The Segond fracture is a type of avulsion fracture (soft tissue structures tearing off bits of their bony attachment) of the lateral tibial condyle of the knee, immediately beyond the surface which articulates with the femur.

Originally described by Dr. Paul Segond (French) in 1879 after a series of cadaveric experiments, the Segond fracture occurs in association with tears of the anterior cruciate ligament (ACL) (75–100%) and injury to the medial meniscus (66–75%), as well as injury to the structures behind the knee.

Segond fracture is typically the result of abnormal varus, or "bowing", stress to the knee, combined with internal rotation of the tibia.

As its name suggests, the reverse Segond fracture, as its name suggests, is caused by abnormal valgus, or "knock-knee", stress and external rotation.

A rare, mirror image of the Segond fracture has also been described. The so-called "reverse Segond fracture" can occur after an avulsion fracture of the tibial component of the medial collateral ligament (MCL) in association with posterior cruciate ligament (PCL) and medial meniscal tears.

Originally thought to be a result of avulsion of the medial third of the lateral collateral ligament, the Segond fracture has been shown by more recent research to relate also to the insertion of the iliotibial tract (ITT) and the anterior oblique band (AOB), a ligamentous attachment of the fibular collateral ligament (FCL), to the midportion of the lateral tibia.