CONDITION

Claw foot

Learn how claw foot changes toe position, what may cause it, how it is diagnosed, and which footwear, therapy, and surgical treatments may help.

WHAT IT IS
Deformity of smaller toes into a claw-like position

BODY SYSTEM
Bones, joints and muscles

MAIN SYMPTOMS
Bent toes, toe or foot pain, corns or calluses, difficulty fitting shoes

WHAT CAUSES IT
Muscle and tendon imbalance

HOW IT IS DIAGNOSED
Foot examination, sometimes weight-bearing X-rays

MAIN TREATMENT
Footwear changes and therapy, sometimes surgery

CAN IT BE CURED?
Sometimes - surgery can straighten the deformity

IS IT AN EMERGENCY?
Sometimes - a suddenly cold, pale or blue foot

LONG-TERM OUTLOOK
May become rigid, cause wounds or recur after surgery

Overview

Claw foot is a deformity in which one or more of the smaller toes bend into a claw-like position. The joint where the toe meets the foot bends upward. The middle and end joints of the toe bend downward.

Clinicians often call this a claw toe deformity . The term "claw foot" may also be used when several toes are involved or when clawed toes occur with a high arch, known as cavus foot . Because terminology varies, an examination is important to identify the exact pattern.

Claw toes differ from two related conditions. A hammertoe mainly bends downward at the middle toe joint. A mallet toe mainly affects the joint nearest the tip. These deformities can overlap.

At first, a claw toe may be flexible enough to straighten by hand. Over time, the tendons and joints may tighten, making the toe rigid. The raised and bent areas can rub against shoes or place extra pressure under the ball of the foot. This may lead to pain, corns, calluses, or skin wounds.

Claw foot is not usually an emergency. However, it can sometimes be a sign of an underlying nerve or muscle disorder. It deserves particular attention in people who have diabetes, reduced feeling in their feet, poor circulation, or an open wound.

Symptoms

Some people notice a change in toe shape without pain. Others have symptoms caused by pressure from shoes or changes in how weight passes through the foot.

Possible symptoms include:

Flexible toes may straighten when the foot is not bearing weight or when they are moved by hand. A rigid claw toe stays bent. Rigid deformities are more likely to cause ongoing pressure and shoe-fitting problems.

Numbness, burning, tingling, weakness, frequent ankle sprains, or a very high arch may suggest that nerves or muscles are also involved. These symptoms should be discussed with a clinician rather than assumed to come from the toe position alone.

- One or more smaller toes bending upward at the base and downward at the other joints
- Difficulty straightening the affected toes
- Pain in the toes or ball of the foot
- Corns on the tops or tips of the toes
- Calluses under the ball of the foot
- Redness or irritation where the toes rub against shoes
- Trouble finding shoes that fit comfortably
- Reduced balance or changes in walking
- Skin breakdown or an open sore in areas under pressure

Causes and risk factors

Clawing develops when the muscles and tendons that control a toe become unbalanced. Some

structures pull the toe upward while others pull its smaller joints downward.

Possible causes and contributing factors include:

A family history of high arches, clawed toes, unusual walking patterns, or inherited nerve disease may be relevant. In some people, no single cause is found.

A deformity that appears suddenly, progresses quickly, or is accompanied by weakness deserves medical assessment. The goal is not only to examine the toes but also to look for a treatable underlying problem.

- Nerve damage: Diabetes, long-term heavy alcohol use, and some other medical conditions can damage the nerves that control foot muscles.
- Inherited nerve disorders: Charcot-Marie-Tooth disease and related conditions may cause high arches, muscle weakness, and progressive toe clawing.
- High-arched foot structure: A high, less flexible arch can shift pressure toward the heel and ball of the foot. Claw toes commonly occur with this foot shape.
- Foot or ankle injury: Damage to nerves, tendons, joints, or muscles may alter toe balance.
- Inflammatory or degenerative joint disease: Arthritis can change joint position and movement.
- Muscle imbalance after another neurologic condition: Disorders affecting the brain, spinal cord, or peripheral nerves may contribute in some people.
- Footwear pressure: Shoes that are too short, narrow, or pointed can press bent toes together and worsen symptoms. High heels shift more weight toward the front of the foot. Footwear alone does not explain every case, especially when several toes or both feet are involved.

Diagnosis

A clinician usually diagnoses claw foot by asking about symptoms and examining the feet. A primary care clinician may refer the person to a podiatrist, orthopedic foot and ankle specialist, or neurologist, depending on the findings.

The history may cover when the shape changed, whether it is worsening, and whether pain occurs while walking or wearing shoes. The clinician may ask about diabetes, arthritis, injuries, alcohol use, neurologic conditions, and similar problems in family members.

During the examination, the clinician may:

Weight-bearing X-rays can show the positions of the bones and joints. They may help with surgical planning or identify arthritis and other structural changes.

