CONDITION

Mallet toes

A mallet toe is a deformity that bends the joint nearest a toe tip downward.

WHAT IT IS
Downward bending of a lesser toe's end joint

BODY SYSTEM
Bones, joints, muscles, and tendons

MAIN SYMPTOMS
Downturned toe tip, shoe rubbing, corns, pain

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

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

MAIN TREATMENT
Footwear changes, pressure relief, sometimes surgery

CAN IT BE CURED?
Sometimes - surgery can straighten a fixed toe

IS IT AN EMERGENCY?
Sometimes, with infection or a cold, discoloured toe

LONG-TERM OUTLOOK
Often manageable, though fixed deformities may persist

Overview

A mallet toe is a deformity of one of the smaller toes. The joint nearest the tip stays bent downward, making the end of the toe look like a small mallet. It most often affects the second toe, but other toes can be involved.

Mallet toe is different from hammertoe. A hammertoe bends at the middle joint, while a mallet toe bends at the joint closest to the toenail. A claw toe bends at both joints and may also lift where the toe meets the foot.

At first, the toe may remain flexible and straighten when you move it with your hand. Over time, the joint and surrounding tissues can become stiff. This is called a fixed or rigid deformity.

The shape itself is not always a problem. Treatment is usually considered when the toe hurts, rubs against footwear, develops a corn or sore, or interferes with walking and daily activities.

Symptoms

The main sign is a toe tip that bends toward the floor. The toenail may face more forward or downward than usual.

Symptoms may include:

A flexible mallet toe can usually be straightened gently by hand. A fixed mallet toe remains bent.

Pressure under the toe tip may occasionally lead to a skin break or ulcer. An ulcer is an open sore that may heal slowly. This is especially important if you have diabetes, reduced feeling in your feet, or poor circulation.

Other toe deformities, bunions, or pain under the ball of the foot may occur at the same time. These can change how weight passes through the foot and affect which treatments may help.

- Pain at the bent joint or toe tip
- Rubbing against the inside of a shoe
- A corn on top of the joint or at the toe tip
- Thickened skin, called a callus
- Redness, swelling, or tenderness
- Difficulty finding comfortable shoes
- Reduced movement as the toe becomes stiff

Causes and risk factors

Mallet toe develops when the muscles and tendons that move the toe no longer pull evenly. A tendon is a strong band that connects muscle to bone. If one side pulls more strongly, the end joint may gradually bend downward.

Shoes that crowd the toes can contribute to this imbalance. Narrow toe boxes and high heels push the toes into a bent position and increase pressure at the toe tips. Footwear is not the only cause, however, and some people develop mallet toes even when they wear roomy shoes.

Risk factors include:

A mallet toe may also form after an injury damages a tendon or joint. Sometimes no single cause can be identified.

- A second toe that is longer than the big toe

- Regular use of tight, narrow, or high-heeled footwear
- Previous injury to the toe
- Arthritis affecting the toe joints
- Bunions or other changes in foot alignment
- Muscle imbalance caused by a nerve or muscle condition
- Increasing stiffness in the joints with age
- Diabetes, particularly when nerve damage affects the feet

Diagnosis

A healthcare professional can usually diagnose a mallet toe by examining your foot. They will look at which joint is bent, whether the toe can be straightened, and where pressure or skin damage is occurring.

The examination may include checking:

X-rays are not always needed. Weight-bearing X-rays, taken while you stand, may be used to show the position of the bones and joints. They are more likely to be requested if there has been an injury, arthritis is suspected, the diagnosis is uncertain, or surgery is being considered.

Blood tests do not confirm a mallet toe. They may be used only when symptoms suggest another condition, such as an inflammatory form of arthritis or infection.

- Toe and foot alignment while you sit and stand
- Movement of the affected joint
- Corns, calluses, blisters, or open sores
- Blood flow and skin temperature
- Feeling in the foot
- Signs of arthritis or another toe deformity

Treatment and management

Treatment depends on whether the toe is flexible or fixed, how much discomfort it causes, and whether the skin is being damaged. A painless mallet toe may only need monitoring and suitable footwear.

Shoes with a wide, deep toe box give the toes more room. A low heel reduces pressure toward

the front of the foot. Shoes should be long enough that the end of the toe does not repeatedly strike the shoe.

Soft pads, sleeves, or cushions can reduce rubbing. They should not be so tight that they restrict circulation. If you have diabetes, poor circulation, or reduced feeling, ask a foot-care professional before using corn treatments or adhesive products. Acid-based corn removers can damage healthy skin and should not be placed on an ulcer.

Gentle stretching may help preserve movement in a flexible toe. Exercises that strengthen the small foot muscles may also support overall toe control. These approaches are less likely to straighten a toe that has already become rigid.

An insole or custom foot support may be useful when the deformity is linked to how pressure passes through the foot. A podiatrist can also safely reduce a painful corn or callus. Cutting it yourself can cause bleeding, infection, or an ulcer.

Pain-relieving medicines may provide short-term comfort but do not correct the toe's position. A pharmacist or healthcare professional can help you check whether a medicine is suitable for you.

Surgery may be considered if pain or skin damage continues despite non-surgical care, or if a fixed toe makes footwear and walking difficult. The procedure depends on the deformity. It may involve releasing or moving a tendon, removing a small part of a joint, or joining the joint in a straighter position. A temporary wire or small implant may be used while the toe heals.

