CONDITION

Hammer toe

Hammer toe is a deformity that bends a smaller toe at its middle joint.

WHAT IT IS
Bent middle joint of a smaller toe

BODY SYSTEM
Bones, joints, muscles, and tendons

MAIN SYMPTOMS
Bent toe, shoe pain, corns, stiffness

WHAT CAUSES IT
Muscle and tendon imbalance, often worsened by tight shoes

HOW IT IS DIAGNOSED
Standing foot examination, sometimes X-rays

MAIN TREATMENT
Roomier footwear, padding, exercises, or surgery

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

IS IT AN EMERGENCY?
Sometimes - toe becomes suddenly cold, blue, or numb

LONG-TERM OUTLOOK
Often manageable; fixed deformity may need surgery

Overview

Hammer toe is a deformity of one of the four smaller toes. The middle joint bends upward, while the end of the toe points down. This can make the toe look like a hammer when viewed from the side.

The second toe is affected most often, although more than one toe can be involved. Hammer toe is different from mallet toe, which mainly bends the joint nearest the toenail, and claw toe, which affects several joints.

At first, you may still be able to straighten the toe with your fingers. This is called a flexible hammer toe. Over time, the muscles, tendons, and joint can tighten. The toe may then become rigid and no longer straighten fully.

Some hammer toes cause little trouble. Others rub against shoes, causing pain, corns, or skin

wounds. A fixed toe can also change how pressure moves through your foot and make walking uncomfortable.

Symptoms

The most visible sign is a smaller toe that stays bent at its middle joint. Symptoms may be mild at first and become more noticeable when wearing closed shoes.

You may experience:

A corn is a small area of thick, hard skin caused by repeated pressure or rubbing. It is not the same as an infection, although the skin beneath it can become sore.

A flexible hammer toe can usually be moved into a straighter position by hand. A rigid hammer toe stays bent because the joint and nearby tissues have become stiff.

- Pain or irritation on the top or tip of the bent toe
- A corn where the raised joint rubs against a shoe
- Thickened skin under the toe or ball of the foot
- Redness, swelling, or stiffness around the joint
- Difficulty finding comfortable shoes
- Pain when walking or standing
- Reduced movement or inability to straighten the toe

Causes and risk factors

A hammer toe develops when the muscles and tendons that control a toe no longer pull in balance. This imbalance holds the middle joint in a bent position. If it continues, the joint may become fixed.

Shoes that are too short, narrow, or pointed can crowd the toes. High heels also push the foot forward into the toe box. Footwear may worsen an existing tendency toward hammer toe, but it is not always the only cause.

Other factors that can contribute include:

Hammer toe is sometimes present from childhood, but it more often develops gradually in adulthood. Having a risk factor does not mean that you will develop it.

- A second toe that is longer than the big toe

- A bunion that pushes the big toe toward the smaller toes
- Previous injury to a toe
- Arthritis affecting the toe joints
- Inherited foot shape or joint structure
- Conditions affecting nerves or muscles
- Reduced feeling in the feet, including from diabetic nerve damage
- Increasing stiffness of joints and tendons with age

Diagnosis

Hammer toe is usually diagnosed by examining the foot. You may be asked when the toe started changing, which shoes cause symptoms, and whether there has been an injury.

During the examination, a health professional may look at your foot while you stand and walk. They may gently move the toe to see whether it is flexible or rigid. The skin, circulation, and sensation in the foot may also be checked.

An X-ray is not always needed. It may be used to show the position of the bones, look for arthritis or an old injury, and help plan surgery. If numbness or muscle weakness is present, further tests may be considered to look for a nerve or muscle condition.

Treatment and management

Treatment is based on how painful and stiff the toe is, whether the skin is being damaged, and how much it affects walking or footwear.

A flexible hammer toe can often be managed without surgery. These measures reduce pressure but may not permanently straighten the toe:

Exercises may include using the toes to pick up a light cloth or gently stretching the bent joint. They are most useful while the toe remains flexible. Exercises generally cannot straighten a joint that has become rigid.

Pain relievers may help with short-term discomfort, but they do not correct the deformity. A pharmacist or health professional can help you check whether an over-the-counter option is suitable for you.

Corns can be reduced by removing the pressure that caused them. Do not cut a corn yourself. Acid-containing corn removers can damage healthy skin and need particular caution if you

have diabetes, poor circulation, or reduced feeling in your feet. A podiatrist can manage thickened skin safely.

Taping or a small splint may improve comfort or positioning in some flexible toes. It should not be tight enough to cause numbness, colour change, or increased pain.

Surgery may be considered when pain, skin problems, or difficulty walking continue despite non-surgical care. The procedure depends on whether the toe is flexible or rigid. It may involve releasing or moving a tendon, removing part of a joint, or joining the small joint so it heals in a straighter position.

Surgery can improve alignment and pain, but it does not guarantee a perfectly straight toe. Swelling, stiffness, infection, nerve irritation, poor bone healing, and recurrence are possible. Recovery often requires temporary limits on footwear, walking, driving, and work.

