CONDITION

Hammer, claw and mallet toes

Hammer, claw and mallet toes are toe deformities caused by abnormal bending at one or more small joints.

WHAT IT IS
Abnormal bending of one or more smaller toes

BODY SYSTEM
Bones, joints, muscles and tendons

MAIN SYMPTOMS
Bent toe, pain, corns, difficulty wearing shoes

WHAT CAUSES IT
Tendon imbalance, footwear, injury or joint disease

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

MAIN TREATMENT
Roomy footwear, pressure relief, exercises, sometimes surgery

CAN IT BE CURED?
Sometimes - surgery can correct fixed deformity

IS IT AN EMERGENCY?
Sometimes - a suddenly cold, blue or black toe

LONG-TERM OUTLOOK
Often manageable; fixed deformities may progress or recur

Overview

Hammer, claw and mallet toes are different patterns of abnormal bending in the smaller toes. They most often affect the second, third, fourth or fifth toe.

Each toe has small joints that allow it to bend. Muscles and tendons normally keep these joints balanced. If that balance changes, a toe may stay bent instead of resting flat.

The name describes which joints are affected:

At first, you may still be able to straighten the toe with your fingers. This is called a flexible deformity. Over time, the tendons and joint tissues can tighten, making the toe stiff or fixed.

The shape itself is not always harmful. Treatment is usually considered when the toe causes pain, rubs against footwear, develops corns or sores, or affects walking. Clawing in several toes

can sometimes point to an underlying nerve or muscle problem that needs assessment.

- Hammer toe: the middle joint bends downward, often while the joint at the base of the toe lifts upward
- Mallet toe: the joint nearest the tip bends downward
- Claw toe: the joint at the base lifts upward while both other joints bend downward

Symptoms

A bent toe may be noticeable before it becomes painful. Symptoms often come from pressure between the toe and a shoe, or between neighboring toes.

Possible symptoms include:

A corn is a small, concentrated area of thickened skin caused by pressure or rubbing. A callus is a broader area of thickened skin. Both can be painful, but cutting them yourself can cause injury or infection.

Symptoms may be more serious if you have diabetes, reduced feeling in your feet, or poor circulation. In these situations, a blister or small wound may not hurt even when it needs prompt care.

- A toe that bends downward or sits higher than nearby toes
- Pain in the toe or ball of the foot
- Corns on top of a bent joint or at the tip of the toe
- Calluses under the ball of the foot
- Redness, swelling or rubbing from footwear
- Difficulty finding comfortable shoes
- Stiffness or reduced movement in the toe
- An open sore where the toe receives repeated pressure

Causes and risk factors

These toe shapes develop when the muscles and tendons controlling a toe pull unevenly. The imbalance may gradually hold one or more joints in a bent position.

Shoes with a narrow toe box can crowd the toes. High heels also move body weight toward the front of the foot and push the toes forward. Footwear may contribute to a deformity, but it is

not the only possible cause.

Other factors include:

Claw toes are more likely than a single hammer or mallet toe to be linked with a nerve or muscle condition, particularly when several toes on both feet are affected. This does not mean that everyone with claw toes has an underlying illness.

- A naturally long second toe or other inherited foot shape
- Previous injury to a toe
- Arthritis affecting the toe joints
- Bunions, which can push the large toe toward the smaller toes
- Weakness or imbalance in the foot muscles
- Nerve conditions that affect muscle control
- Diabetes-related nerve damage
- Some conditions affecting the brain, spinal cord or muscles

Diagnosis

A healthcare professional can usually identify the deformity by examining your foot. They may look at the toe while you stand and walk, check where pressure builds up, and see whether the toe can be straightened by hand.

The examination may also include your skin, blood flow, reflexes and sensation. These checks are especially important if you have diabetes, numbness or a history of circulation problems.

Weight-bearing X-rays may be taken while you stand. They show the position of the bones and joints and can help assess arthritis, dislocation or other foot deformities. X-rays may also help with planning if surgery is being considered.

If the pattern suggests a nerve or muscle problem, further tests may be needed. These are not routinely required for every bent toe.

Treatment and management

Treatment depends on whether the toe is flexible or fixed, how much it hurts, and whether the skin is being damaged. A toe that is painless and not causing skin problems may only need monitoring and suitable footwear.

Shoes should have enough depth and width for the toes to move without rubbing. A low heel can reduce pressure on the front of the foot. Shoes made from soft or stretchable material may be more comfortable.

Other non-surgical options may include:

These measures can reduce pain and rubbing. They do not usually make a fixed deformity permanently straight. Avoid forcing a stiff toe into position.

Do not cut corns or calluses with a blade. Acid-containing corn treatments can damage healthy skin and may be particularly risky if you have diabetes, numbness or poor circulation.

Surgery may be considered when pain, wounds or footwear problems continue despite non-surgical treatment. The procedure depends on the joints and tendons involved.

For a flexible toe, surgery may reposition or transfer a tendon so that the muscles pull more evenly. For a fixed toe, part of a joint may be removed or the joint may be fused in a straighter position. Fusion means joining the bones so that the treated joint no longer moves. A pin or other small implant may temporarily or permanently hold the toe in place.

