



# POSNA

## The Core Curriculum

### Curly toes

#### Objectives

1. Define curly toe
2. Discuss the natural history of curly toes
3. Discuss treatment of curly toes

#### Discussion

Curly toes are present at birth, mostly involving the lateral toes. The distal phalanx is flexed and may be deviated medially or laterally. Contracture of the long flexors appears responsible, the cause of the contracture is unknown. Curly toes are asymptomatic in children, but their appearance is vexing to many parents. They may cause pressure symptoms from footwear later in life. On exam the distal joint can be extended if the proximal interphalangeal joint is flexed, indicating contracture of the long flexor. The adjacent toe may be overriding. Taping may improve the posture temporarily, but the deformity usually recurs when taping is discontinued. Both simple tenotomy and transfer of the long flexor to the extensor apparatus (Girdlestone-Taylor procedure) have been employed for surgical correction. In a double blind study, there was not difference in results, and simple tenotomy suffices. As a result of a longterm study, Biyani advocates no treatment before age 6, as the rate of spontaneous correction is so high. If treatment is for some reason necessary at that time, tenotomy of the long toe flexor is sufficient.

#### References

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4. Ross ER, Menelaus MB. Open flexor tenotomy for hammer toes and curly toes in childhood. *Journal of Bone & Joint Surgery - British Volume* 1984;66(5):770-1.
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