What Is a Hammertoe and How Is It Treated?

A toe that begins to curl or bend may seem like a minor cosmetic concern. Over time, however, that change can create rubbing, pressure, painful corns, and difficulty wearing normal shoes.

A hammertoe is a structural deformity that usually affects one of the four smaller toes. The toe bends at one or more joints instead of resting flat, creating a raised area that may press against footwear.

At Idaho Foot & Ankle Center, we evaluate the entire foot to determine why the toe has changed position and how far the condition has progressed. Early treatment may help relieve pressure and preserve flexibility, while a rigid or painful hammertoe may require more advanced correction.

Our professional treatment for hammertoes is personalized around your symptoms, foot structure, mobility, health, and daily activities.

What Is a Hammertoe?

A hammertoe is an abnormal bend in one or both joints of the second, third, fourth, or fifth toe. The middle joint commonly rises while the end of the toe points downward, giving the toe a hammer-like appearance.

This position changes how the toe fits inside a shoe and how pressure moves across the front of the foot. The raised joint may rub against the top of the shoe, while the tip of the toe may press into the sole.

Hammertoes generally begin as flexible deformities, which means the toe can still be moved or straightened. Without appropriate care, the muscles and connective tissues may tighten until the toe becomes rigid and remains bent.

A hammertoe can affect one toe or several toes at the same time. The second toe is particularly vulnerable, especially when it is longer than the big toe or crowded by another deformity.

What Does a Hammertoe Look Like?

The most recognizable sign is a toe that no longer lies flat. It may appear raised at the middle joint, curled downward at the tip, or pulled backward where the toe meets the foot.

Other visible changes may include:

- A prominent knuckle on top of the toe
- Red or irritated skin over the bent joint
- A corn where the toe rubs against the shoe
- Thickened skin on the tip or underside of the toe
- Crowding or overlapping between toes
- Changes in toenail position
- An open sore over a pressure point

The appearance can vary depending on which joint is affected and how long the deformity has been present.

A professional evaluation is important because curled toes can have several causes. Hammertoe, mallet toe, claw toe, joint instability, and certain nerve or muscle disorders may create similar changes but require different treatment plans.

What Are the Symptoms of a Hammertoe?

A hammertoe may not hurt when it first develops. As the toe bends further and pressure increases, symptoms often become more noticeable.

Common hammertoe symptoms include:

- Pain on top of the bent joint
- Discomfort while wearing shoes
- Redness or swelling
- Burning or irritation
- Pain beneath the ball of the foot
- Stiffness in the affected toe
- Difficulty moving or straightening the toe
- Corns or calluses
- Trouble finding comfortable footwear
- Changes in balance or walking

Some patients feel as though the toe is constantly rubbing against the inside of the shoe. Others notice pain beneath the forefoot because the deformity changes how weight is distributed.

Symptoms may initially occur only in certain shoes. As the hammertoe progresses, discomfort can continue while walking barefoot or even while resting.

What Causes Hammertoes?

A hammertoe typically develops when the muscles, tendons, and ligaments that hold a toe straight become unbalanced.

These tissues normally work together to control the toe's position. When one side pulls more strongly than the other, the toe may gradually bend and remain in an abnormal position.

Several factors can contribute to this imbalance:

- Inherited foot structure
- A second toe that is longer than the big toe
- Tight or narrow footwear
- High heels that push the toes forward
- Bunions that crowd the smaller toes
- Flat feet or unusually high arches
- Previous toe injuries

- Arthritis
- Tendon or ligament instability
- Nerve or muscle conditions
- Age-related changes in the feet

Shoes don't always create the underlying deformity, but footwear that crowds the toes can aggravate an existing imbalance and make symptoms more painful.

Our complete foot & ankle services allow us to consider the toe alongside the alignment, joints, nerves, tendons, and pressure patterns throughout the foot.

What Is the Difference Between a Flexible and Rigid Hammertoe?

The flexibility of the toe is one of the most important factors in choosing treatment.

A flexible hammertoe can still be manually straightened at the joint. The muscles and soft tissues have begun pulling the toe out of alignment, but they haven't permanently tightened.

A rigid hammertoe remains bent when pressure is applied. The joint may have become stiff, arthritic, or fixed in position.

Flexible hammertoes often provide more opportunities for nonsurgical treatment. Professional padding, orthotics, footwear changes, and other measures may reduce pressure and slow progression.

