

Toe Deformities

How you should be involved in decisions about your healthcare and treatment.



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MVC 220356 Podiatry Service - Toe Deformities Leaflet (Version 01)
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Who is this leaflet for?

This leaflet is for patients requiring information on how to manage their toe deformities.

What is this leaflet about?

This leaflet will provide you with the required information to help you decide whether you can self-manage your toe deformities or whether to seek support or further treatment from an Allied Health Professional, e.g. podiatrist or physiotherapist or orthotist.

What is a toe deformity?

Toe deformities is a general term used to describe the position and shape of the small toes in your feet. There are a number of different types of deformities which can affect the toes and an example of these include claw toes, hammer toes, mallet toes, retracted toes, webbed toes, curled toes.



1. Mallet Toe



2. Claw Toe



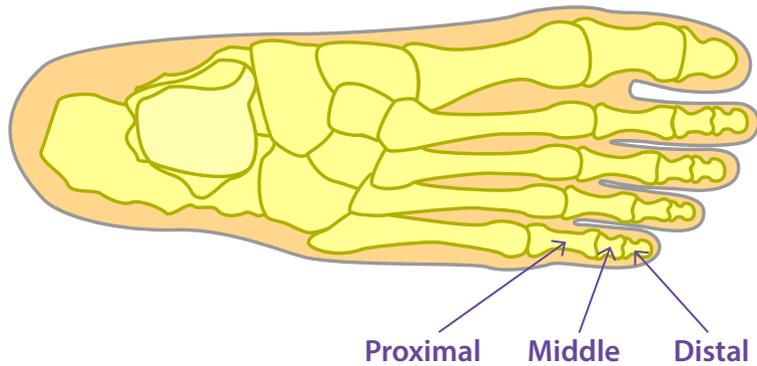
3. Curly Toe



4. Hammer Toe



There are 3 bones and 2 joints in the smaller toes of the foot. (See diagram below)