- Choose shoes with a wide, deep toe box
- Leave enough space between the longest toe and the end of the shoe
- Avoid shoes that squeeze the toes or force the foot forward
- Use non-medicated pads to protect areas that rub
- Consider shoe inserts if pressure under the forefoot is contributing
- Gently stretch the toe and strengthen the small foot muscles

Complications

Repeated pressure can cause painful corns or calluses. A rigid toe may also press the tip of the toe into the ground or increase pressure under the ball of the foot.

Skin can occasionally break down and form an ulcer, meaning an open sore. This risk is more important if you have diabetes, reduced sensation, or poor circulation because an injury may be harder to feel and slower to heal.

The deformity can gradually become fixed. It may then be harder to fit shoes comfortably, and non-surgical measures are less likely to change the toe's position.

Hammer toe surgery can also have complications. These include ongoing swelling, stiffness, infection, numbness, a toe that does not fully touch the ground, or a deformity that returns.

Prevention

Not every hammer toe can be prevented. Inherited foot shape, arthritis, injury, and nerve or

muscle conditions may contribute even when you wear suitable shoes.

Footwear that does not crowd the toes may reduce pressure and could help slow progression while the toe is flexible. Look for shoes that match the width and length of your foot, with a deep toe area and a low, stable heel.

Check the inside of your shoes for seams or worn areas that rub. If one toe is longer than the others, fit shoes to the longest toe rather than your usual shoe size.

Regularly check your skin if you have reduced feeling in your feet. Early attention to redness, rubbing, or a corn can help prevent an open wound. This is especially important if you have diabetes or poor circulation.

Living with it and what to expect

Hammer toe often changes slowly over months or years. A flexible toe may stay much the same, or it may gradually become stiffer. It is not possible to predict exactly how quickly this will happen.

Many people remain active by changing footwear and protecting areas of pressure. A visible bend does not always need treatment if it is painless, the skin is healthy, and shoes fit comfortably.

Review may be useful if pain starts limiting walking, the toe becomes harder to move, or corns keep returning. These changes are usually reasons for a routine appointment rather than emergency care.

If surgery is needed, the toe may remain swollen for weeks or months. The final position and comfort can take time to assess. Some stiffness may remain, and the deformity can return, particularly if the forces that caused it are still present.

Comfortable footwear usually remains important after treatment. Keeping pressure off the toe can help protect the skin even when the toe cannot be made completely straight.

When to get medical help

Arrange a routine appointment if:

Seek prompt medical advice for a blister, crack, or open sore on the toe, especially if you have diabetes, reduced sensation, or poor circulation. Increasing redness, warmth, swelling, drainage, or fever may indicate infection and should be assessed urgently.

Seek emergency care if the toe suddenly becomes cold, very pale, blue, or numb, particularly

with severe pain. These signs may mean that blood flow is reduced. A toe that looks badly out of position after an injury also needs urgent assessment.

- Toe pain keeps returning or affects walking
- You cannot find shoes that fit without rubbing
- The toe is becoming more bent or rigid
- A corn repeatedly becomes painful
- You are unsure whether the change is hammer toe or another foot problem

Common questions

Can hammer toe straighten without surgery?

A flexible hammer toe may look straighter when pressure is removed or when it is gently moved by hand. Roomier footwear and exercises can improve comfort and movement, but they may not permanently correct the bend. A rigid hammer toe usually cannot be straightened without surgery.

What shoes are best for hammer toe?

Choose shoes with a wide and deep toe box so the raised joint does not rub. The shoe should be long enough for your longest toe and should not push the foot forward. Low heels are generally more comfortable than high heels.

Is hammer toe caused by arthritis?

Arthritis can contribute, but many hammer toes are not caused by arthritis. Foot shape, tendon imbalance, injury, bunions, nerve conditions, and crowded footwear can also play a part.

Can I keep walking or exercising?

You can usually remain active if the toe is comfortable and the skin is not being damaged. Shoes with enough room and activities that do not repeatedly irritate the toe may help. Stop and arrange an assessment if activity causes persistent pain, blistering, or an open sore.

Will hammer toe surgery cure it permanently?

Surgery can correct the position and reduce pain, especially when the toe is rigid. However, stiffness or swelling may remain, and the deformity can return. The result also depends on the type of deformity and the forces acting across the foot.

Why is my second toe affected?

The second toe is often the longest smaller toe and may receive extra pressure inside a shoe. A bunion can also crowd it. Its length and position make it more likely to develop an imbalance

that bends the middle joint.

Sources

- American Academy of Orthopaedic Surgeons, OrthoInfo: "Hammer Toe"
- American College of Foot and Ankle Surgeons, FootHealthFacts: "Hammertoe"
- Mayo Clinic: "Hammertoe and mallet toe - Symptoms and causes"
- Mayo Clinic: "Hammertoe and mallet toe - Diagnosis and treatment"