Rigid hammertoes are more likely to produce persistent rubbing and pain. When the toe cannot fit comfortably inside appropriate footwear, surgical correction may be considered.

We evaluate flexibility, joint movement, pain, skin condition, and the underlying mechanics before recommending a treatment.

How Are Hammertoes Connected to Bunions?

Bunions and hammertoes frequently appear together because both alter the alignment of the forefoot.

A bunion causes the big toe to shift toward the smaller toes. This can crowd the second toe, push it upward, or place additional pressure on its joints.

The second toe may eventually bend, overlap the big toe, or become unstable where it joins the foot. Treating only the hammertoe may not provide a lasting result if an untreated bunion continues pushing against it.

Our team evaluates related bunions when determining what is causing the toe deformity and which areas need treatment. The practice notes that bunions can contribute to additional toe deformities, including hammertoes.

A complete evaluation helps us avoid looking at one bent toe in isolation when a broader alignment problem is present.

Why Do Hammertoes Cause Corns and Calluses?

A bent toe creates pressure in places that were not designed to bear it.

The raised middle joint may rub against the upper part of a shoe. The tip of the toe may press into the insole, while the altered position can increase pressure beneath the ball of the foot.

The skin protects itself by becoming thicker. This may produce a hard corn on top of the joint, a soft corn between crowded toes, or a callus beneath the foot.

These areas can become painful because the thickened skin presses into sensitive tissue. Removing the buildup alone may provide temporary relief, but it won't correct the bent toe that continues causing friction.

Professional care for calluses & corns may be included in a broader hammertoe treatment plan. When the underlying source of pressure remains, corns are likely to return.

How Does a Podiatrist Diagnose a Hammertoe?

A hammertoe diagnosis usually begins with a physical examination.

We look at the toe while you are seated and standing. This allows us to evaluate how the deformity responds to weight and whether the toe can still be straightened.

Your examination may include:

- Checking joint flexibility
- Identifying painful pressure points
- Examining corns, calluses, or skin damage
- Evaluating toe strength and movement
- Assessing the position of nearby toes
- Checking the arch and overall foot alignment
- Watching how you stand and walk
- Testing circulation and sensation
- Reviewing your footwear
- Discussing previous injuries and medical conditions

X-rays may be used to evaluate the bones, joints, degree of deformity, arthritis, or related structural concerns.

The goal isn't simply to confirm that a toe is bent. We want to understand why it bent, whether it is progressing, and which treatment is most likely to help.

How Are Flexible Hammertoes Treated?

A flexible hammertoe doesn't automatically require surgery.

When the toe still moves and the joint hasn't become fixed, professional nonsurgical treatment may reduce pain, relieve pressure, and improve how the foot functions.

Treatment may include:

- Guidance on appropriate footwear
- Professionally selected padding
- Custom orthotics
- Toe splints or supports
- Management of painful corns and calluses
- Physical therapy
- Treatment of inflammation
- Monitoring for progression
- Care for related foot alignment problems

Footwear should provide enough depth and width to reduce pressure on the raised joint. However, choosing a roomier shoe doesn't reverse the muscle imbalance or guarantee that the condition will stop progressing.

Custom orthotics may help redistribute weight and improve the mechanics contributing to the deformity. Padding may protect irritated skin, but it must be selected carefully so it doesn't create additional pressure elsewhere.

Nonsurgical treatments are generally used to manage symptoms and reduce irritation. They don't permanently straighten a fixed structural deformity.

When Does a Hammertoe Require Surgery?

Surgery may be considered when a hammertoe becomes rigid, painful, progressive, or difficult to accommodate in normal footwear.

It may also be appropriate when professional nonsurgical care no longer provides enough relief or when the deformity contributes to recurring wounds and skin damage.

Possible reasons for surgical treatment include:

- Persistent pain while walking
- A toe that can no longer be straightened
- Recurring corns or open sores
- Difficulty wearing appropriate shoes
- Joint dislocation or instability
- Significant overlap between toes
- Pain beneath the ball of the foot
- A related bunion or forefoot deformity
- Progressive loss of function

The procedure depends on the toe's flexibility, the affected joints, and the underlying cause.

Surgery may involve releasing or lengthening a tight tendon, repositioning a tendon, removing a small portion of bone, straightening and stabilizing a joint, or correcting instability where the toe joins the foot.

More than one procedure may be needed when a hammertoe occurs alongside a bunion, unstable joint, or other structural issue. Surgery is individualized rather than based on a single standard technique.

