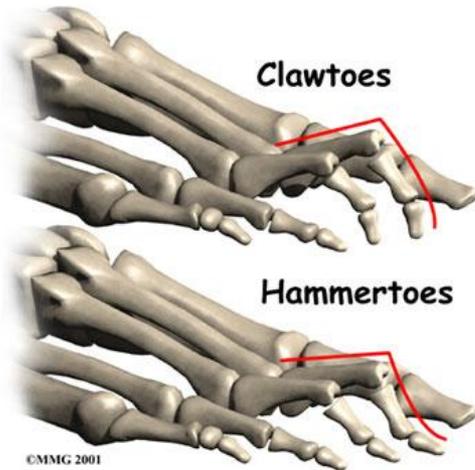


Hammer Toes

In most cases, toe deformities are caused by muscle imbalances in the foot. There are approximately six sets of muscles that control each toe. The small stabilizing muscles of the toes can be overpowered by the stronger flexor or extensor muscles. This causes the toes to become crooked, bent, or buckle under causing joints to protrude. These are all descriptions of a biomechanical imbalance.



Hammertoes

Flexion in only the first joint of the toe. Usually affects the second toe.

Clawtoes

Flexion of both joints. Usually affects toes 2-5 all at the same time.

Mallet Toes

Flexion of the second joint of the toe. Can affect any of the toes except the big toe.

Although heredity is a big factor in the formation of these conditions, ill-fitting shoes, disease, and trauma can also be causes. **Pes Planus** (Flat Feet) or **Pes Cavus** (High arch) feet can precipitate these muscle imbalances.

In diabetics, or people with poor circulation, toe deformities can be a serious condition. **Calluses** can result when there is increased pressure of the deformity on the shoe, the ground, or other toes. Over time these can develop into **ulcers** that, if become infected, may result in complications including **limb loss**.

Custom Foot Orthotics

combined with a **well fitting shoe** can help to alleviate some of the problem. The foot orthotic can stabilize the foot structures lessening the tension in the tight muscles. Support for the Metatarsal Arch is required to realign the forces acting through the MTP joints. Also, by redistributing the forces on the skin, calluses can be prevented or reduced. Proper metatarsal padding can help to re-position the toes in a more relaxed position. Well fitting shoes with a wide, deep toe box can reduce the likelihood of the rubbing on the deformity.

If the deformity is left to progress for too long, the muscles can become contracted, fixing the deformity into a permanent position. If the pain is constant and limiting activity, surgical correction (utilizing a tenotomy, capsulotomy or arthroplasty (realigning the bone)) may be the only option.