My Damn Toes Hurt!

Your Guide to Ending Hammer Toes

Dr. Paul Ross

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Created with:
90-Minute Books
302 Martinique Drive
Winter Haven, FL 33884
www.90minutebooks.com

Published in the United States of America

231031-02196.2

LSID 2370001696792

Here's What's Inside…

Introduction

For many years, I've heard my patients complain about how their toes hurt, and it's a struggle to find shoes they can wear comfortably. Despite their treatments, they still struggle with pain when walking and wearing "regular" shoes.

My passion is helping my patients find relief with minimally invasive techniques performed in our office to correct the underlying problem. Our patients are often surprised to see how many different procedures can be done right in our office.

For example, Mary S. came into my office with a prolonged history of pain in her toes when walking. She was also limited to only wearing open-toed shoes, which left her with few options for wearing her favorite shoes. She came to us seeking permanent pain relief. After a thorough evaluation, including diagnostic x-rays, she was a candidate to undergo an *in-office, minimally* invasive *technique*.

Once Mary's healing was complete, she reported to us that she was now pain-free and enjoying her life again. Oh, and she's back in her favorite shoes!

This is just one of the hundreds of success stories we enjoy sharing with our new patients. These stories give our patients hope they will no longer be forced to endure or adapt their lifestyle around toe pain.

Our passion is to help you, once and for all, finally, get free of your painful toes. We look forward to giving you hope as we have hundreds of patients before you.

Now, let's jump in and get your little piggies some relief!

Dr. Paul Ross

Chapter One

What Are Hammer Toes?

Hammer toes are very common. They are contracture deformities of the toe that, when you look at it from a side view, look similar to the shape of the end of a hammer. The two joints in the toe stick up. They become prominent, and they're going to rub onto the shoe, which then causes pain. The condition is very common, usually due to genetics or family history. Sometimes trauma to an individual toe can cause a deformity down the line, but that's what a hammer toe looks like.

They can be very rigid, meaning when you manipulate them with your fingers, you cannot straighten them, which means there's some deformity in the joints. They can also be very flexible. If you take your fingers and straighten them, and they straighten very easily, there's some contracture deformity to the ligament and tendons on the bottom of the joints.

Can Hammer Toes Affect All Your Toes?

Many people think of the big toe when they think of the pain, but it's usually not the big toe but the other four toes on each foot that are most commonly affected. It could be one toe, or it could be multiple toes.

Many genetically predisposed people might come to see us sooner, in their 20s and 30s. Generally, though, it takes a little bit more time for them to become problematic as the deformity worsens over time. As we put a few more miles on our feet within shoes, they become a bit more rigid and more painful.

Why Do My Hammer Toes Hurt?

Many believe the hammer toes themselves are causing the pain, but the pain is associated with the shoe. It's not necessarily an improper shoe. It could be just any shoe. Certainly, the height of the shoe and the stiffness of the shoe affect friction and pressure. Wearing a wider shoe at the toe box area sometimes alleviates the discomfort. A hammer toe is often associated with an outside force, whether a regular or athletic shoe. Sometimes even a sock can do it.

I like to explain hammer toes to my patients in this way. Think of it as your fingers. Toes are similarly structured to our fingers. If you hold your hand and bend your fingers gently towards the palm, you start to see that they go straight to the joints, becoming more prominent. Imagine that you're walking on that, and the toes stay in that position. Then you put something on it to rub the top of those joints. That's where you get the friction from the hammer toe. Very simply, if we never wore shoes and lived at the beach, and you could have a hammer toe, it most likely would not be painful.

Everybody has to move to the beach or forest and walk barefoot, where we were all meant to live. Of course, if that happened, I'd have to find something else to do with my life!

A Pain in My Pinkie Toe!

The other day, a woman came in with a very common story. This commonly occurs in the little toe because it gets twisted and pressure from a shoe. This lady who came in was well into her 80s and was experiencing excruciating pain. She was active and still had a wonderful

lifestyle, but this little toe was causing her significant pain. She couldn't wear shoes, and she couldn't maintain her lifestyle like she wanted to. She tried all the other conservative things that she normally would by getting little pads to wrap around her toe and wider shoes, but nothing seemed to help.

