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Lesser toe deformities

This is usually associated with great toe pathology, but other causes include trauma and Rheumatoid arthritis. It may be

- Mallet toes – plantar flexed DOP joint
- Hammer toe – plantar flexed PIP joint with compensatory extension of the DIP and MTP joints
- Claw toe- extension of the MTP joints with flexion of the distal joints

What to ask in History

- Duration
- Progression
- Pain – may be dorsally from rubbing on shoes, or plantar calluses where the toe rubs on the sole
- Swelling
- Stiffness
- Shoeware restrictions
- Treatment – orthotics, analgesia
- Inflammatory arthropathies/Trauma

What to look for on Examination

- Lower limb and foot alignment
- Great toe deformities – bunions, arthritis
- Tight gastrocnemius muscles – Silfverskiold's test
- Correctability of the deformity
- Stability of the MTP joints on anterior drawer – may be unstable or dislocated especially with RA
- Skin integrity- dorsal ulcers may form

What investigations to order

- Standing AP/Lateral foot Xrays

How to treat

- Shoeware modification – wide toe-box, no heels
- Analgesia
- Toe cushions – pharmacy or podiatrist
- Eccentric gastroc stretches

When to refer

- Intractable pain
- Compromised skin integrity
- Cross-over deformities
- Unstable MTP joints

What the surgeon may do

- correct Big toe pathology
- Tendon release/transfers if deformity correctable
- Selective joint fusions