

## On Lisfranc Injuries

Lisfranc injuries may be incurred from low or high impact--typically in car accidents, falls from some distance, and football (Haytmanek & Clanton, 2014). In car accidents or falls, one may get that forceful anterior-posterior "jamming" or suffer a direct direct blow. Some of the athletic injuries may be from a fixed/planted forefoot with the hindfoot twisted on it, or sustaining a forceful blow to the hindfoot while the forefoot is planted (e.g. may occur in a "tip-toe" position) (Haytmanek & Clanton, 2014).

Lisfranc injuries may feel unstable, like the foot cannot be supportive with pain in the area of the midfoot (as opposed to ankle) even after swelling has gone down. One may notice a ecchymosis (discoloring from bruising) and particularly tender/painful area between the first and second metatarsals (Haytmanek & Clanton, 2014). Lisfranc may present with the "Fleck Sign" (avulsion fleck on xray); wider than normal gap between the hallux and second toe (from observation) or wider gaps between cuneiforms on xrays; and basically misalignment and/or gaps along the Lisfranc complex (Haytmanek & Clanton, 2014). Reading the bone alignment on xrays may be very tricky--another reason the less severe Lisfranc cases get misdiagnosed.

## References

Haytmanek Jr., C. T., & Clanton, T. O. (2014). Ligamentous Lisfranc Injuries in the Athlete. *Operative Techniques In Sports Medicine*, 22(4), 313-320.