Nerve tests, blood tests, or imaging of another part of the leg or spine are not needed for every person. They may be considered if there is unexplained weakness, numbness, rapid progression, marked high arches, or another reason to suspect a neurologic or medical cause.

- Look at the feet while sitting and standing
- Check whether each toe can be straightened by hand
- Examine the arches, heel position, and walking pattern
- Look for corns, calluses, blisters, or wounds
- Check foot pulses, skin temperature, and color
- Test sensation, reflexes, and muscle strength
- Inspect footwear for fit and pressure areas

Treatment and management

Treatment depends on whether the toes are flexible or rigid, how much pain or skin pressure is present, and whether there is an underlying condition. The aim is to reduce pressure, improve function, protect the skin, and slow further tightening when possible.

A claw toe that is flexible and not painful may only need monitoring and footwear changes. Shoes should have enough length and a deep, wide toe box so that the toes are not forced against the upper part of the shoe. Lower heels generally reduce pressure on the ball of the foot.

Soft pads, toe sleeves, or properly fitted inserts may cushion pressure points. An orthotic is an insert designed to change how pressure is distributed. These products should not crowd the shoe or create a new pressure area. Professional fitting is especially important when sensation or circulation is reduced.

A clinician or physical therapist may recommend stretching, strengthening, or exercises that encourage the toes to move more normally. These approaches are more likely to help preserve movement while the deformity is still flexible. Exercises cannot reliably straighten a rigid joint.

Corns and calluses form in response to repeated pressure. Removing the pressure is more important than repeatedly trimming the thickened skin. A podiatrist can reduce thick calluses safely and assess why they formed. People with diabetes, poor circulation, or reduced sensation should not cut corns or calluses themselves or use acid-containing corn removers unless a clinician specifically advises it.

Pain treatment may include activity changes, cushioning, or nonprescription pain medicine.

Pain medicines are not suitable for everyone, so a pharmacist or clinician can help determine whether a particular option is safe.

Any underlying condition also needs attention. For example, diabetes care may reduce the risk of further nerve and skin complications, while unexplained weakness may require neurologic evaluation. Treating the cause may not reverse a fixed toe deformity, but it can influence management and help protect the rest of the foot.

Surgery may be considered when pain, recurrent wounds, or difficulty walking continues despite nonsurgical care. The procedure depends on toe flexibility, joint damage, foot shape, and the cause of the imbalance. Options may include releasing or transferring a tendon, removing a small part of a joint, or joining a joint in a straighter position. More extensive correction may be needed when clawing is part of a high-arched or unbalanced foot.

Surgery does not have one standard approach for every person. Recovery, limits on weight-bearing, and the need for pins or other fixation vary by procedure. Possible risks include infection, stiffness, swelling, numbness, delayed bone healing, recurrence, or an unsatisfactory toe position. A surgeon can explain the expected benefits and tradeoffs for the specific deformity.

Complications

Persistent clawing can create concentrated pressure on parts of the toes and the ball of the foot. This may cause painful corns, thick calluses, inflamed joints, or pain beneath the metatarsal bones.

A rigid toe may become harder to fit into standard footwear. Changes in walking can also affect balance and place additional stress on nearby toes.

Skin breakdown is a more serious concern. A blister or callus can hide a deeper ulcer, particularly when nerve damage reduces pain sensation. An ulcer can become infected and may heal slowly if circulation is poor.

Seek prompt medical care for an open sore, drainage, increasing warmth, spreading redness, new swelling, or a rapid change in foot shape. New weakness or loss of sensation also needs timely assessment.

Go to an emergency department for a foot that suddenly becomes cold, pale, blue, or severely painful, or for rapidly spreading redness accompanied by fever, confusion, blackened skin, or severe illness. These are not routine features of claw foot and may indicate a serious circulation problem or infection.

Follow up

Routine follow-up depends on symptoms and the underlying cause. Arrange a nonurgent appointment if the toe shape is changing, shoes no longer fit, calluses keep returning, or pain is affecting normal activity.

Check the feet regularly for rubbing, blisters, cracks, and color changes. A mirror can help with areas that are difficult to see. Shoes should also be checked for rough seams, worn lining, or objects inside.

People with diabetes, neuropathy, or poor circulation may need more frequent professional foot checks. They should contact their care team promptly about any blister, cut, ulcer, warmth, redness, or unexplained swelling rather than waiting for a routine visit.

After starting new shoes, pads, or inserts, inspect the skin for new pressure marks. Stop using an item that causes persistent redness or pain and ask the clinician who recommended it to review the fit.

After surgery, follow the surgeon's instructions about dressings, footwear, activity, and weight-bearing. Keep scheduled visits so healing and toe alignment can be checked. Contact the surgical team sooner for worsening pain, drainage, fever, a damaged dressing, or unexpected color or sensation changes.

Sources

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