



Clinical Thresholds

Condition or Treatment	Other Foot problems
Commissioning Threshold	<p>Adult claw toe, hallux rigidus, hammer toe, in-growing toenail, metatarsalgia, mortons neuroma and plantar fasciitis.</p> <p>Referral to podiatry should always be made prior to consideration to referral to secondary care.</p> <p>Referral to secondary care should only be made if conservative measures have failed.</p>
Referral Guidance	Referral guidance only.
Effective from	April 2013
Summary of evidence / rationale	<p>There is very little good evidence with which to assess the effectiveness of either conservative or operative treatments or the potential benefit of one over the other.</p> <p>Claw toe: Pain in the forefoot, metatarsalgia, and under the metatarsal heads.</p> <p>The deformity is, at first, passively correctable. Later in the course of the condition, the joints become stiff and the deformity fixed. At this stage there may also be dislocation of the metatarsal heads. There may be the development of painful callosities under the metatarsal heads and on the dorsum of the foot.</p> <p>Assessing claw toe primarily consists of a physical examination, with additional tests as required. With the patient sitting, each of the 3 joints (i.e. MTP, PIP, DIP) is tested for flexibility in the sagittal plane and stability in the frontal and sagittal planes. Vascularity of the toe is assessed clinically, and the presence of calluses or erythema is duly noted. Normal sensation can be determined by the patient's ability to feel a 0.5-g force with a monofilament pressure device. If the patient cannot detect a 10-g force applied with a monofilament pressure device, this indicates loss of protective sensation.</p> <p>Management - Primary / Intermediate Care</p> <ul style="list-style-type: none"> • Analgesia and NSAID as appropriate • A fixed deformity may be treated conservatively with the use of special footwear • Try shoes with a wide toe box, soft upper shoe and stiff sole • Avoid high-heeled and narrow-toed shoes • Metatarsal pads • Cushioning sleeves or stocking caps with silicon linings can relieve pressure points at the PIP joint and tip of the toe • Cushioning sleeves or stocking caps with silicon linings can relieve pressure points at the PIP joint and tip of the toe. <p>A longitudinal pad beneath the toes can prevent point pressure</p>

	<p>at the tip of the toes</p> <p>Hammer Toe: The patient may present with deformity and pain. The pain may be a result of the development of painful callosities on the dorsum of the toe and under the prominent metatarsal head or may result from pressure on the nail:</p> <ul style="list-style-type: none"> • Pain and crossing of first and second toes • Difficulty finding shoes that fit • Four times more common in women <p>Ingrowing toenail: In this condition the nail burrows into the nail groove. Condition commonly affects the big toe rather than other toes. May affect one or both sides of the nail.</p> <p>The nail groove ulcerates and its wall grows over the nail. The nail becomes embedded. May be accompanied by paronychia - the site of infection in paronychia is generally proximal. Rarely paronychia may be accompanied by granulation tissue. Sometimes there may be a very localised head of pus on the distal side of the nail.</p> <p>NB All patients to be referred to local podiatry services prior to referral to secondary care</p>
Date	October 2014
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References:

1. **E-medicine: Claw toe**
<http://www.emedicine.com/orthoped/topic51.htm>
2. **GP notebook.com**
<http://www.gpnotebook.co.uk/simplepage.cfm?ID=382730244>