

Lesser Toe Deformities in Adults

INFORMATION

The following deformities are considered:

- Hammer toes (fixed and flexible)
- Mallet toes (fixed and flexible)
- Complex Deformities (fixed and flexible)

EVIDENCE

- Early toe deformities result from mechanical imbalances such as Hallux Valgus causing 2nd toe hammering, or from altered muscle pull
- If these deforming forces are uncorrected, the deformities progress
- In the presence of fixed deformities, orthotics or accommodative footwear do not cure the problem but are appropriate palliative treatments to relieve symptoms
- As in other forefoot deformities, early correction requires less surgery, with earlier recovery and better outcomes.

INITIAL TREATMENT

If -mild deformities, minimal symptoms, no pressure effects such as bursae

- Consider Footwear modification, deep toe box, and orthotics. If symptoms are appropriately relieved with footwear modification then no referral is required.
- A trial period of 3-6 months is reasonable.

Xray's of the affected Foot AP and lateral, standing views

FURTHER MANAGEMENT

Discuss option of referral with patient when:

- -moderate or fixed deformities with symptoms causing interference with ADL or leisure.
- -skin pressure or impending or actual breakdown with or without infection
- -inflammatory arthropathy
- -coexisting Diabetes where Podiatry referral must be made.
- - Failure of non-operative management after a period of 3-6 months.

Referral should only be made IF

- Patient understands that referral is likely to be for surgery
- Patient is fit to undergo surgery
- Patient understands that their operation will be carried out within 18 weeks and is able to commit to that timescale