

# Bunions, Hammer Toes and Neuromas, Oh My!

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First off, we would like to dispel the myth that tight shoes cause bunions and hammer toes. Shoes play a role in that they may make a bunion or hammer toe more painful, red or swollen, but these conditions are most often hereditary. Shoes wouldn't explain why we had an 18 month old patient with hammer toes or a six year old with bunions. There are tribes in Africa who never wore shoes, and yet generation after generation developed these conditions. That being said, "What are these deformities?"

**Bunions** are technically known as hallux abducto valgus or hallux valgus. This involves a rotation and displacement of the great toe toward the second toe and the movement of the first metatarsal (the other bone that forms the big toe joint) away from the other metatarsals. A bunion is simply the enlargement or swelling of the soft tissue that leads to pain with shoe pressure.

The treatment for bunions is dependent upon how far it has progressed. In the early stages a change in shoes, orthoses or arch supports, over-the-counter anti-inflammatories, rest, ice and physical therapy may provide relief. Often there is no pain involved in the formative phase.

As the deformity worsens it may become necessary to consider surgery or custom shoes. Most bunion surgery is done as out-patient or day surgery. The majority of the procedures done include an osteotomy or cut in the bone to straighten the joint. The bone is usually fixed with an internal pin or screws. In most cases the patient can walk on the foot on the same day with adequate support in the form of a stiff-soled surgical shoe or walking cast.

Of course, there are always exceptions to the development of bunions, such as formation of the deformity in patients with rheumatoid arthritis, after injuries or in some instances due to changes from diabetes. There are various procedures that can be done and we have only touched on the most common type of bunion deformity. There are times when an implant or arthroplasty (removal of part of the bone at the joint) is indicated, but these are less common. Recovery time varies, but it is usually about six weeks before patients can wear a loose-fitting gym shoe. It takes about three months for most of the swelling to go down and around a year for the bone to completely remodel to its final form.

**Hammer toes** can be flexible or rigid and are also generally hereditary. Flexible hammer toes usually respond well to changes in shoes with accommodative padding or the addition of arch supports to balance the structure of the forefoot.

The rigid hammer toes are more problematic. In cases where there is pain or current open wounds or painful corns due to irritation, surgical correction may be needed. This involves removing a small section of the bone at the affected joint and using either an internal pin or implant to hold the toe straight. There are times when a stainless steel wire is needed to hold the toe straight. This wire is then removed in about 3-4 weeks. One or multiple toes can be involved.

Have you ever experienced numbness, tingling, sharp shooting pain or the feeling like your sock is creased or that there is a marble under the ball of your foot?

You might have what is known as a **Morton's Neuroma**. This condition is kind of like having carpal tunnel syndrome in the ball of your foot. It usually involves the nerve that runs between your third and fourth metatarsals

and affects the third and/or fourth toes. This is actually scarring or entrapment of the nerve as it passes through the ball of the foot. It is caused by irritation of the nerve due to the shape of one's foot or the way that one walks. It can be made worse by tight shoes or other deformities of the foot, which cause greater pressure on the nerve.

Treatment typically consists of wider shoes or shoes with a rounder toe box, padding, shoe inserts, physical therapy, steroid injections, rest and in cases where there is a failure to improve, surgery. The newest technique for neuromas is to release the ligament that causes pressure on the nerve. This is done through a small incision and the surgeon visualizes the ligament with the use of an endoscope (a very small camera used in micro surgical procedures). This procedure usually leads to a faster recovery and less post-operative pain. In the most severe cases, surgical removal of the neuroma is indicated.

As with all procedures, there are potential benefits and possible complications and whether one chooses surgery, more conservative care or no care is ultimately the patient's decision. This choice is based on the medical findings and any other medical conditions that may exist. Your podiatrist can offer a more complete explanation and evaluation if you have questions about these or other foot and ankle related conditions.