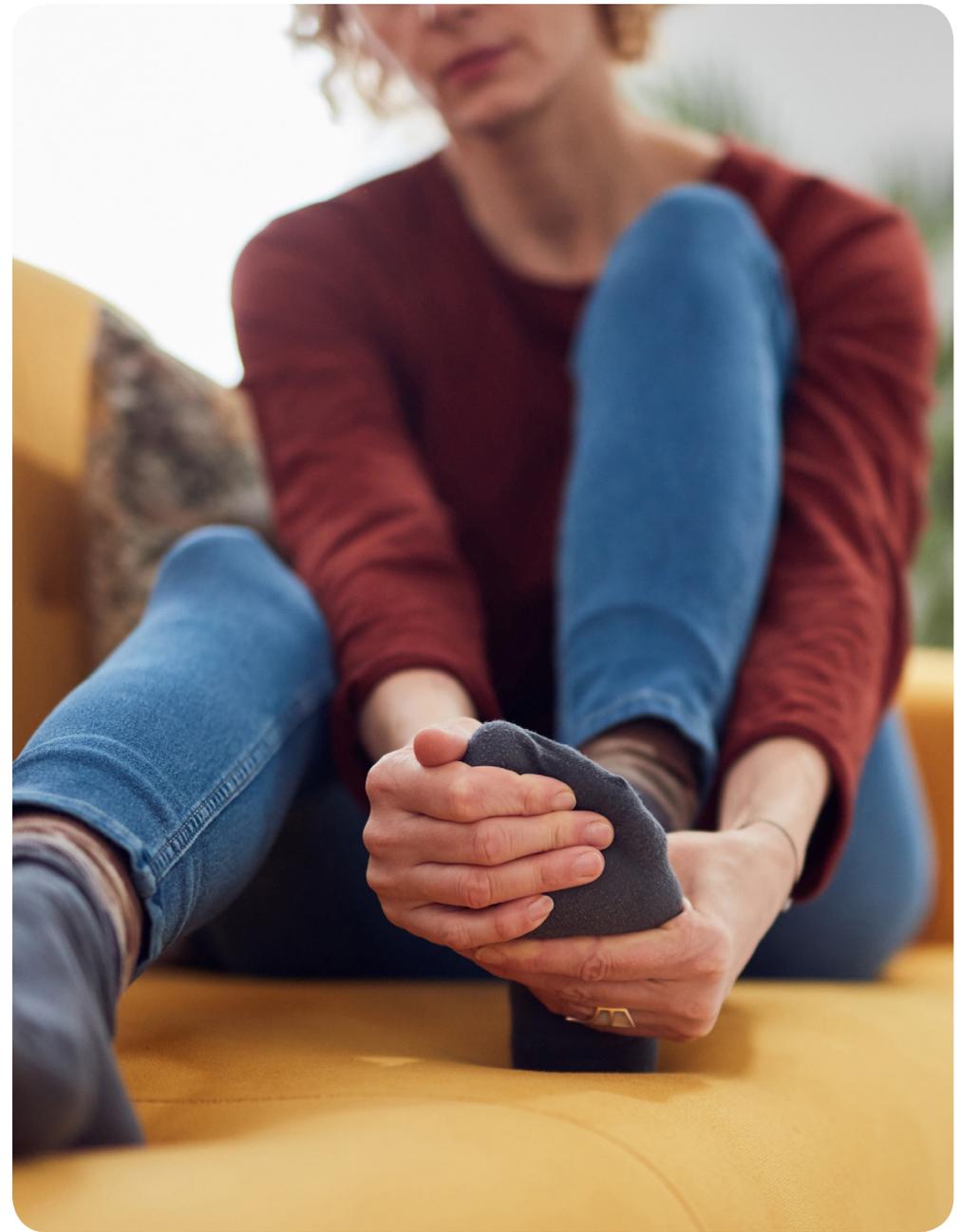


In toe deformities, the joint position commonly changes and as a result your toes may appear to splay out, stick up or move sideways. It is common for toe deformities to have a bony protrusion, typically on the top of the toe or the tip of the toe.

Toe deformities are common. They can be present in all age groups and may appear for a variety of reasons, including foot type, foot strength, footwear choices or can be associated with underlying medical reasons, e.g. diabetes, neurological conditions, arthritis etc.

Toe deformities are not symptomatic in all cases, however if there are external pressures on the toe, e.g. from footwear or activity, this may result in painful skin lesions developing such as blisters, hard skin, corns or an open wound.

A bursa may also appear over the joint, which is a fluid filled sac, which can also become inflamed (bursitis).



What are the symptoms?

You may have toe deformities which are not problematic. For others, symptoms may include pain, skin irritation including redness or blisters, hard skin or corns. If symptoms continue to worsen, there is a risk of developing skin breakdown (e.g. an ulcer or wound) which may involve the soft tissue or the bone and may result in increased risk of infection.

You may also experience symptoms between the toes, as well as the top of the toe or under the toe.

Factors such as underlying medical conditions, reduced sensation (neuropathy) and reduced circulation to your toes may increase the risk of symptoms associated with toe deformities.

Do I need imaging?

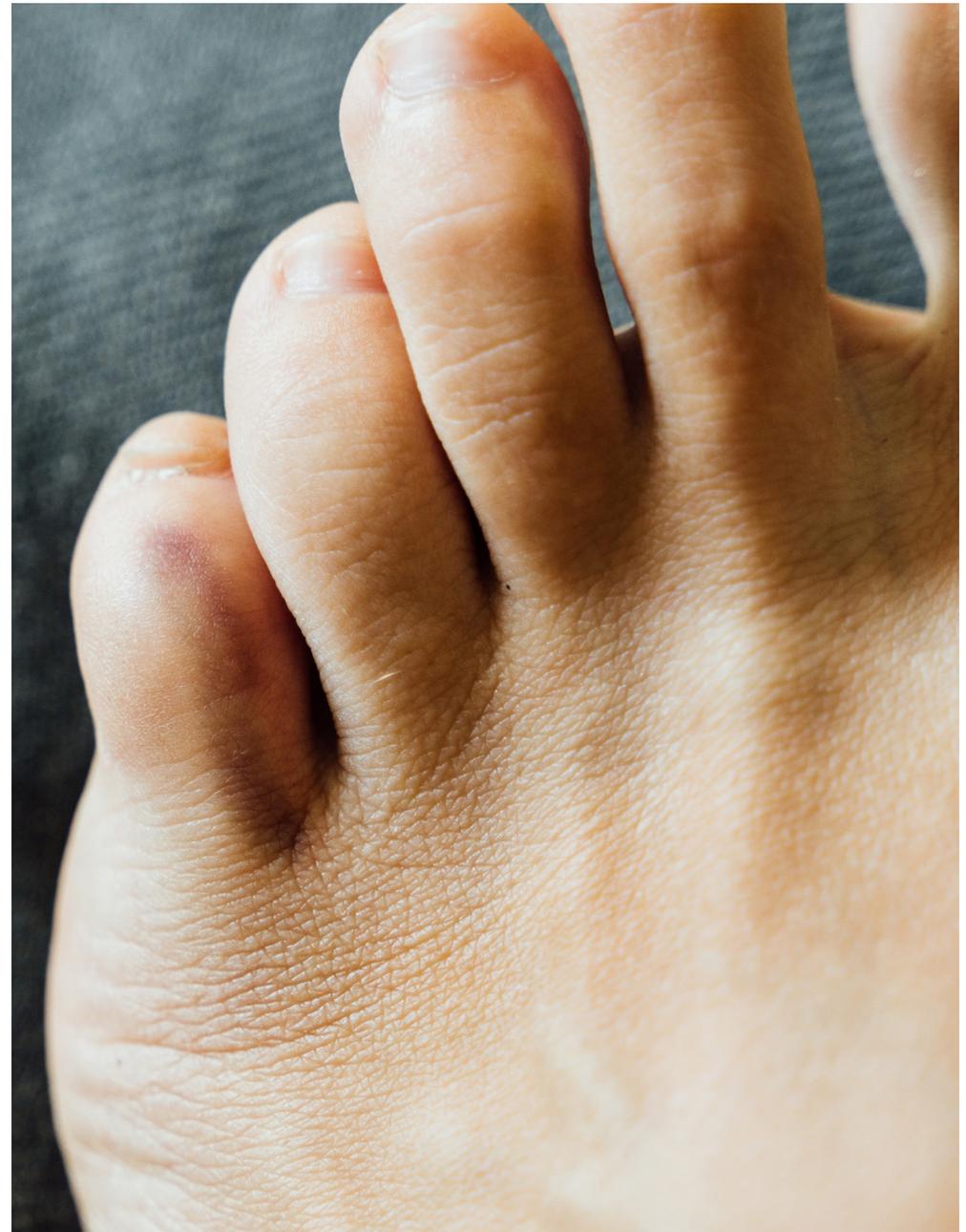
Clinical presentation is sufficient to assess and diagnose this condition therefore imaging is not typically required in order to form a conservative management plan.

