

Understanding Hammer Toe: Causes, Symptoms, and Treatment

Dr. Emily Carter*

Department of Podiatric Medicine, University of California, Los Angeles (UCLA), USA

Introduction

Hammer toe is a common foot deformity that affects the alignment of the toes, causing discomfort and mobility issues. This article provides an in-depth review of hammer toe, covering its causes, symptoms, risk factors, diagnosis, and treatment options [1]. Early detection and appropriate intervention are crucial in preventing further complications.

Hammer toe is a deformity in which one or more of the lesser toes bend abnormally at the middle joint, resembling a hammer. This condition primarily affects the second, third, or fourth toes and can result in pain, corns, and difficulty wearing footwear [2]. Left untreated, hammer toe can become a permanent deformity requiring surgical correction. Hammer toe is a common foot deformity that affects millions of people worldwide, often causing discomfort, pain, and difficulty walking. This condition occurs when the second, third, or fourth toe becomes bent at the middle joint, creating a shape that resembles a hammer [3]. While it may seem like a minor foot problem at first, hammer toe can progressively worsen over time if left untreated, potentially leading to chronic pain and mobility issues [4]. Understanding hammer toe is essential for recognizing its early signs, preventing its progression, and exploring effective treatment options [5]. This condition can result from a variety of factors, including genetic predisposition, poorly fitting footwear, or underlying medical issues such as arthritis or diabetes. Additionally, certain lifestyle habits and foot mechanics can contribute to its development. Individuals with hammer toe may experience symptoms ranging from mild discomfort to severe pain, often accompanied by corns, calluses, and swelling [6]. The condition can significantly impact one's quality of life, making it difficult to engage in physical activities or even wear regular shoes. Fortunately, early intervention can make a significant difference [7]. Non-surgical treatments, such as physical therapy, custom orthotics, and footwear modifications, can alleviate symptoms and prevent the condition from worsening. In more advanced cases, surgical correction may be necessary to restore proper toe alignment and improve functionality [8].

This article provides a comprehensive guide to understanding hammer toe, covering its causes, common symptoms, diagnostic methods, and the range of treatment options available. Whether you are seeking information for personal knowledge, considering treatment options, or simply aiming to prevent future foot problems, this guide will equip you with the essential information needed to make informed decisions about hammer toe care.

Causes of hammer toe

Hammer toe develops due to an imbalance in the muscles, tendons, or ligaments that maintain toe stability. Some of the leading causes include:

1. Footwear- Tight or high-heeled shoes that force the toes into a bent position.
2. Genetics- A family history of foot deformities increases the risk.

3. Arthritis- Rheumatoid arthritis and osteoarthritis can contribute to toe deformities.

4. Toe Length- A longer second toe is more susceptible to developing hammer toe.

5. Nerve or Muscle Conditions- Neuromuscular disorders, such as Charcot-Marie-Tooth disease, may increase susceptibility.

Symptoms

Hammer toe symptoms range from mild to severe and may include:

- Pain or discomfort in the affected toe(s)
- Corns and calluses due to friction with footwear
- Redness, swelling, and inflammation
- Restricted toe movement and stiffness
- Difficulty finding comfortable shoes

Several factors increase the likelihood of developing hammer toes, including:

- Wearing ill-fitting shoes for prolonged periods
- Having pre-existing foot conditions, such as bunions
- Age-related muscle and tendon weakening
- Underlying health conditions, such as diabetes and arthritis

Diagnosis

A podiatrist diagnoses hammer toe through a physical examination and imaging tests. Key diagnostic procedures include:

- Physical examination, assessing the toe's flexibility and structure.
- X-rays, evaluating joint and bone alignment.
- Gait analysis, analyzing foot movement while walking.

Treatment options

Treatment depends on the severity of the condition and includes conservative and surgical methods.

*Corresponding author: Dr. Emily Carter, Department of Podiatric Medicine, University of California, Los Angeles (UCLA), USA, Email: ecarter@ucla.edu

Received: 01-Jan-2025, Manuscript No. crfa-25-163023; **Editor assigned:** 04-Jan-2025, Pre-QC No. crfa-25-163023 (PQ); **Reviewed:** 18-Jan-2025, QC No. crfa-25-163023; **Revised:** 25-Jan-2025, Manuscript No. crfa-25-163023 (R); **Published:** 30-Jan-2025, DOI: 10.4172/2329-910X.1000620

Citation: Emily C (2025) Understanding Hammer Toe: Causes, Symptoms, and Treatment. Clin Res Foot Ankle, 13: 620.

