

**Clinical Guideline:** Claw, Hammer and Mallet Toe Site: FPH

**CLAW TOE**

**History**

* Characterized by hyperextension at the MTPJ and flexion at both IPJs.
* The patient complains of pain in the forefoot and under the metatarsal heads. Usually a bilateral condition and walking may be severely restricted. At first the joints are mobile and can be passively corrected. Later the deformities become fixed and the MTPJ subluxed or dislocated. Painful corns may develop on the dorsum of the toes and callosities under the metatarsal heads.

**Advice & Treatment**

* If the toes can be passively straightened relief may be obtained by wearing a metatarsal support or a transverse metatarsal bar fitted to the shoe. If these options fail to relieve discomfort an operation is indicated

**MALLET TOE**

**History**

This is a flexion deformity of the DIPJ

**Advice & Treatment**

The mainstay of treatment is chiropody and padding. If this does not help operation is indicated. The toe is straightened by excision of the articular surfaces.

**HAMMER TOE**

**History**

Characterised by acute flexion of the PIPJ only. In severe examples there may be some extension at the MTPJ.

The DIPJ is either straight or hyper extended. The second toe of one or both feet is commonly affected.

**Advice & Treatment**

Operative correction is indicated for pain or difficulty with shoes. The toe is shortened and straightened by excising the joint.