We reviewed our evaluation and discussed a fix we could do to her toe that would allow her to continue her activities once they healed. She wanted to know more about it. After our evaluation, treatment, and the procedure that we performed, she healed and got her lifestyle back. She was forever thankful that she could no longer endure the pain

This is a pretty common story for the majority of hammer toe problems. People don't think they have a resolution for it. They think they have to deal with it and manage it. They don't know there's an easier fix than some of the more involved traditional surgery that's been done for many years.

A Key Point to Remember

There are typically several ways we can help you with your hammer toes. The majority of those solutions do not involve surgery.

Chapter Two

Why Do Hammer Toes Occur?

Let's start by discussing what hammer toes are. Hammer toes are a structural deformity. They progress over time. Depending on how your foot functions, some people have that higher arch foot, and some have a flatter foot. The problem is that we all walk on hard, rigid, unyielding surfaces, and all the foot wants to do is go down and meet the ground. It often does that by trying to grasp the ground in our attempt to maintain our foundation.

By doing that, it will then cause that contracture to occur at the toes. Over time, the longer the toes stay in that contracted position, the joints themselves will become a little bit more rigid. What may look like a hammer toe in your 20s and 30s may not bother you, but it may start bothering you 10 or 20 years later. This is not because it immediately became a problem, but it was a progression of a problem that occurred over time.

Let’s go back to what our feet were designed to be walking on. We weren’t designed to walk on hard, rigid, unyielding surfaces. These surfaces are meant for hygiene, cleanliness, and using tires and automobiles. Dirt and grass did not help the sanitary conditions around our house. If we were to walk barefoot in the grass where the ground comes up and contours to the foot, the toes would grab a little bit, but they’re grabbing a surface to which the foot can contour. The foot grabs and releases, grabs, and releases. It keeps grabbing your hard, rigid surfaces until you complete your step.

What About Flip Flops?

Many people live in flip-flops down in Florida, and many people up north will wear them until they’re forced to put on regular shoes.

When it comes to hammer toes and flip flops, some foot structures would like to be in a flip flop just because there’s no friction and pressure. Then there are some foot structures that enhance the deformity's progression. The problem we have is that most people wear those kinds of shoes, of course, because they’re

comfortable, or they don't want to wear closed shoes. The hammer toes hurt in a closed shoe, so they wear an open-toed shoe, not knowing that, although they're getting relief from that, it enhances the progression of the deformities.

Treatment Sooner vs. Later

Pay attention to your feet. Normally, we don't pay attention to our feet unless we feel pain. It's not one of those things where people normally go to their podiatrist for an annual checkup to see. We'll go for our eyes. We'll go for our teeth, but our feet get abused all day long, but it is more of a pain-motivated specialty where people come in when they're having a problem.

I will always say you certainly should be looking at your feet daily. You may start seeing contracture of those toes. You have a family history of a parent or a grandparent having a similar problem. With that daily exam, you can see how the progression goes over the years. If we see it sooner, there are many things that we can do.

If we understand that it's a biomechanical problem, we can get inserts to go inside the shoes to address how the feet are functioning to slow down the progression of the deformity. We know that inserts inside shoes are only functional when they are inside of a shoe that you're wearing, so we understand that not everybody will wear an insert inside a shoe every step they take for the rest of their life. We can slow down the progression of the deformities, maybe not reverse it, but hopefully, we'll be able to do it long enough so that you'll never have to have any surgery to correct the deformity.

Questions to Ask Yourself

Is there any family history of hammer toes? Are my toes sore after I take my shoes off? Is the pain in my toes keeping me from walking or spending time with my shoes on? Look at your feet daily. Don't let pain be the motivator to have your feet checked.

Chapter Three

Managing Hammer Toes

When we discuss managing hammer toes, what does that mean?

We understand the patient is either symptomatic or not symptomatic. We'll discuss lifestyle and activities that are being done. Then we can develop an appropriate plan, always starting with something conservative, like some kind of insert inside the shoe to address the biomechanics of how the feet function. We'll discuss the shoes that are being worn for the various activities. We can use little digital splints to put around certain toes to try and straighten them while you are functioning. Sometimes we use something when we're at rest and sleep.

Certainly, part of that evaluation is taking weight-bearing x-rays, so we can see what the toes look like when they are functioning while you're standing. Through that, we can assess

where you are when we see you and devise a plan to manage and treat you going forward.

