

Claw Toe Treatment Guidelines Handout

What is claw toe?

Claw toe, as well as a similar condition called hammertoe, are caused by an imbalance in the muscles of the feet and toes. In the case of claw toe, the muscles in the foot contract too much due to a neurological abnormality.

Since the toe muscles are typically not very strong, the contracting muscle overpowers the muscles in the toe. This tightens the tendons, causing the smaller toes to bend or curl in an unnatural way.

Claw toe most often affects the foot on the side of the body impacted by the stroke. Painful blisters may develop on the affected toes. The imbalance can also lead to the formation of calluses or corns on the ball of the foot due to increased pressure.

Claw toe can also occur in patients with certain joint diseases like rheumatoid arthritis, cerebral palsy, nerve damage from poor circulation (as in diabetes), and those who have been confined to bed for a long time.

It is classified in two ways — “flexible” or “rigid” — based on the severity and progression of the condition. “Flexible claw toe” describes the earlier stages in which, as the name suggests, the toes are still flexible at the joint.

Treatment for claw toe

For flexible claw toe, the American Academy of Orthopedic Surgeons (AAOS), in conjunction with the American Orthopedic Foot and Ankle Society, offers these suggestions for helping to correct the imbalance:

- Follow the instructions of your doctor and use a splint or athletic tape to reposition the toes.
- Avoid shoes with heels over two inches.
- Wear soft shoes with plenty of room for the toes.
- Give your toes a workout by using them to pick up small objects, such as marbles, or a crumpled towel.

“Rigid claw toe” designates the later stages in which the toes are fixed in this unnatural position. As the tendons tighten and the deformity becomes fixed, fewer options are available.

Non-surgical treatments are confined more to pain management than to correction. To minimize discomfort for rigid claw toe, the AAOS recommends trying specialized shoes that have an extra 3/8" depth in the toe box.

Some patients turn to surgery. This usually involves cutting the tightened tendons. Other possible procedures include lengthening or repositioning tendons, or shortening the bone of the toe. Inserting a steel pin into the toe is often recommended, as well.

As with all surgeries, infection is a risk, and swelling and pain are common in the weeks following. Botulinum toxin (Botox®) has also proven effective. Botox injections work by blocking the nerve endings. This keeps the neurotransmitters that signal the muscle to contract from reaching the nerve. The effects aren't usually noticed for five to 10 days and last only three to four months.

Reference

American Stroke Association. (2024). *Claw toe*. <https://www.stroke.org/en/about-stroke/effects-of-stroke/physical-effects/claw-toe>