X-ray may be indicated in more persistent or complex cases. It is important you understand that imaging is used to guide clinicians with an appropriate management plan and if the results of the image would not change the treatment plan then imaging is not required.

How can it be treated?

There are 2 treatment options in managing your toe deformities, these are;

- **Non-surgical management**
- **Surgical management**



Non-surgical management

There are a number of options available to help you manage this condition and your symptoms.

Suitable footwear is often all that is needed to help accommodate and manage the shape and position of toe deformities. Wearing suitable footwear will not cure the deformity but may ease symptoms of pain and discomfort.

(Please see separate leaflet for advice on suitable footwear).

Some patients may benefit from other therapies. Depending on whether your toe is flexible or stiff may influence how the toe is managed.

These may include:

- **Footwear advice:** Changing to wider footwear to accommodate the width and depth of your foot can reduce the pressure on your toes and reduce the likelihood of skin lesions occurring.
- **Rehab exercises:** Strengthening exercises of the muscles in your feet and toes can be beneficial.
- **Padding and strapping:** Padding and supports including toe separators or toe props can be self-bought or prescribed by your podiatrist.
- **Insoles:** Insoles may be prescribed to alter the function and position of your toes. These can be self-bought or prescribed by your podiatrist.
- **Management of soft tissue conditions:** E.g. blisters, hard skin and corns. You can use a file and moisturising cream to manage areas of hard skin or corns. It is important that you do not apply moisturising cream between your toes and the use of medicated corn plasters (e.g. plasters with salicylic acid) are not recommended as these may cause excessive moisture and skin breakdown.
- **Pain relief:** Anti-inflammatory medication e.g. ibuprofen (if these are suitable) and paracetamol may be indicated. Pain gels or creams applied to the skin on a regular basis may be beneficial. You should discuss this with a qualified healthcare professional.



How can I prevent this condition from getting worse or reoccurring?

Footwear is the key to managing symptomatic toe deformities. You should continue to wear good quality, supportive footwear. Ensure the footwear have sufficient length and width of the shoe and sufficient space over the top of your toes to accommodate the position of your toes. This should reduce the pressure on your toes and risk of problems longer term.

When purchasing new footwear, be mindful to measure your shoes to accommodate your longest toe (which is not always the big toe). Try to find shoes without seams and wearing seamless socks may avoid irritation on your toes. Should your symptoms continue to get worse and the bones or joints in your feet become affected, surgical options may be available.

Wear good quality, supportive footwear. 



Surgical management

A surgical opinion for symptomatic toe deformities may be considered if all other non-surgical treatment options have been exhausted and ineffective. Surgery will not be offered to improve the appearance of your foot.

Surgical options include soft tissue corrections, bony procedures and amputation. Sometimes, the little joints of the toes are fused to correct the deformity. It results in a stiff toe but deformity is usually corrected well. There are complications associated with surgery including swelling, infection, scar sensitivity and recurrence. Risk of amputation is present but minimal.





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