Solved with Inserts

That's a story we hear all the time. People come in with discomfort in their hammer toes. Again, I don't have a specific name. I can certainly come up with one if it's necessary. They come in with pain in their hammer toes, and they've heard all the stories about surgery and don't want surgery: "I don't have time to have surgery. I don't want downtime. I don't want to be inconvenienced. Is there something else we can do?"

Going through the evaluation, we see that, yes, they have a hammer toe, but if we can also address the biomechanics, we can make them an insert or an orthotic, as we call them, and put them in the shoes that they're wearing the majority of the time. If they are in a flexible deformity, the toes will straighten out some, relieving the friction and pressure. Just by doing that, they can participate in all their activities. That story is told many, many times.

Long-Term Solutions

There aren't any true exercises or physical therapy. Nothing like that will correct the deformity because we understand why we have them in the first place. It all comes down to the biomechanics of your foot structure and how they function. Not only are the short-term treatments short-term, but they're also there for the long-term. This means that you'll have orthotics forever. You may wear splints, maybe not forever, but certainly in the short term to try and correct some deformity. We're just hoping to avoid doing anything surgical in the long term.

Finding Relief at Home

Generally, people aren't doing more harm than good when they try to get relief at home. However, there are not a whole lot of things they can do. Some people will find relief from using yoga socks. When you put those on, each toe has an individual position. It's putting a sock around each toe. There's a little bit of elastic there, which will allow the toe to straighten a little bit. Those can be used during

the day or at night to try and get some straightening of the toes.

One thing we like to have people do if the toe is still in a flexible type of deformity is to manipulate the toe, so it's straight and hold it there for 30 seconds. This is done to stretch out structures on the bottom of the toe that aid in the contracture. All we're doing there is trying to minimize any long-term deformity.

A Key Point to Remember

You don't want to ignore your toes. If you don't know what to do, be sure you come in, and we can advise you.

Chapter Four

Evaluating Hammer Toes

The evaluation process all starts the same. Everybody will come in. We'll do a thorough history and evaluation. We'll take some weight-bearing x-rays. We will do a gait analysis by watching people walk barefoot so I can see how their feet are functioning. At that point, we can make an appropriate diagnosis and determine the best treatment. If somebody has flexible hammer toes, they're not necessarily painful. Still, they're just concerned that our treatments will be directed to more conservative care because they know there's a strong family history.

If they're becoming problematic, maybe on a scale of zero to 10, with a pain threshold of five and zero, we will consider some management with different padding and splints. We'll talk about shoe gear and see if we can get some relief that way.

When we have hammer toes that become more problematic, I like to use two guides as far as when to consider something surgical. Everything we've been doing does not alleviate the problems, particularly during activities that never bothered your toes are now bothering your toes, and shoes that are always comfortable are now uncomfortable. That means the deformity is progressing, so conservative management will no longer be effective. Then we have to discuss what we can do to address the underlying deformity, and then we go in that direction. What would be the appropriate procedure to do to fix the problem?

Are You Unconsciously Hurting Your Hammer Toes?

I often have patients ask if they're doing something wrong and causing their hammer toes.

Typically, they aren't doing anything to cause hammer toes. Again, the human foot is not meant to bear weight on a hard, rigid, unyielding surface. Over time, our feet are going to adapt. Some people adapt favorably,

and they don't cause any problems. Some people's feet adapt and get deformities and do not get hammer toes. They can get many, many other things.

They're not doing anything to speed up the process unless they insist on wearing tight or high-heeled shoes where they know that when they put their foot into those shoes, they're not causing deformity. They're causing pain. Bad shoes don't cause deformity, but they're happening anyway. The bad shoes cause them to be painful.

The First Red Flags

We go back to what one can do before seeing anything. If you look at your toes daily, you'll begin to get an understanding of your normal. When you take your hand and bend it, those joints are prominent, and if you start seeing little red spots on top of those joints, those are friction spots. They may not be painful, but you're starting to get some friction spots.

Many people say, "I don't like the way hammer toes look. Can you cosmetically remove them?"

The answer is no. It's not a skin problem. It's an underlying bone problem. Before they become symptomatic, those are the moments we want to, again, do our conservative treatments of inserts inside the shoes, little toe splints, trying to manipulate and straighten them a little bit better. Again, looking at your toes and understanding what your normal is when you start seeing those little areas of friction and irritation; even though they may not hurt, it would be best to address them at that point.

My Encouragement to You

Hammer toes are very common. The sooner we can address them, the less impact they will have on your lifestyle, and the sooner we can address them, you may never need to have any surgical intervention.

