

Lisfranc Injuries After a Car Accident in Georgia

A Midfoot Injury Can Be Missed Even When the First X-Ray Looks Reassuring

A driver braces hard on the brake just before impact. The front of the vehicle crushes inward, the foot stays planted, and the rest of the body moves around it. After the crash, the person can have swelling and midfoot pain without an obvious broken bone on the first X-ray. Days later, an orthopedic evaluation reveals a Lisfranc injury that can change walking, driving, and work for months.

The Lisfranc joint complex sits where the long metatarsal bones meet the midfoot. Damage can range from ligament sprain to fracture-dislocation. Because the injury affects the structure that stabilizes the arch during weight bearing, even a small loss of alignment can become a major functional problem.

Our [Georgia car accident lawyers](#) at Gary Martin Hays & Associates look closely at the first emergency-room record, the later orthopedic findings, and how the person's ability to stand and walk changed after the wreck. A delayed diagnosis doesn't automatically mean the injury happened later.

Quick Facts About Lisfranc Injuries

- **The Injury Is in the Midfoot:** The Lisfranc complex includes bones and ligaments that keep the forefoot aligned with the midfoot and support the arch during weight bearing.
- **Car Crashes Can Cause High-Energy Lisfranc Trauma:** A planted or compressed foot can be twisted, crushed, or forced through the floorboard during a collision.
- **The First X-Ray Can Miss Instability:** Subtle ligament injuries may be hard to see on non-weight-bearing films, so the full clinical picture can lead to additional imaging.
- **Treatment Depends on Stability:** Stable injuries may be immobilized and protected from weight bearing, while displaced or unstable injuries often need surgery.
- **Arthritis Can Develop Later:** Even after treatment, some patients have persistent midfoot pain, stiffness, weakness, or post-traumatic arthritis.

What Is the Lisfranc Joint Complex?

The Lisfranc joint complex is the connection between the metatarsals and the tarsal bones in the midfoot. Ligaments hold those bones in alignment and help maintain the arch while the foot accepts body weight and pushes off during walking.

The [Orthopaedic Trauma Association](#) describes Lisfranc injuries as damage to the bones, ligaments, or both at this joint. The injury can cause widening, displacement, or collapse of the normal architecture of the foot. Car accidents and crushing injuries are recognized causes.

That anatomy helps explain why the diagnosis can be much more serious than the word “sprain” suggests. A ligament that allows the midfoot bones to shift can affect the entire mechanics of standing and walking even when there is no dramatic open fracture.

How Does a Car Crash Injure the Midfoot?

Lisfranc injuries can result from direct crush force or from an indirect combination of axial loading and rotation. In a vehicle collision, several mechanisms can occur at the same time.

- **Bracing on the Brake Pedal:** The foot can remain planted while the body and vehicle suddenly decelerate, driving force through the midfoot.
- **Footwell Intrusion:** A frontal or offset collision can deform the floorboard or firewall and compress the foot directly.
- **Side-Impact Deformation:** The lower cabin can buckle or shift, trapping or twisting the foot against the pedals or floor.
- **Rollover or Crush Force:** Vehicle deformation can place several directions of force through the foot and create combined fracture and ligament injuries.

Serious [ankle and foot injuries](#) can be overlooked after car wrecks when emergency teams are first focused on head, chest, abdominal, or spinal injuries.

What Symptoms Make Doctors Suspicious for a Lisfranc Injury?

Midfoot swelling and pain with weight bearing are common. Bruising on the bottom of the foot can be particularly concerning because it can reflect injury through the plantar structures that support the Lisfranc complex. Tenderness over the tarsometatarsal joints and an inability to push off normally can also lead to additional evaluation.

A person doesn't need to have a visibly deformed foot. Subtle injuries can preserve near-normal alignment when the foot isn't loaded. That is one reason a patient can leave the emergency department with a diagnosis such as foot sprain and later learn that the joint is unstable.

Why Can the First X-Ray Miss a Lisfranc Injury?

Emergency-room X-rays are often taken without the patient standing on the injured foot, especially when weight bearing is too painful or unsafe. In a subtle ligament injury, the bones may look aligned while unloaded and separate only when the foot bears weight.

Orthopedic evaluation can therefore involve weight-bearing radiographs when appropriate, CT to define fractures and joint alignment, or MRI when ligament injury remains a concern. Which test is appropriate depends on the patient and the findings; there isn't one universal imaging sequence for every midfoot injury.

