



ADVANZ HEALTH

SPORTS MEDICINE | PHYSIOTHERAPY

LISFRANC (MID-FOOT) INJURY

REHABILITATION PROTOCOL

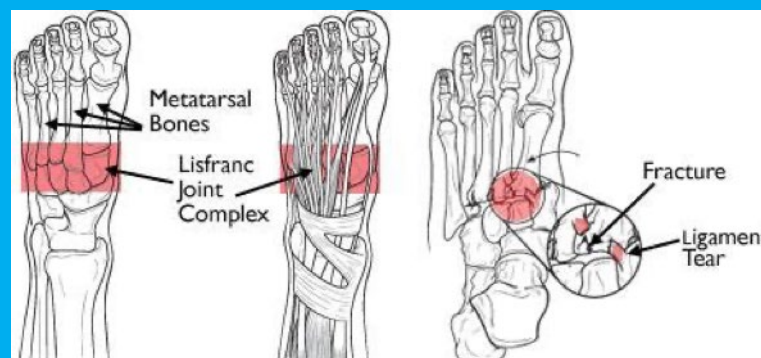
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Sports Medicine & Physiotherapy

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LISFRANC (MID-FOOT) INJURY

Lisfranc (midfoot) injuries result if bones in the midfoot are broken or ligaments that support the midfoot are torn. The severity of the injury can vary from simple to complex, involving many joints and bones in the midfoot.

A Lisfranc injury is often mistaken for a simple sprain, especially if the injury is a result of a straightforward twist and fall. However, injury to the Lisfranc joint is not a simple sprain that should be simply “walked off.” It is a severe injury that may take many months to heal and may require surgery to treat.



Causes

- Twist and fall
- Player landing on foot
- Fall from height

NONSURGICAL TREATMENT

If there are no fractures or dislocations in the joint and the ligaments are not completely torn, nonsurgical treatment may be all that is necessary for healing. A nonsurgical treatment plan includes wearing a non-weightbearing cast or boot for 6 weeks. You must be very strict about not putting weight on your injured foot during this period. This then progresses to a graded strength and rehabilitation program.

SURGICAL TREATMENT

Surgery is recommended for all injuries with a fracture in the joints of the midfoot or with abnormal positioning (subluxation) of the joints. The goal of surgical treatment is to realign the joints and return the broken (fractured) bone fragments to a normal position.



PHASE 1 – ACUTE POST-OPERATIVE (FIRST 8 WEEKS)

GOALS	PRECAUTIONS	RECOMMENDED PROGRAM	CRITERIA TO PROGRESS TO NEXT PHASE (TICK WHEN COMPLETE)
<ul style="list-style-type: none"> • Protect surgery site • Maintain mobility of surrounding joints • Control pain • Preserve thoracic function whilst using crutches 	<ul style="list-style-type: none"> • Non-weightbearing in boot for 4 weeks • Weight-bear as tolerated in boot from week 4-8 (begin to wean boot week 6) • Return to weight-bearing should be progressive 	<ol style="list-style-type: none"> 1. Pilates reformer program: Maintain core, upper body and other leg strength and control 2. Ice therapy for pain relief and swelling (GameReady in clinic) 3. Stretching program for surrounding joints (see videos) 4. Massage and manual therapy from physio to reduce muscular tightness and maintain mobility 	<input type="checkbox"/> Surgeon satisfied with progress

Please note that the below timeframes are a guide. Your surgeon or physio may request slight variations for optimum outcome.



PHASE 2 – STRENGTH PHASE (8-12 WEEKS)

GOALS	PRECAUTIONS	RECOMMENDED PROGRAM	CRITERIA TO PROGRESS TO NEXT PHASE (TICK WHEN COMPLETE)
<ul style="list-style-type: none"> • Range of motion • Early strengthening • Movement mechanics • Pain and swelling resolved 	<ul style="list-style-type: none"> • Out of boot by 8 weeks and into jogger with over the counter arch support 	<ol style="list-style-type: none"> 1. Strength program on Pilates reformer and home-based (see video's) 2. Stretching and mobility program: See video's 3. Walking and movement retraining Individualised program designed by your physio 4. Fitness: swimming, boxing, upper-body weight training, ski-ergometer 5. Ice therapy for pain relief and swelling (GameReady in clinic) 	<ul style="list-style-type: none"> <input type="checkbox"/> Normal gait (no limp) <input type="checkbox"/> Single leg calf raises <input type="checkbox"/> >75% range of motion (knee to wall test) <input type="checkbox"/> Target areas of weakness, technique error and poor mobility improving as determined by your physiotherapist

PHASE 3 – POWER PHASE (3 MONTHS – 6 MONTHS)

GOALS	PRECAUTIONS	RECOMMENDED PROGRAM	CRITERIA TO PROGRESS TO NEXT PHASE (TICK WHEN COMPLETE)
<ul style="list-style-type: none"> • Return to sport/activity • Restore full strength/power • Resolve all pain • Improve whole-body strength • Improve fitness • Prevent recurrence • Removal of temporary orthotic 	<p><i>Hardware removed any time after 4 months but no longer than 6 months</i></p> <p><i>Avoid any activities that cause pain levels greater than 2/10 (on a scale of 0=no-pain to 10=max-pain).</i></p> <p><i>Important note: Keep arch support for exercise and long-distance walking for first 12 months</i></p>	<ol style="list-style-type: none"> 1. Continue individualised strength and stretching program 2. Cardio fitness: cycling, swimming, boxing, cross-trainer (running when allowed). <p>Once hardware removed:</p> <ol style="list-style-type: none"> 3. Plyometric exercises: (See videos) Progress through levels: <ul style="list-style-type: none"> • L1: double leg (jumping) • L2: single leg (hopping) • L3: increase speed • L4: increase duration 4. Running rehabilitation as guided by your physiotherapist 5. Sports specific skill retraining 	<ul style="list-style-type: none"> <input type="checkbox"/> Surgeon clearance <input type="checkbox"/> Strength and power >95% of non-injured leg <input type="checkbox"/> No pain with daily activities, sports, during/after rehab exercises Full range of motion (knee to wall test) Pre-injury fitness/load restored (or enhanced) <input type="checkbox"/> Biomechanical errors resolved <input type="checkbox"/>



PHASE 1

REFORMER

- Single leg supine
- Seated arm work (or kneeling)
- Core: arms in straps, planking

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- Clams, theraband arms
- 4-pt kneeling
- Spine core work
- Mobility on roller/ball

PHASE 2

REFORMER

- Double leg supine
- Skater
- Scooter
- Squats
- Seated arm work (or kneeling)
- Core: arms in straps, planking

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- Squats
- Bridges
- Crab walks
- Balance
- Foot intrinsics
- Lunges
- Step ups
- Clams, theraband arms
- 4-pt kneeling
- Spine core work
- Mobility on roller/ball

PHASE 3

REFORMER

- Jumps
- Hops
- TRX jumps
- Bosu jumps
- Squats
- Kneeling arm work (or kneeling)
- Core: arms in straps, planking

HEP

- Squats
- Bridges
- Crab walks
- Balance
- Foot intrinsics
- Lunges
- Clams, theraband arms
- 4-pt kneeling
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