Chapter Five

Minimally Invasive Treatments for Hammer Toes

So far, we've covered the treatments of splinting and orthotics. If we've tried both of those approaches with no relief, we go back and assess the toe or toes causing pain on ambulation and whatever shoes they're wearing. We've managed conservatively for some time. Instead of red friction areas, the skin now tries to protect itself and develops these hard callouses on the joints called corns. They get irritated, and the corns get thicker. They cause pressure on the bone and joints underneath. It gets red and inflamed and becomes much more painful. Sometimes, in the office, we remove some of that hard dead skin on top of the joint, temporarily relieving the pain. That would be the most minimally invasive moment where we remove that hard, dead skin to relieve that.

As we advance, if that doesn't manage the pain appropriately, we have two or three types of procedures that we can do through a minimally invasive technique to address the underlying problem. If I can manipulate the toe with my fingers so it's straight, I let go until it goes back to a contracture, which means that the tendon and ligament on the bottom surface of the toe are contracted. That's called flexible contracture. We can do a procedure in the office with some local anesthetic, with a small incision to release the contracture, splint the toe, and then allow the toe to heal in its straight, anatomically correct position. We can correct the toe permanently.

If we don't get any straightening by manipulating the toe with our fingers, we know we have a rigid contracture. There's a deformity that has occurred at the joint level. That's when we make another small incision. We make a small cut into the bone to straighten the toe and hold it with appropriate bandaging until it heals.

Those are the two most common procedures that we do. There are moments when we have a contracture to the toe that, even when we

straighten it, there's a little bony prominence around the joint. We don't have to cut into the bone, but there's a bit of a bone spur or excess bone growth. At the same time, we address the underlying contracture, and we can also use a tiny little file to smooth off that point of bone so it's no longer prominent. Those are the three most common procedures done as a minimally invasive approach to address the hammer toes in our office.

Who Shouldn't Have Their Hammer Toes Worked On?

Just because a procedure is minimally invasive doesn't mean it's not traumatic. We always need to evaluate the circulatory status. We need to evaluate the overall health and whether there's a risk to healing. If you're vascularly compromised, you're not a surgical risk. Suppose you're immunosuppressed with many underlying disease states that will cause you to be immunosuppressed. In that case, you're not necessarily at risk, but those are the people we may want to put on an antibiotic before and after the surgery to minimize any infection risk.

What Does Minimally Invasive Look Like?

Minimally invasive means, instead of a more traditional longer incision technique, we're doing the same thing using a small incision requiring only one stitch. The instrumentation is much smaller, and the techniques are more refined to correct the underlying deformity. Even though it is a minimal incision, bone surgery is still being done. One has to understand that minimally invasive surgery doesn't necessarily mean it's pain-free. It means we are inducing less trauma to the area in a quicker amount of time, so the trauma will then heal faster.

The vast majority of the time, the amount of pain is lessened. The inflammation and swelling are lessened. The downfall is that people think a minimally invasive procedure is something after which "I can go do whatever I want to do." The problem is that you're walking on this structure. You have body weight. You have gravity. You have all the trauma of walking on an injured part. Those are the times when we see a little bit longer healing because people misunderstand.

They're associating minimally invasive with minimal downtime, which it usually is, but you still have to respect the body and its healing process.

A BIG Red Flag to Look For

The biggest red flags to be aware of is if you go to the doctor and they want to operate immediately. That would be the red flag. If a doctor tells you that they can fix it, the patient should ask if there is anything that can be done conservatively to help manage the condition besides surgery. If the doctor insists that they don't do anything else for the condition aside from surgery, that's the moment that the patient should say thank you and leave the office.

To us, surgery is always the last option. We know that we can do it. We're very, very good at what we do, and it's very successful. However, we choose our surgical patients precisely, so the ones we're doing it on have the greatest opportunity to heal well and have the desired result. Of all the hammer toes that walk into our office, we probably do surgery on 10% of them.

Chapter Six
Treating Hammer Toes

Different deformities need different interventions and different treatments.

If there are extensive arthritic changes at the joint, we have to remove a small section of bone at the joint. It's still a minimally invasive procedure that can be done in the office, so we can then maintain and manage that deformity. We don't use any pins, no screws, and no wire sticking out of your toe. We don't have to fuse a joint, which is a very common procedure. That also is done in the office through a larger incision, possibly requiring two stitches instead of one.

