Lisfranc injury & the painful midfoot

A subtle injury can have major consequences for walking.

INJURY PRIORITIES / ADULT TRAUMA

Persistent midfoot pain or plantar bruising after injury deserves a deliberate search for instability, even when initial films look reassuring.

01 Keep suspicion active

Ask about twisting and axial-load mechanisms as well as high-energy trauma. Examine swelling, plantar bruising, tenderness and ability to bear weight. Assess the skin and neurovascular status and look for associated foot injuries.

02 Choose useful imaging

Obtain appropriate foot radiographs. Weight-bearing views, when safely tolerated, may reveal instability missed on non-weight-bearing films. CT helps define fractures; MRI can clarify selected ligamentous injuries. Persistent suspicion needs further assessment.

03 Protect while clarifying

Immobilise and restrict weight bearing while a suspected unstable injury is assessed. Arrange timely foot-and-ankle review. High-energy injuries may also threaten the soft tissues or cause compartment syndrome; worsening symptoms require urgent reassessment.

04 Base treatment on stability

Selected stable injuries may be managed with protection and serial review. Displacement or instability often requires fixation or fusion planning. Explain the risk of prolonged pain and arthritis and provide a clear progression and rehabilitation plan.

WATCH POINT Do not force painful weight-bearing imaging. A normal initial non-weight-bearing radiograph does not settle a clinically suspicious case.

DISCUSS WITH THE TEAM

Have we demonstrated stability, or have we only failed to see displacement on the first radiograph?

READ THE SOURCES

[1] AO Surgery Reference: TMT (Lisfranc) injuries, diagnostic pitfalls and imaging.
[2] AAOS OrthoInfo: Lisfranc (Midfoot) Injury; treatment and recovery.

Educational summary for clinicians. Apply local protocols and patient-specific judgement.