Surgery is not required simply because the toe looks bent. Recovery can involve dressings, a special shoe, activity limits, and swelling that lasts for weeks or months. The expected benefits and possible risks should be discussed before deciding.

Complications

Repeated pressure can cause corns, calluses, blisters, or breaks in the skin. An open sore can become infected, particularly when circulation or sensation is reduced.

As the deformity becomes fixed, the toe may be harder to fit into footwear. A change in walking pattern can also shift pressure to the ball of the foot or nearby toes.

Possible complications include:

Surgery also has risks. These include infection, delayed healing, numbness, ongoing swelling, continued pain, recurrence, or a toe that heals in an unwanted position. Serious complications are uncommon, but risk is affected by circulation, smoking, diabetes, and the exact procedure.

- Persistent pain and stiffness

- Recurrent corns or calluses
- Skin ulcers and infection
- Pain under the ball of the foot
- Reduced walking comfort
- Worsening of another toe deformity

Prevention

Not every mallet toe can be prevented. Toe length, inherited foot shape, arthritis, nerve conditions, and previous injuries cannot always be changed.

You may reduce avoidable pressure by choosing shoes with enough length, width, and depth for your toes. The toe box should allow you to move your toes without rubbing against the top or end of the shoe. Limiting prolonged use of narrow or high-heeled shoes may also help.

Deal with repeated rubbing early rather than waiting for the skin to break. If you have diabetes, reduced sensation, or poor circulation, regular foot checks can help identify pressure marks and sores before they worsen.

Stretching may help a flexible toe stay mobile, but it cannot reliably prevent every deformity or reverse a rigid one.

Living with it and what to expect

A flexible mallet toe may remain mild for a long time. In some people, it gradually becomes stiffer as the joint capsule and tendons tighten. It is not possible to predict exactly how quickly this will happen.

Roomy footwear and pressure-relieving pads often control symptoms, even if the toe remains bent. These measures manage friction and discomfort rather than permanently changing the bone and joint position.

Check the toe regularly for redness, blisters, or broken skin. This is particularly important if you cannot feel light touch or temperature normally. Do not rely on pain alone to warn you about a sore.

Routine follow-up may be useful if discomfort is increasing, the toe is becoming less flexible, or corns keep returning. People with diabetes, circulation problems, or previous foot ulcers may need more regular professional foot care.

If surgery is chosen, healing continues beyond the first dressing or return to regular shoes. Swelling may take several months to settle. Most activities are restarted gradually according to the procedure and how the wound and bones are healing. Surgery can improve alignment and pressure, but it cannot guarantee that symptoms will disappear or that the deformity will never return.

When to get medical help

Arrange a routine appointment if the toe is painful, rubs in your shoes, becomes increasingly stiff, or affects walking. You should also seek advice if you repeatedly develop corns or calluses, or if footwear changes are not enough.

Request prompt medical assessment for a blister, crack, or open sore that is not improving. Do this sooner if you have diabetes, poor circulation, reduced sensation, or a weakened immune system.

Seek urgent medical help if the toe or foot develops spreading redness, increasing warmth, pus, fever, or rapidly worsening swelling. These can be signs of infection.

A cold, pale, blue, or black toe needs urgent assessment, particularly if the change is new or accompanied by severe pain or numbness. These signs may indicate severely reduced blood flow.

A toe that becomes suddenly bent after an injury, especially with marked swelling, an open wound, or inability to bear weight, also needs prompt assessment. Emergency care is appropriate for heavy bleeding, exposed bone, or a toe that appears to have lost its blood supply.

Common questions

Is a mallet toe the same as a hammertoe?

No. A mallet toe bends at the joint nearest the toe tip. A hammertoe bends mainly at the middle joint. A claw toe bends at both smaller joints and often lifts at the base of the toe.

These terms are sometimes used loosely, so an examination can clarify which joints are involved.

Can I straighten a mallet toe without surgery?

A flexible toe may look straighter when it is stretched or supported, and footwear changes can reduce symptoms. These measures may help maintain movement, but they do not always

provide permanent correction.

A fixed mallet toe usually cannot be fully straightened without surgery. Surgery is generally considered only when symptoms or skin problems justify its risks and recovery.

What shoes are best for a mallet toe?

Look for a wide, deep toe box, enough length beyond the longest toe, and a low heel. Soft or stretchable material over the toes may reduce rubbing.

The shoe should hold the heel securely without pushing the foot forward. Sizing can differ between brands, so fit matters more than the number on the label.

Should I try to pull or pop the toe straight?

Do not force or "pop" a stiff toe. Forceful movement can injure the joint, tendon, or skin.

Gentle stretching may be reasonable for a flexible toe if it does not cause sharp pain. Stop if you develop pain, swelling, or skin damage.

Will a mallet toe keep getting worse?

Some stay mild and flexible. Others become more bent or rigid over months or years, especially if the toe is repeatedly crowded or rubbed.

Early pressure relief may improve comfort, but it cannot guarantee that the shape will not change.

Can a mallet toe come back after surgery?

Yes. Surgery can improve alignment, but recurrence is possible. The result may be affected by the original cause, other foot deformities, healing, footwear, and the type of operation.

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