Toes, first of all, are very difficult. Many doctors who do toe surgery think, "Oh, it's just a toe, and here's what I normally do, so let's just do it." Operating on your toes is almost like doing surgery on your fingers. It's very precise. It's very delicate. It's all of that.

In my years of doing this, I was like everybody else at the very beginning, doing the procedures we always thought worked best, which the literature says we should do. You realize it's not getting the desired results when you do it. Instead of doing it and doing it and trying to get a better result by doing the same thing, I just thought there had to be a better way. I stopped doing the fusions, and no pins or wires or the little digital joint implants that are now used that are fraught with problems.

If we get people out of their pain and look at it that way, that's all we have to do. Sometimes fusing a toe will do that. I don't fuse toes anymore because I find people have more problems with the fusions. People like to have straight toes, but they don't like having stiff straight toes. That's a problem. I don't try to convince somebody, "Well, just because you don't want it doesn't mean we shouldn't do it because that's the right way to do it. We're going to put a pin in there, and we're going to fuse the joint." That doesn't make any sense to me.

What's that, the definition of insanity? Just keep doing the same thing, the same thing, expecting a different result. I don't want those results anymore, so I have to figure out a different way. Other practitioners around the US and the world employ minimally invasive techniques, which I've been doing for almost 40 years. It's now becoming even more in vogue worldwide and internationally, which is fascinating.

Pins Look Painful

We've all seen the pictures, on social media especially, of people having their hammer toes corrected. They typically have horrible looking pins sticking out the tops of their toes.

In my office, I never use pins. Again, when we do the corrections, there's never hardware in the toes.

Other doctors will put the pins in to maintain the position of the toes. The pins try to fuse a joint so it stays straight. I find that people don't like rigid, straight toes. People don't like having pins sticking out of their toes. They're fraught with problems if you're not careful as the

patient. Those pins have to stay in for several weeks. It can bend or break if you bang your toe or hit a pin. Many things can occur. Again, in my philosophy on taking care of it, I never use a pin, wires, or any hardware to correct a hammer toe.

Many people have already had these procedures done, and they're still experiencing difficulties. We treat a lot of patients who have had pins put in. We are still able to help them.

Let's say somebody comes in and has that rigid hammer toe that is painful because it's rigid. Wherever that painful area is at the rigidity, we can do our minimally invasive procedure where we can make a small incision right over that spot and make a little cut into the bone. Now we can get a little bit of a bend to the toe and let it heal in that position, so the original fusion doesn't create that rigidity.

Every toe has little nuances, and it's not as if there's a cookbook: You walk in with deformity number one; we do procedure A. It's an understanding of the pathology, the underlying anatomy, the foot structure, the function, and the biomechanics. All that comes into play with

whatever procedure I do. I don't have any one procedure that we do for everything. It's not a cookbook. Sometimes a combination of minimally invasive procedures can be done to redress the underlying deformity. One toe could be a little different from another toe. Each toe is treated as its entity.

Each Piggy Has a Different Story

We have to treat everyone's "little piggies" differently because they all have their own little story, and at the same time, they all have individualized solutions.

My Encouragement to You

You don't have to live with your painful hammer toe. There are minimally invasive surgical techniques that can be done in the office to fix your underlying problem so you can get back to doing your activities in your shoes with no more issues.

Even if you've had surgery or corrections somewhere else, and it's been many years, we can help. There are times that, five years later,

we look at what happened and how your foot structure has adapted to your biomechanics. Then we have to go back and do something. It's just a recognition that our feet, again, our foot structure, bearing weight on a hard, rigid, unyielding surface, what our feet look like today is very different from what they're going to in five years, 15, 30, 50 years. They're going to continue to change. We can't go back to the original equipment.

Chapter Seven

After Treating Hammer Toes

Suppose we have to do something more than the inserts and the splints and eliminate the inflammation around the joint. In that case, we can inject a very small amount of a steroid to alleviate the inflammation immediately, giving immediate relief. We're only doing that once. It's not a repetitive thing.

The next thing we would do if there's a hard corn surrounding the toe, at that painful area, at that same time, we'll sort of remove that hard corn and give additional relief. The next most invasive technique we utilize is based on understanding that the deformity is a flexible contracture. We'll schedule a day and do the procedure whereby we release the contracted tendon, the ligament structures on the bottom of the toe. We put a splint on the toe, a bandage, and no stitch. That bandage stays on for one week. You'll be restricting your activities for that week, and we will give you a surgical shoe

because we don't want you squeezing your foot inside a closed shoe.