Copyright: © 2025 Emily C. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

- Footwear adjustments, wearing shoes with a roomy toe box and low heels.
- Toe exercises, stretching and strengthening exercises to improve flexibility.
- Padding and orthotics, using cushioned insoles to relieve pressure.
- Splinting or taping, keeping the toe in a normal position.
- Pain management, using nonsteroidal anti-inflammatory drugs (NSAIDs) to reduce pain and inflammation.

Surgical treatment

If conservative methods fail, surgical options include:

- Tendon release, lengthening or repositioning tendons to straighten the toe.
- Joint fusion, removing part of the joint and fusing bones together.
- Implant surgery, using implants to maintain proper toe alignment.

Preventing hammer toe involves:

- Choosing well-fitted, comfortable footwear.
- Performing foot exercises regularly.
- Maintaining a healthy weight to reduce foot strain.
- Managing underlying health conditions effectively.

Conclusion

Hammer toe is a progressive deformity that requires early intervention to prevent complications. While non-surgical treatments are effective in mild cases, severe deformities may require surgical correction. Consulting a podiatrist for proper diagnosis and treatment is essential for maintaining foot health. Hammer toe, though often underestimated, can have a profound impact on foot health and overall well-being. What may start as a mild toe deformity can progressively lead to chronic pain, mobility issues, and an overall decline in quality of life? However, with early recognition and appropriate intervention, individuals can successfully manage the condition and prevent it from

worsening. The key to effective hammer toe management lies in a combination of preventive measures and timely treatment. Wearing well-fitting, supportive footwear, performing regular foot exercises, and seeking professional advice at the first signs of discomfort can go a long way in reducing the risk of developing hammer toe. For those already dealing with the condition, exploring both non-surgical and surgical treatment options offers hope for relief and improved mobility.

It is important to remember that foot health is closely linked to overall wellness. Neglecting seemingly minor foot issues can eventually lead to larger musculoskeletal problems, affecting gait, posture, and balance. By taking a proactive approach to foot care and prioritizing proper footwear and regular foot assessments, individuals can significantly reduce the risk of developing hammer toe and other related conditions. While hammer toe can be a challenging condition to manage, it is not without solutions. By understanding the causes, recognizing the symptoms early, and exploring the full spectrum of treatment options, individuals can take charge of their foot health and maintain an active, pain-free lifestyle.

References

1. Porrini E, Ruggerenti P, Mogensen CE, Barlovic DP, Praga M, et al. (2015) Non-proteinuric pathways in loss of renal function in patients with type 2 diabetes. *Lancet Diabetes Endocrinol* 3: 382-391.
2. Liu-Bryan R (2013) Synovium and the innate inflammatory network in osteoarthritis progression. *Curr Rheumatol Rep* 15: 323-356.
3. Haseeb A, Haqqi TM (2013) Immunopathogenesis of osteoarthritis. *Clin Immunol* 146: 185-196.
4. Aigner T, Söder S, Gebhard PM, McAlinden A, Haag J, et al. (2007) Mechanisms of disease: role of chondrocytes in the pathogenesis of osteoarthritis—structure, chaos and senescence. *Nature clinical practice. Rheumatology* 3: 391-399.
5. Chevalier X, Eymard F, Richette P (2013) Biologic agents in osteoarthritis: hopes and disappointments. *Nature Reviews Rheumatology* 9: 400-410.
6. Lories RJ, Luyten FP (2011) The bone-cartilage unit in osteoarthritis. *Nature Reviews Rheumatology* 7: 43-49.
7. Sun H, Saeedi P, Karuranga S, Pinkepank M, Ogurtsova K, et al. (2022) IDF Diabetes Atlas: Global, regional and country-level diabetes prevalence estimates for 2021 and projections for 2045. *Diabetes Res Clin Pract* 183: 109-119.
8. Tietjen AK, Ghandour R, Mikki N, Jerdén L, Eriksson JW, et al. (2021) Complications of type 2 diabetes mellitus in Ramallah and al-Bireh: The Palestinian diabetes complications and control study (PDCCS). *Qual Life Res* 30: 547-557.