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Trigger Toes

A trigger toe can best be described as flexion or contraction at the interphalangeal joint of the large toe. Ligaments or tendons have tightened giving the toe its trigger shape.

Trigger toes are classified based on the mobility of the joint. There are three types, flexible, semi-flexible and rigid.

In a flexible trigger toe the joint has the ability to move.

A semi-rigid and rigid trigger toe does not have the same ability to move. Movement is very limited or not present. Limited movement of the semi-rigid type can be very painful.

Restricted movement caused by a trigger toe can lead to increased vertical pressure on the first metatarsal causing various symptoms including pain, sesamoiditis, corns and callus.

The causes of trigger toes:

Trigger toes result from a muscle imbalance which causes ligamentis and tendon tightness. They are often seen in patients with neuromuscular imbalance and highly arched feet.

Arthritis can also lead to forefoot deformities which include trigger toes.

Trigger toes can also be the result of biomechanical foot imbalance.

Treatments and advice for trigger toes:

- Consideration of footwear is very important. A deep toebox with soft leather uppers is ideal. With certain medical conditions customised shoes are often required
- 2) Good fitting hose which is not restrictive is advised



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- 3) Certain types of felt padding can be used to reduce pressure loading
- 4) Applying an appropriate moisturising cream is often helpful
- 5) The use of silicones, which can be purchased pre-packed in the form of tubes
- 6) Podiatrists can mould silicone rubber to individual toes, which is often very successful
- 7) Routine footcare to address corns and callouses
- 8) Specific footcare for episodes of bursitis, ulceration or infection associated with trigger toes
- 9) Prescription orthoses are a very effective way for dealing with

certain types of trigger toes. Once the biomechanical factors have been identified, the orthoses may be designed to provide motion control or elevate or support the first metatarsal. They can also straighten the flexible trigger toe to some degree and improve function.