Surgery can improve alignment and reduce pressure, but it cannot guarantee a completely straight or symptom-free toe. Recovery often involves swelling, limited footwear and reduced activity for a period. The toe can remain somewhat stiff, and deformity can sometimes return.

- Cushioned pads to reduce pressure over a prominent joint
- Insoles or orthoses to redistribute pressure under the foot
- Toe sleeves, splints or straps for selected flexible deformities
- Gentle stretching and strengthening exercises
- Professional care for painful corns and calluses
- Treatment of related problems such as a bunion or arthritis

Complications

Repeated rubbing can lead to painful corns, calluses, blisters or open sores. A sore can become infected, especially when circulation or sensation is reduced.

A rigid toe may become harder to fit into ordinary shoes. Pressure can also shift toward the ball of the foot, causing pain or thickened skin there.

Some people change how they walk to avoid discomfort. This may reduce stability or place extra strain on other parts of the foot.

Complications after surgery can include infection, ongoing swelling, stiffness, numbness,

delayed bone healing or recurrence. A toe may also heal in a position that remains slightly raised or does not fully touch the floor.

Prevention

Not every hammer, claw or mallet toe can be prevented. You cannot change an inherited foot shape, and deformities related to arthritis, nerve damage or muscle conditions may develop despite careful footwear.

You may be able to reduce pressure and slow worsening by choosing shoes with a wide, deep toe box and avoiding shoes that squeeze the toes. A lower heel reduces forward pressure on the foot.

Check your feet regularly for rubbing, blisters or skin breaks. This is especially important if you have reduced feeling. Managing an underlying condition, such as diabetes or inflammatory arthritis, may also reduce some foot complications, although it cannot always prevent a toe deformity.

Exercises may help maintain movement in a flexible toe. They are less likely to change a deformity once the joint has become rigid.

Living with it and what to expect

A flexible deformity may remain stable for a long time, especially if pressure from footwear is reduced. It can also gradually become stiffer as tendons tighten and joints change.

A fixed deformity usually does not straighten on its own. Even so, many people manage symptoms with roomy shoes, cushioning and professional foot care. The aim is often comfort, healthy skin and easier walking rather than a perfectly straight toe.

Check whether pain, shoe fit or skin condition is changing. New numbness, weakness, or clawing across several toes deserves assessment because it may not be caused by footwear alone.

If you have surgery, improvement usually develops over time rather than immediately. Swelling can last longer than expected in toes and feet. The final position and comfort level cannot be predicted with certainty, and continued attention to footwear may still be needed.

When to get medical help

Arrange a routine appointment if:

Seek prompt medical advice for a blister, crack or open sore, particularly if you have diabetes, poor circulation or reduced feeling. Increasing redness, warmth, swelling, drainage or fever may indicate infection and should not wait for routine follow-up.

Seek emergency care if a toe or foot suddenly becomes cold, very pale, blue or black, especially with severe pain or sudden numbness. These changes can indicate a serious loss of blood flow rather than a routine feature of a bent toe.

- Toe pain keeps returning or limits walking
- The toe is becoming stiffer or more bent
- Corns or calluses repeatedly become painful
- You cannot find footwear that avoids rubbing
- Several toes begin clawing without a clear reason
- You develop numbness, weakness or altered balance

Common questions

Can I straighten a hammer toe myself?

A flexible toe may straighten when you move it with your fingers, and exercises or splints may help maintain movement. They do not reliably reverse a fixed deformity. Do not force a painful or rigid joint.

Are tight shoes the only cause?

No. Narrow or high-heeled shoes can increase crowding and pressure, but inherited foot shape, injury, arthritis, bunions, and nerve or muscle problems can also contribute.

Do I need surgery for a hammer, claw or mallet toe?

Most people do not need surgery simply because a toe looks bent. Surgery is generally considered when ongoing pain, skin damage or difficulty wearing shoes has not improved with non-surgical care.

Do toe separators or splints work?

They may reduce rubbing or improve the position of a flexible toe while being worn. They are unlikely to permanently straighten a rigid toe. Stop using a device if it causes pain, numbness or skin damage.

Can the deformity return after surgery?

Yes. A toe can bend again, particularly if the original muscle imbalance or another foot deformity remains. Surgery can still provide lasting relief, but recurrence is one of the possible outcomes.

Is it safe to remove a corn at home?

Gentle filing may be suitable for some people, but blades and acid corn removers can injure the skin. If you have diabetes, poor circulation, numbness or an open sore, seek professional foot care instead of treating the corn yourself.

Sources

- Hammer toe , NHS
- Hammer Toe: Comprehensive Guide , American Academy of Orthopaedic Surgeons, OrthoInfo
- Hammertoe , American College of Foot and Ankle Surgeons, Foot Health Facts
- Hammertoe , StatPearls, National Center for Biotechnology Information Bookshelf
- Lesser toe deformities , British Orthopaedic Foot & Ankle Society