Fax 317.920.3243

GEIST FAMILY PRACTICE

Tel 317.898.6624
Fax 317.898.6636

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Tel 765.664.1413
Fax 765.965.6530

SPEEDWAY

Tel 317.920.3240
Fax 317.920.3243

Crossover Toe

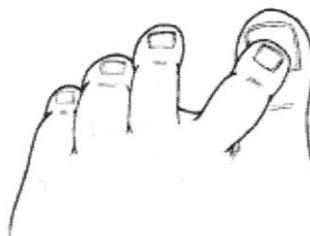
Crossover toe is a condition in which the second toe drifts toward the big toe and eventually crosses over and lies on top of the big toe.

Crossover toe is a common condition that can occur at any age, although it is most often seen in adults. Some people confuse crossover toe with a hammertoe, probably because both conditions involve a toe that does not lie in the normal position. However, crossover toe is entirely different from a hammertoe and much more complex.

Crossover toe is a progressive disorder. In the very early stages—the best time to treat crossover toe—a patient may have pain but no crossover of the toe. Without treatment, the condition usually worsens to dislocation of the joint.

What Causes Crossover Toe? It is generally believed that crossover toe is a result of abnormal foot mechanics, where the ball of the foot beneath the second toe joint takes an excessive amount of weight-bearing pressure. This pressure eventually leads to weakening of the supportive ligaments and a failure of the joint to stabilize the toe, resulting in the toe crossing over.

Certain conditions or characteristics can make a person prone to experiencing excessive pressure on the ball of the foot. These most commonly include a severe bunion deformity, a second toe longer than the big toe, an arch that is structurally unstable and a tight calf muscle.



Treatment: Non-surgical Approaches The best time to treat crossover toe is in the early stages, before the toe starts to drift toward the big toe. At that time, non-surgical approaches can be used to stabilize the joint, reduce the symptoms and address the underlying cause of the condition.

Rest and ice. Staying off the foot and applying ice packs help reduce the swelling and pain. Apply a bag of ice over a thin towel to the affected area for 20 minutes of each waking hour. Do not put ice directly against the skin.

Oral medications. Nonsteroidal anti-inflammatory drugs, such as ibuprofen, may help relieve the pain and inflammation.

Immobilization. Sometimes the foot is immobilized for a while so that the injured tissue can heal.

Taping/splinting. It may be necessary to tape the toe so that it will stay in the correct position. This helps relieve the pain and prevent further drifting of the toe.

Stretching. Keeping the calf muscles stretched is important in patients who have tight calf muscles.

Shoe modifications. Supportive shoes with stiff soles are recommended because they control the motion and lessen the amount of pressure on the ball of the foot.

Orthotic devices. Custom shoe inserts are often very beneficial. These include arch supports or a metatarsal pad that distributes the weight away from the joint.

When is Surgery Needed? Once the second toe starts moving toward the big toe, it will never go back to its normal position unless surgery is performed. Our doctor will select the procedure or combination of procedures best suited to the individual patient.