What Is Recovery Like After Hammertoe Surgery?

Recovery varies according to the procedure and whether other foot problems are corrected at the same time.

Some patients are allowed to place protected weight on the foot in a surgical shoe. Others require more extensive restrictions based on the repair.

The early recovery period may include swelling, stiffness, and limited activity. We provide detailed instructions for protecting the toe, caring for the incision, and gradually returning to normal footwear.

Follow-up visits allow us to:

- Examine the incision
- Monitor alignment
- Remove sutures when appropriate
- Review swelling and discomfort
- Check healing with imaging when needed
- Adjust activity restrictions
- Guide the return to shoes and exercise

Swelling in a toe can continue after the initial healing period because there is limited space for fluid to disperse. The expected timeline depends on the exact procedure and the patient's health.

Following the recovery plan closely is essential. Returning to demanding activities too soon can place unnecessary stress on the correction.

Are Hammertoes More Concerning for People With Diabetes?

A hammertoe can create serious pressure points for someone with diabetes, particularly when sensation or circulation is reduced.

Neuropathy may prevent a patient from feeling rubbing, blistering, or skin injury. Continued pressure over the raised joint or toe tip can lead to a wound before the person realizes there is a problem.

Reduced circulation and elevated blood sugar may also make wounds harder to heal and increase the risk of infection.

Our diabetic foot care includes professional monitoring of deformities, pressure areas, skin changes, and wounds.

Patients with diabetes should have a bent toe evaluated promptly if they notice redness, warmth, swelling, drainage, discoloration, or broken skin. A hammertoe that is merely uncomfortable for one patient may create a significant medical concern for another.

Can Hammertoes Get Worse Over Time?

Hammertoes can progress when the underlying muscle and tendon imbalance continues.

A flexible toe may gradually become harder to straighten. The joint can stiffen, and repeated pressure may create increasingly painful corns or calluses.

Some people begin changing the way they walk to avoid the toe. This can shift pressure to the ball of the foot, neighboring toes, or the opposite side of the body.

Early evaluation doesn't always mean aggressive treatment. It gives us a chance to identify the cause, establish a baseline, and discuss options before the deformity becomes rigid.

Treatment is often more straightforward when the toe still has flexibility and the skin remains healthy.

When Should You See a Podiatrist for a Bent Toe?

A bent toe should be evaluated when it causes pain, rubs against shoes, creates recurring corns, or continues changing position.

You should also schedule an examination when:

- The toe has become stiff
- Walking is uncomfortable
- The toe overlaps another toe
- You have pain beneath the ball of the foot
- A sore or blister keeps returning
- The skin is red, swollen, warm, or draining
- You have diabetes or reduced sensation
- Footwear changes haven't relieved the pressure
- You aren't sure whether the condition is a hammertoe

Earlier treatment may help reduce irritation and preserve the remaining flexibility of the joint.

Our new patients page includes first-visit information and forms that can be completed before your appointment.

Find the Right Hammertoe Treatment in Idaho Falls

A hammertoe may start as a small bend, but it can gradually affect your footwear, comfort, balance, and ability to stay active.

The right treatment begins with determining how flexible the toe is and why it has moved out of alignment. From there, we can create a plan focused on reducing pressure, protecting the skin, relieving pain, and improving function.

Our experienced our podiatrists treat common and complex foot conditions through individualized conservative and surgical care. Idaho Foot & Ankle Center has served Idaho Falls, Rexburg, and surrounding Eastern Idaho communities for more than 30 years.

You don't have to keep rearranging your life or buying different shoes around a painful toe. Contact our support team to get more info and schedule a professional hammertoe evaluation. We'll help you understand the condition and choose the treatment path that fits your needs.

Related Questions

Can a hammertoe affect more than one toe?

Yes. Hammertoes may develop in several smaller toes on one or both feet, especially when the underlying cause affects overall foot alignment or muscle balance.

Is a hammertoe the same as a claw toe?

No. Both involve abnormal bending, but they affect the toe joints differently. A podiatrist can identify the exact deformity and recommend treatment based on which joints are involved.

Can a child develop a hammertoe?

Yes, although hammertoes are more common in adults. A child with a persistently bent or painful toe should be evaluated for structural, muscular, or neurological causes.

Will a hammertoe return after surgery?

Recurrence is possible, particularly when a broader alignment or muscle imbalance remains. Proper procedure selection, recovery, and management of related foot conditions help support lasting correction.