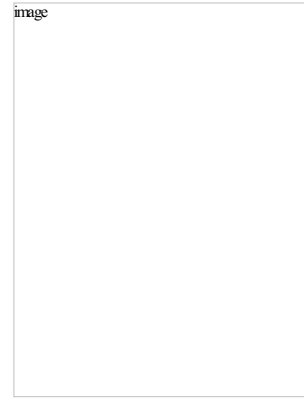


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## Lisfranc Injuries in the Athlete

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### Abstract

Lisfranc injuries entail traumatic disruption of any one of the ligamentous or bony components involved in tarsometatarsal (TMT) joint complex stabilization. Without treatment, severe injuries resulting in TMT joint instability are at increased risk for chronic functional disability and pain. In athletes, the literature has demonstrated evidence of improved outcomes (e.g., return to play) following open reduction internal fixation for Lisfranc injuries. Of those surgically managed, variability exists among treatment methodology and outcomes. This article aims to provide an overview of Lisfranc joint complex injuries and the pearls and pitfalls associated with operative techniques to improve postoperative outcomes.

### Introduction

Named after the French surgeon and gynecologist Jacques Lisfranc de St. Martin, Lisfranc is an eponym that is commonly used in reference to three separate anatomical relationships of the tarsometatarsal (TMT) junction: (1) the Lisfranc ligament (oblique interosseous ligament), which runs obliquely, adjoining the distal lateral border of the medial cuneiform to the proximal medial base of the second metatarsal (MT); (2) the Lisfranc joint, which includes the Lisfranc ligament plus the intertarsal and intermetatarsal ligaments between the medial and middle cuneiforms and first and second MTs, respectively; (3) the Lisfranc joint complex (TMT joint complex), which is the Lisfranc joint plus the remaining TMT articulations, intertarsal articulation between the middle and lateral cuneiforms and between the lateral

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