

FOOT

Hammer, claw and lesser-toe deformities

Painful bent or crossing smaller toes: pressure relief and tailored correction.

Patient information, treatment choices, risks, recovery and a space to record your individual plan.

Understanding the condition

Hammer, claw and mallet toes describe different patterns of bending in the smaller toes. They can cause corns, rubbing and pain under the forefoot. The toe may be flexible or fixed. Assessment also considers bunions, joint instability, sensation and circulation.

Treatment options

Roomy footwear, cushioning, toe supports and selected exercises can reduce pressure. Avoid self-cutting corns, particularly with diabetes, poor circulation or reduced sensation. Surgery is considered when pain or shoe difficulty continues despite reasonable non-surgical measures.

What a procedure may involve

The procedure depends on the joints and soft tissues involved. Options include tendon balancing, joint release, removal of a small piece of bone or fusion of a toe joint. An external wire or internal implant may hold the correction. Associated forefoot problems sometimes need treatment.

Risks and benefits to discuss

Potential benefits are less rubbing and more comfortable walking. Risks include persistent swelling, stiffness, recurrence, a toe that does not contact the ground normally, altered toe length, infection, wire-site problems, nerve symptoms, impaired circulation, failure of fusion and further surgery.

Any operation also carries bleeding and anaesthetic risks. Occasionally, complex regional pain syndrome causes prolonged pain and sensitivity. Your health and the extent of surgery change your personal risk.

RECOVERY AND YOUR CONSULTATION

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Use this guidance to prepare your individual plan with the treating team.

Rehabilitation and aftercare

Use the prescribed shoe and loading pattern, elevate the foot and keep dressings dry. Protect any protruding wire from catching on clothing; do not adjust or remove it. Attend planned wound and wire reviews. Exercises are only for movements permitted by your team.

Expected outcomes and recovery

Toes may remain swollen for months and fused joints remain stiff. The goal is comfortable function rather than a completely normal appearance. Return to ordinary shoes, work and sport depends on wound healing, swelling and any associated operation.

When to seek urgent help

Seek prompt advice for rapidly increasing pain, spreading redness, wound discharge, fever, new numbness or a cast or boot causing pressure. New calf pain or swelling needs urgent assessment. Chest pain or breathlessness needs emergency help: call 999.

Your consent discussion

Ask which treatment best addresses your symptoms, what alternatives are reasonable, what the main risks mean for you, and what recovery will involve at home and work. This guide supports that discussion; consent is completed with your treating team. Your individual written instructions take priority.

Sources and further reading

AAOS: Hammer toe

<https://www.orthoinfo.org/diseases--conditions/hammer-toe/>

RNOH: Lesser toe deformities

<https://www.rnoh.nhs.uk/patients-and-visitors/patient-information-guides/bunion-hallux-valgus-and-lesser-toe-deformities>

CLINICIAN-COMPLETED WORKSHEET

Your consent discussion

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This blank worksheet is not an executed consent. Complete it after clinical assessment with the treating clinician. The hospital or clinic must also complete its required consent process before treatment.

Patient name / identifier, date of assessment and communication support needed

Diagnosis, affected side / site and the proposed procedure or treatment

Reasonable alternatives discussed, including the option of no treatment

Expected benefit for this patient, limits of treatment and uncertainties

Material risks and personal risk factors - record the risks that matter to this patient

Patient's priorities, questions, understanding and agreed decision / time to consider

Treating clinician name, role and signature / date

Patient / representative name, signature and date - acknowledgement of discussion only

A signature here records a discussion; it does not replace a completed treatment consent form. You may ask further questions or change your decision before treatment.

CLINICIAN-COMPLETED WORKSHEET

Your rehabilitation and aftercare plan

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Complete this plan after assessment. The advice must match your injury or operation, imaging, wound and medical history. Do not start limb loading, remove protection or change medicines using an uncompleted worksheet.

Limb loading / weight bearing, walking aids, sling / cast / boot / brace and protection

Wound / dressing care, bathing, elevation and swelling advice

Medicines, pain relief, clot prevention and any treatment-specific restrictions

Exercises, physiotherapy, range of movement and progression criteria

Work, driving, sport and daily activities - individual restrictions / review points

Review date, imaging / tests, named clinician and routine / out-of-hours contact details

Clinician completing this plan, signature / date and patient questions

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Seek prompt advice for rapidly increasing pain, spreading redness, wound discharge, fever, new numbness or a cast or boot causing pressure. New calf pain or swelling needs urgent assessment. Chest pain or breathlessness needs emergency help: call 999.