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Hammer Toes: A Comprehensive Review of Causes, Diagnosis, and Treatment

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Abstract

Hammer toes are a prevalent foot deformity that affects a significant portion of the population. This comprehensive review aims to provide an overview of the causes, diagnosis, and treatment options for hammer toes. The condition is characterized by an abnormal bending of one or more toes, resulting in a hammer-like appearance. The underlying causes of hammer toes include structural abnormalities, such as imbalances in muscle or tendon function, as well as factors like footwear choices and genetic predisposition. Diagnosing hammer toes involves a thorough clinical examination, which may include assessing toe flexibility, joint mobility, and any associated symptoms. Imaging modalities such as X-rays or ultrasound may be utilized to evaluate the severity of the deformity and assess any accompanying conditions. Early diagnosis is crucial to prevent the progression of hammer toes and alleviate symptoms. Treatment strategies for hammer toes vary depending on the severity and individual patient characteristics. Non-surgical interventions, including footwear modifications, orthotic devices, exercises, and physical therapy, aim to reduce pain, correct imbalances, and improve toe alignment. In more severe cases or when conservative measures fail, surgical intervention may be considered. Surgical options encompass various procedures, such as tendon releases, joint fusions, or corrective osteotomies, tailored to address the specific deformity and restore normal toe function. The management of hammer toes requires a multidisciplinary approach involving podiatrists, orthopedic surgeons, and physical therapists. Patient education regarding appropriate footwear choices and preventive measures is essential in reducing the risk of recurrence. Long-term follow-up is crucial to monitor the outcomes of treatment and address any potential complications.

Keywords: Hammer toes; Patient; Footwear

Introduction

Hammer toes, characterized by an abnormal bending of the toes, are a prevalent foot deformity that affects a substantial number of individuals. This condition can lead to pain, discomfort, and functional limitations, significantly impacting an individual's quality of life. Understanding the causes, accurate diagnosis, and appropriate treatment options are crucial for effectively managing hammer toes [1,2].

Hammer toes typically develop due to a combination of structural abnormalities and external factors. The imbalance in muscle or tendon function within the foot can lead to an abnormal pulling of the toes, resulting in their abnormal bending. This imbalance may be attributed to intrinsic factors such as genetic predisposition or underlying foot deformities [3-7]. Extrinsic factors, including improper footwear choices, such as high heels or narrow-toe shoes, can exacerbate the condition and contribute to its development.

Diagnosing hammer toes involves a comprehensive clinical evaluation. A healthcare professional, often a podiatrist or orthopedic specialist, will assess the patient's medical history, conduct a physical examination, and inquire about any associated symptoms [8-11]. This examination may involve evaluating the flexibility of the toes, assessing joint mobility, and identifying any areas of pain or discomfort. Diagnostic imaging techniques, such as X-rays or ultrasound, may be utilized to assess the severity of the deformity and identify any additional abnormalities or joint damage.

Treatment options for hammer toes encompass both non-surgical and surgical approaches, depending on the severity of the deformity and the patient's individual needs. Non-surgical interventions aim to alleviate pain, reduce discomfort, and improve foot function. These may include footwear modifications, such as wearing roomier shoes with adequate toe space, using orthotic devices or toe splints to maintain

proper alignment, and engaging in exercises or physical therapy to stretch and strengthen the affected muscles and tendons [12-15].

In cases where conservative measures fail to provide relief or when the deformity is severe, surgical intervention may be considered. The specific surgical technique employed will depend on the nature and extent of the deformity, with options including tendon releases, joint fusions, or corrective osteotomies. Surgical correction aims to restore proper toe alignment, alleviate symptoms, and improve overall foot function.

To effectively manage hammer toes, a multidisciplinary approach is often necessary. Collaboration between podiatrists, orthopedic surgeons, and physical therapists allows for a comprehensive evaluation and tailored treatment plan that addresses the specific needs of each patient. Patient education is crucial in emphasizing the importance of appropriate footwear choices and providing preventive measures to reduce the risk of recurrence.

This comprehensive review aims to provide a detailed examination of the causes, diagnosis, and treatment options for hammer toes. By enhancing our understanding of this condition, healthcare professionals can deliver optimal care, improve patient outcomes, and contribute to the overall well-being of individuals affected by hammer toes.

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Discussion

Hammer toes are a common foot deformity that can cause significant discomfort and functional limitations for affected individuals. This comprehensive review has examined the causes, diagnosis, and treatment options for hammer toes, highlighting the importance of a multidisciplinary approach in managing this condition effectively.

The causes of hammer toes can be attributed to both intrinsic and extrinsic factors. Intrinsic factors, such as genetic predisposition and underlying foot deformities, contribute to the structural abnormalities that result in toe misalignment. Extrinsic factors, particularly inappropriate footwear choices, play a significant role in exacerbating the condition. High heels and narrow-toe shoes can cause compression and constriction of the toes, contributing to the development and progression of hammer toes. Understanding these causative factors is crucial in developing preventive strategies and educating patients on appropriate footwear selection.

Accurate diagnosis of hammer toes is essential to guide appropriate treatment interventions. A comprehensive clinical evaluation, including a thorough medical history and physical examination, forms the basis of diagnosis. Assessing toe flexibility, joint mobility, and identifying any associated symptoms are critical components of the examination. Diagnostic imaging techniques, such as X-rays or ultrasound, can provide valuable insights into the severity of the deformity, any joint damage, and aid in treatment planning.

The treatment of hammer toes involves a range of non-surgical and surgical options. Non-surgical interventions focus on relieving pain, reducing discomfort, and improving foot function. These interventions include footwear modifications, such as wearing roomier shoes with adequate toe space, and utilizing orthotic devices or toe splints to maintain proper toe alignment. Physical therapy and exercises that stretch and strengthen the affected muscles and tendons can also play a significant role in managing hammer toes.

