

PAIN UNDER THE BALLS OF YOUR FEET

PAIN UNDER THE BALLS OF YOUR FEET "CLAW TOES" & "PLANTAR PLATE TEARS"

Claw Toe refers to a condition where the shape of one or more of your toes (usually your second toe) becomes very flexed. It is painful for 3 reasons:

1. The "knuckle" of the toe rubs on the top of your shoes.
2. The tip of the toe "catches" on the ground.
3. There is pain under the ball of the affected toe due to a tear of the nearby Plantar Plate.

WHAT IS A "PLANTAR PLATE TEAR"?

The Plantar Plate is a tough piece of fibrous tissue that helps to hold each toe in the "neutral position" in relation to the rest of the foot.

In cases where the Plantar Plate endures high loads over many years it can eventually tear.

The wearing of high heels is a good example of "chronic overloading" of the Plantar Plate.



SYMPTOMS OF "PLANTAR PLATE TEAR"

In the early stages the tear is associated with swelling and pain in the metatarsophalangeal joint (MTPJ). It's possible that the toe will also start to drift towards the big toe.

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WHY DO TOES "CLAW"?

The torn Plantar Plate leads to instability. There is a resultant imbalance of the weaker "intrinsic" and stronger "extrinsic" muscles controlling movement of the toe. This results in a "claw toe".

Claw Toes and MTPJ instability is often seen in patients with Bunions because of a phenomenon called "transfer metatarsalgia" where the weight that normally goes through the ball of the big toe is transferred to the ball of the second toe leading to "chronic overload".

ARE SCANS REQUIRED?

Although the "claw" is often easy to see with the naked eye, it is usually necessary to obtain a weight bearing x-ray to make a "functional" assessment.

In addition, you may be required to have an Ultrasound or MRI scan to see the Plantar Plate Tear.

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NON-SURGICAL TREATMENT

It might be possible to avoid surgery for this condition. Your Podiatrist may be able to assist with:

- Taping techniques to prevent displacement of the toe.
- An insole called a “metatarsal offloading dome” to take the pressure off the painful area.
- Toe straightening devices.
- Advice about choice of footwear such as a deeper toe box.

SURGICAL TREATMENT

In situations where non-surgical treatment has failed then surgery should be considered.

The **Plantar Plate Tear** can be repaired back to the phalanx with very strong sutures via an **incision on the top of the foot** overlying the MTP joint.

There two possible methods by which a Claw toe can be straightened.

- **Minimally invasive technique:** this is performed by a very small incision on the toe but usually requires a pin (protected by a ball) left protruding from the end of the toe for a 3-6 weeks.
- PIP (proximal interphalangeal) joint fusion where the incision is slightly larger but **no metal is left protruding from the toe.**

The decision on which is best for you should be discussed at the consultation.

POST-OPERATIVE CARE

- **When you go home it is very important to elevate the foot 23 hours a day above the level of your heart for two weeks.**
- Use of a “post op shoe” for walking for 6 weeks.
- 6 weeks – pin (if used) is removed in the clinic.
- 3-6 months for a full recovery.

Refer to the Foot and Ankle Surgery Information Sheet for further post-operative instructions.

RISKS

Surgery for Claw toes and Plantar Plate Tears is usually successful. Specific risks include:

- “Floating toe” – even though the toe is straightened during surgery, it sometimes sits higher than the other toes making footwear difficult.
- Loss of normal sensation – some patients report that they cannot move their toe and that it feels like it does not belong to them.
- Loss of blood supply to the toe – on very rare occasions there is a possibility that straightening the toe causes damage to its blood supply meaning that it cannot be saved. In that scenario the toe is best amputated to prevent the risk of infection.

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