Come back in a week. We take off the bandage, and the toe is in its correct anatomic physician. At that point, we'll give you a removable splint to utilize on your toe for the next two weeks. At that point, you can get your foot wet and start resuming activities to tolerance. At about three weeks, the toe is fully healed.

If you have a rigid deformity, we now do our minimally invasive surgery, where we have to make a small cut into the bone. It's similar in that we put in one stitch and a small bandage to maintain position. Because we are now structurally correcting the bone's position, it's almost like having a broken bone. We'll see you in one week. We'll take out the stitch, but even now, we'll be splinting that toe almost as if you had stubbed your toe onto a piece of furniture and you have a broken bone. That's very similar to how this is going to heal. It could be tender for four to six weeks while healing, but you'll be in an athletic shoe. Your activities are only restricted by how it feels.

What If We Do Surgery?

Many patients imagine they will need to go to the hospital and go under anesthesia if they have surgery. This is far from the truth unless someone specifically asks to be put out completely.

Usually, all our procedures are done in our office or ambulatory surgical suite. We use a local anesthetic in the office. If somebody does not want to do it in the office because they're anxious about that, and they say, "Can you sedate me," then we say, "Sure. Let's go to the surgery center, and we'll have a little sedation from the anesthesiologist." We'll do the same procedure in the outpatient surgery center that we do in our office. The only difference is that the patient is sedated. If somebody prefers that because they know they're a little anxious and that's what they want, and they're an appropriate candidate, then that's what we'll do.

After the Procedure

We go through all the pre-op consultations. They're in the office for about an hour the day they come in, and they will walk out in their

surgical shoe. We want them to come with a responsible adult. We don't want them calling a taxi or an Uber. We don't want them driving themselves, even if it's on the opposite foot that they drive with, even if it's only local anesthetic. Again, some people are a little anxious and may not have been focusing on driving. It's not that they're having any pain or can't drive, but we prefer them not to, especially having a surgical shoe on your foot. We want you to be driven home.

You'll go home. You'll elevate your foot on the couch, on your bed. You can start icing your foot. The more you ice it, the more you elevate it in the first 48 hours after we do this. Then, we can stay on top of the body's initial response to the trauma by reducing any inflammation and swelling. That usually requires you to be very aggressive. You will put ice for 30 minutes on your foot, 30 minutes off, 30 minutes on, and 30 minutes off for the first 48 hours. You do not have to do it in the middle of the night and wake yourself up.

We also give people antibiotics to take for five days. Even though it's minimally invasive, it's still surgery, so we want to be sure that we don't risk infection. We'll give you a five-day dose of an antibiotic just for prophylactic reasons to cover you so you will not have any problem.

You leave the office with a sheet of instructions that says everything we just said and more. These instructions answer the majority of the questions. The last line of that sheet of instructions includes my cell phone number. This lets you know that you're not alone. If you have any questions, whatever they might be, there's no silly question. You haven't been through this before. If you have any questions, please contact me evenings or on weekends. To my surprise, very few people even have to call, but the security of knowing that they can afford them a lot of relief knowing that, if they need me, they can get to me.

Patients sometimes say, "Well, I don't want to bother you." I tell them, "If I didn't want you to bother me, I wouldn't give you my cell phone number. Call me if you're bored, have nothing

to do at home, and want to see how I'm doing. Say, 'Hey, Dr. Ross, I'm doing great. How are you?' Nobody ever wants to know how I'm doing. If you're concerned about me, call me. I'd like to hear from you."

I have found it gives our patients a sense of security that everybody who has surgery leaves with my cell phone number, and nobody uses it.

My Encouragement to You

Always remember hammer toe procedure recovery is no different than if you were to stub your toe on a piece of furniture. It will be sore, achy, and bruised. If you are treating it and managing it appropriately after the surgery, it will heal uneventfully.

Think of it as if you got out of bed and stubbed your toe onto a piece of furniture. Did you bruise your toe, or did you break it? It's going to be sore no matter what. If we address it appropriately, it will heal. This is no different. That's the analogy I like to use.