For a legal claim, the important point is that an early negative or nondiagnostic film isn't the same as proof that the foot was uninjured. The later imaging, symptoms, examination, and mechanism all need to be read together. Insurance disputes over [post-crash medical imaging](#) can start when one snapshot is treated as the entire medical story.

Stable and Unstable Lisfranc Injuries Follow Different Treatment Paths

A stable injury with preserved alignment may sometimes be treated without surgery using immobilization and a period of restricted or non-weight bearing. Follow-up imaging and examination matter because doctors need to know that the joint remains stable as activity increases.

Displaced or unstable injuries often require surgical stabilization. Depending on the injury pattern, surgeons may use plates, screws, or other fixation to restore alignment. In selected severe injuries, primary fusion of damaged joints may be considered. The correct operation depends on the exact bones, ligaments, and joint surfaces involved rather than a one-size-fits-all rule.

The treatment record becomes legal evidence too. Operative notes can identify torn ligaments, displaced joints, fractures, cartilage damage, and the fixation needed to restore stability. Those details are more meaningful than an insurer simply labeling the condition a “foot injury.”

Recovery Can Take Months Even When the Foot Heals in Good Alignment

Lisfranc recovery can involve weeks or months without full weight bearing, followed by a gradual return to walking, strength, balance, and normal footwear. The Orthopaedic Trauma Association notes that people may need crutches, a walker, knee scooter, or wheelchair during the protected phase and that some continue to have pain, stiffness, or weakness even after successful treatment.

That matters for someone whose job requires prolonged standing, climbing, lifting, warehouse work, construction, or driving. A person may return to limited duties before being able to tolerate a full shift on the injured foot. A delivery driver may be able to sit behind the wheel before being able to repeatedly enter and exit a vehicle or carry loads.

When restrictions affect a career over the long term, evidence of [lost earning capacity](#) can become more important than simply adding up the paychecks missed during the first few months.

Post-Traumatic Arthritis Can Change the Future Value of the Claim

The Lisfranc joints are load-bearing joints. Damage to cartilage or imperfect joint congruity can lead to post-traumatic arthritis even after the bones and ligaments have been treated.

Persistent midfoot pain, stiffness, swelling, and difficulty with push-off can become long-term problems.

Some patients eventually need additional procedures, hardware removal, injections, orthotics, shoe modifications, or fusion. Future treatment shouldn't be assumed in every claim, but when the treating orthopedic surgeon identifies a reasonably expected need, that prognosis belongs in the damages analysis.

This is also why a fracture or ligament injury shouldn't be valued only by whether it eventually "healed." Even [minor fractures can lead to major long-term impairment](#) when pain, arthritis, or loss of function remains.

How an Insurer May Challenge a Delayed Lisfranc Diagnosis

A common insurance defense is that the injury must have happened after the crash because the first X-ray didn't show a fracture or dislocation. Another is that the person walked after the collision, so the midfoot could not have been seriously injured.

Neither argument should replace the actual medical record. The claim should identify when pain and swelling began, whether the person could bear weight normally, what the first examination showed, why orthopedic follow-up occurred, and what later imaging revealed. The treating physician can explain whether the delayed diagnosis is medically consistent with the original crash.

That's where [treating physician testimony](#) can help connect a technical orthopedic diagnosis to the daily limitations the injury created.

A Lisfranc Claim Should Show What Changed About Walking, Work, and Daily Life

The medical file tells part of the story. Therapy notes can show when the person progressed from a scooter or crutches to partial and then full weight bearing. Work records can document missed time and modified duty. Photographs can show swelling and assistive devices. A symptom journal can record how long standing, stairs, driving, and ordinary errands remained difficult.

[Gary Martin Hays & Associates](#) has represented injured Georgians since 1993 and has recovered more than \$1 billion for clients and families. With a serious midfoot injury, our job is to connect the collision, medical diagnosis, treatment, and functional losses into one coherent record.

If you were diagnosed with a Lisfranc injury after a Georgia car accident, [contact us](#) for a free consultation to see how Georgia's Billion Dollar Car Wreck Lawyer can help you. We handle personal injury cases on a contingency fee basis, so there are no upfront attorney's fees and you pay nothing unless we win your case.