In cases where non-surgical measures are insufficient or when the deformity is severe, surgical intervention may be considered. Surgical correction of hammer toes aims to restore proper alignment and function. Various surgical techniques, including tendon releases, joint fusions, and corrective osteotomies, are available and tailored to the specific needs of each patient. Surgical treatment should be individualized, considering the extent of the deformity, patient preferences, and potential risks and benefits.

A multidisciplinary approach involving podiatrists, orthopedic surgeons, and physical therapists is crucial in managing hammer toes effectively. Collaborative decision-making ensures comprehensive evaluation, personalized treatment plans, and a holistic approach to patient care. Furthermore, patient education plays a pivotal role in preventing recurrence and optimizing long-term outcomes. Educating patients on appropriate footwear choices, foot hygiene, and exercises to maintain toe flexibility can empower them to actively participate in their own foot health.

Despite the comprehensive understanding of hammer toes, further research is needed to enhance our knowledge in several areas. Investigating the underlying genetic and biomechanical factors that contribute to the development of hammer toes can provide insights into targeted preventive strategies and novel treatment approaches. Long-term studies evaluating the outcomes of different treatment modalities and their impact on patients' quality of life are also warranted.

Conclusion

Hammer toes are a prevalent foot deformity that can cause pain, discomfort, and functional limitations for individuals. This comprehensive review has provided an in-depth examination of the causes, diagnosis, and treatment options for hammer toes. The causes of hammer toes involve a combination of intrinsic factors, such as genetic predisposition and structural abnormalities, and extrinsic factors, including inappropriate footwear choices. Accurate diagnosis is crucial and relies on a thorough clinical evaluation, supplemented by diagnostic imaging when necessary. Treatment strategies for hammer toes encompass both non-surgical and surgical approaches. Non-surgical interventions aim to alleviate symptoms and improve foot function through footwear modifications, orthotic devices, exercises, and physical therapy. Surgical intervention may be considered for severe cases or when conservative measures fail to provide relief. Various surgical techniques, tailored to the specific needs of each patient, aim to restore proper toe alignment and function. A multidisciplinary approach involving podiatrists, orthopedic surgeons, and physical therapists is essential for comprehensive evaluation and tailored treatment plans. Patient education regarding appropriate footwear choices, preventive measures, and long-term follow-up are crucial for optimal management and reducing the risk of recurrence. By implementing the knowledge gained from this comprehensive review, healthcare professionals can effectively manage hammer toes, improve patient outcomes, and enhance the overall well-being of individuals affected by this condition.

References

- Harjutsalo V, Groop PH (2014) Epidemiology and risk factors for diabetic kidney disease. Adv Chronic Kidney Dis 21: 260-266.
- Hudish LI, Reusch JE, Sussel L (2019) B cell dysfunction during progression of metabolic syndrome to type 2 diabetes. J Clin Investig 129: 4001-4008.
- 3. Jung CH, Son JW, Kang S, Kim WJ, Kim H, et al. (2021) Diabetes fact sheets in korea, 2020: An appraisal of current status. Diabetes Metab J 45: 1-10.
- La Li J, Shangguan H, Chen X, Ye X, Zhong B, et al. (2020) Advanced glycation end product levels were correlated with inflammation and carotid atherosclerosis in type 2 diabetes patients. Open Life Sci 15: 364-372.
- Choi H, Koo D, Yim J (2022) Correlation of advanced glycation end products and heme oxygenase-1 in Korean diabetic patients. J Nutr Health 55: 348-358.
- https://www.semanticscholar.org/paper/Executive-Summary-of-The-Third-Report-of-The-(NCEP)-Grundy-Becker/fd527901f3558adf75f05101035afa53c dea8h90
- Park S, Lee W, Kim S (2003) The relative risks of the metabolic syndrome defined by adult treatment panel iii according to insulin resistance in Korean population. J Korean Med Sci 64: 552-560.
- Haffner SM, Valdez RA, Hazuda HP, Mitchell BD, Morales PA (1992) Prospective analysis of the insulin-resistance syndrome (syndrome x). Diabetes 41: 715-722.
- Koch M, Klügl M, Frankewycz B, Lang S, Worlicek M, et al. (2021) Footballrelated injuries are the major reason for the career end of professional male football players. Knee Surg Sports Traumatol Arthrosc 29(11): 3560-3568.
- Schmidt-Olsen S, Jørgensen U, Kaalund S, Sørensen J (1991) Injuries among young soccer players. Am J Sports Med 19(3): 273-275.
- Krutsch W, Memmel C, Alt V, Krutsch V, Tröß T, et al. (2022) Timing return-tocompetition: a prospective registration of 45 different types of severe injuries in Germany's highest football league. Arch Orthop Trauma Surg 142(3): 455-463.
- Munn J, Sullivan SJ, Schneiders AG (2010) Evidence of sensorimotor deficits in functional ankle instability: a systematic review with meta-analysis. J Sci Med Sport 13(1): 2-12.
- Fortuna M, Teixeira S, Machado S, Velasques B, Bittencourt J, et al. (2013) Cortical reorganization after hand immobilization: the beta qEEG spectral coherence evidences. PLoS One 8(11): 79-912.

- Chraim M, Bock P, Alrabai HM, Trnka HJ (2016) Long-term outcome of first metatarsophalangeal joint fusion in the treatment of severe hallux rigidus. Int Orthop 40(11): 2401-2408.
- Kumar S, Pradhan R, Rosenfeld PF (2010) First metatarsophalangeal arthrodesis using a dorsal plate and a compression screw. Foot Ankle Int 31(9): 797-801.