Chapter Eight
Success Stories

I want to share some success stories. These two individuals are always my favorite. There's one lady and one guy, well into their mid-to late-80s and living in a retirement community. They're both very active. They've been coming to the office every two or three months to address their hammer toes by putting on pads, scraping their little corns, and giving them some temporary relief.

Then we finally told them, "We can fix these things permanently," and they wanted to talk about it. We did the minimally invasive procedure of releasing the contracture tendon, and two weeks later, they're pain-free after all these years of living with this thing. The joy you could see in their faces and how simple it was for them; they got through it.

This is my favorite procedure to do. Certainly, I've done so many of them that I don't want you to think it's simple. It's a technical skill I've

developed over many years. Still, it's gratifying because I can take a very problematic deformity and fix it in a matter of seconds, so you can now get rid of that pain for the rest of your life. Then these same people will come six months later and say, "I might even have the same problem on the other foot. I don't even want you to play around with it. Can we fix it?" They've had such amazing success from that procedure.

Again, just because they're well into their 80s doesn't mean they're not a surgical candidate. Your biological age is not an indicator of whether you're at risk or not. It's your physiological age. I have plenty of 50-year-olds I can't or won't do because they're severely diabetic with severe circulatory problems. "No, you're a bad surgical risk, and we can't do this."

It's a beautiful thing to be able to take care of this on that population because it's a very simple technique for them to go through and not endure all the prolonged healing that often occurs.

Always remember deformities will progress, and it's never too late to fix them. You don't have to think, "Gee, am I too old for this?" I always say, "If you got out of bed and stubbed your toe onto a piece of furniture and broke it, would you heal?" The answer is that you will heal if you have the proper circulation. That's no different from what I'm going to do. We're just doing it in a more precise location to fix the underlying problem.

If you do that, please come into the office immediately so I can put some local anesthetic in your toe and manipulate it so that it's perfectly straight, straighter than before. Then you've done your surgery, doctor, and a good job.

What I'm finding more than anything is that people don't want to be inconvenienced. They always think that the surgery is this massively invasive ordeal they're going through. In my hands, it's not. The healing process is similar. It is a minimally invasive bone surgery for the hammer toes that can be fixed, no matter your age.

My Hope for You

If you have any concerns about beginning or very painful hammer toes, there is a resolution, and you should call now.

Chapter Nine
Here's How We Can Help You

The first meeting will be your thorough history and examination, including discussing familial genetic predispositions. We'll take x-rays. We'll evaluate the underlying structure to assess how successful conservative care will be. We'll always start with conservative care. If you come in with years of having conservative care, and you've done all the stuff already, we don't have to repeat it. If I can do better conservative care, it means you've already had that, and you might be at the point where we need to discuss the fix.

As we go forward, you'll leave after that first visit with a bundle of information, understanding why you have a hammer toe and your options. We'll discuss where we go from that point in time. We'll follow up with another appointment, usually two or three weeks later, to review and then confirm our treatment plan and go forward.

Finally Finding Relief for Your Painful Toes

"My damn toes hurt!" I hear this every day, and I'll tell you, it's not uncommon for people to have been suffering from pain in their toes for months, years and even decades!

When I ask my patients why they waited so long, many say they were afraid to have surgery, so they just tried to tough it out.

One day, the pain got to the point that they were missing out on activities they enjoyed. The pain finally got to the point they could no longer ignore it or tough it out.

That's where we come in. We help people just like you who have been suffering from hammer toes get the relief they've been searching for.

To learn more about the ideas discussed in this book, schedule an **in-office assessment** to see what is causing your toe pain and what we can do to get you relief by calling **301-656-6055** or email us at **thepodiatrycenter@intwofeet.com**.

I look forward to working with you to finally get you back in your favorite shoes and enjoy life.

Finally… Finding Relief for Your Painful Toes

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When I ask my patients why they waited so long? Many say they were afraid to have to have surgery, so they just tried to tough it out.

Until one day the pain got to the point, they were missing out on activities they enjoyed. And finally the pain got to the point they could no longer ignore it or tough it out.

That's where we come in. We help people just like you who have been suffering with hammer toes. Get the relief they've been searching for.

To learn more about the ideas discussed in this book. Here's what you do next.

Schedule an **in-office assessment** to see what is causing your toe pain, and what we can do to get you relief.

Email or Call

I look forward to working with you, to finally get you back in your favorite shoes and enjoying life.

The PODIATRY Center
...we put your feet first.

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