

## What Is Hammertoe?

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. Common symptoms of hammertoes include:

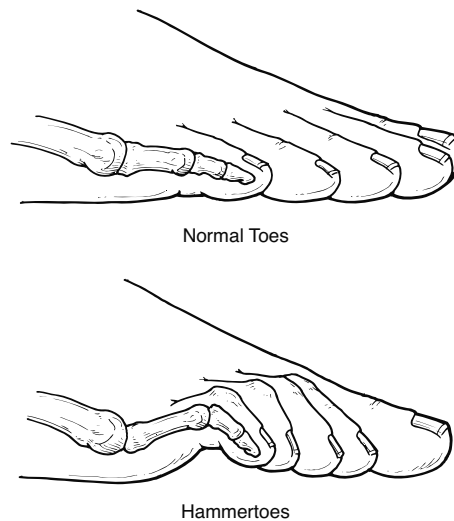
- Pain or irritation of the affected toe when wearing shoes.
- Corns (a buildup of skin) on the top, side, or end of the toe, or between two toes. Corns are caused by constant friction against the shoe. They may be soft or hard, depending upon their location.
- Calluses (another type of skin buildup) on the bottom of the toe or on the ball of the foot.

Corns and calluses can be painful and make it difficult to find a comfortable shoe. But even without corns and calluses, hammertoes can cause pain because the joint itself may become dislocated.

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

There are a variety of treatment options for hammertoe. The treatment your podiatric foot and ankle surgeon selects will depend upon the severity of your hammertoe and other factors.

A number of non-surgical measures can be undertaken:

- **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 podiatric surgeon knows the proper way to trim corns to bring you the greatest benefit.
- **Padding corns and calluses.** Your podiatric 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 podiatric 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.
- **Injection therapy.** Corticosteroid injections are sometimes used to ease pain and inflammation caused by hammertoe.
- **Medications.** Nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, are often prescribed to reduce pain and inflammation.
- **Splinting/strapping.** Splints or small straps may be applied by

the podiatric 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. Your podiatric surgeon will discuss the options and select a plan tailored to your needs. Among other concerns, he or she 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.

Another surgical option is arthrodesis, which is usually

reserved for more rigid toes or severe cases, such as when there are multiple joints or toes involved. Arthrodesis is a procedure that involves a fusing of a small joint in the toe to straighten it. A pin or other small fixation device is typically used to hold the toe in position while the bones are healing.

It is possible that a patient may require other procedures, as well—especially when the hammertoe condition is severe. Some of these procedures include skin wedging (the removal of wedges of skin), tendon/muscle rebalancing or lengthening, small tendon transfers, or relocation of surrounding joints.

Often patients with hammertoe have bunions or other foot deformities corrected at the same time. The length of the recovery period will vary, depending on the procedure or procedures performed. ▲



Melissa J. Lockwood, D.P.M.

Melissa J. Lockwood, D.P.M. – As founder of Heartland Foot and Ankle Associates, P.C., Dr. Melissa J. Lockwood happily returns to central Illinois after seven years in Cleveland, Ohio. She is a graduate of Providence Catholic High School in New Lenox, Illinois. Dr. Lockwood completed her undergraduate degree from the University of Illinois (Urbana/Champaign) in 2001 with a Bachelor of Science in Biology and a minor degree in Chemistry. Dr. Lockwood has a great interest in archaeology and also received a minor degree in Anthropology from the U of I in 2001.

Dr. Lockwood went on to the Ohio College of Podiatric Medicine and matriculated with her Podiatric Medical Degree in 2005. While at OCPM, Dr. Lockwood served as both a delegate to the student branch of the APMA

as well as President of the Student Government organization (OPMSA). Dr. Lockwood was the recipient of several awards while attending OCPM, including the Ohio Podiatric Medical Association Dr. James Conforti Community Relations Award and the OCPM Mildred Kaufman Memorial Award for Proficiency in Orthopedics and Biomechanics.

Dr. Lockwood arrives in Bloomington following a three year residency in Cleveland, Ohio. Dr. Lockwood completed a 36 month Podiatric Medical and Surgical Residency Program based out of the University Hospital System/Richmond Heights Medical Center. Dr. Lockwood has extensive training in both forefoot (bunions, hammertoes, neuromas) elective surgical procedures as well as rearfoot reconstruction. She has a special interest in the treatment of chronic wounds as well as diabetic palliative care. Dr. Lockwood enjoys working with patients one on one in a clinical setting and chatting about her favorite sports teams!

Dr. Lockwood and her husband Scott are pleased to be back in their home state and rooting on the Illini, Redbirds, Chicago Bears, and White Sox! Scott is a 2000 Illinois State University Alumni with a BS degree in Accountancy. He is a CPA working in Bloomington.

#### EDUCATION

University of Illinois, Urbana-Champaign, BS Biology (01)  
Professional: Ohio College of Podiatric Medicine, (05)  
Residency: University Hospital Richmond Medical Center (05-June 08)

#### PROFESSIONAL ACCREDITATION

NBPME Part I (03) NBPME Boards Part II & Part III - PM Lexus (05)  
State of Illinois Licensure (08)

#### HONORS AND AWARDS

Illinois State Scholar (1997)  
OCPM Academic Scholarship (01) OCPM Dean's List (04)  
OPMA Dr. James Conforti Community Relations Award (05)  
OCPM Mildred Kaufman Memorial Award for Proficiency in Orthopedics and Biomechanics (05)  
University Hospitals Richmond Medical Center Outstanding Podiatric Resident(08)

#### PROFESSIONAL ORGANIZATIONS

President, Ohio Podiatric Medical Student's Association (02-04)  
Delegate, American Podiatric Medical Student's Association (02-04)  
Chairman, President's Committee, American Podiatric Medical Student's Association Feb. 2004  
Member - OCPM Board of Trustees (02-04)  
APMA/IPMA, AAPP, AAAP member at large

#### RESEARCH/PUBLICATIONS

*Sesamoid Pathology*, coauthored with  
Dr. Joseph Favazzo, D.P.M., December 2005. Compilation of forefoot pathology edited by Vincent J. Hetherington, D.P.M.



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American College of  
Foot and Ankle Surgeons

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