

## Accessory Navicular Syndrome



### 1. What is an Accessory Navicular?

- The **navicular** is a bone on the inner side of the mid-foot.
- An **accessory navicular** is an extra piece of bone (a normal variant) present from birth.
- Many people have this extra bone and never get symptoms.
- **Accessory Navicular Syndrome** occurs when this extra bone becomes irritated or inflamed.

### 2. What Causes the Symptoms?

- Excessive or repetitive **pull from the posterior tibial tendon (PTT)**.
- Flat feet causing extra strain.
- Increased activity, especially running, jumping or long walks.
- Poor or tight footwear rubbing over the bony area.
- Sprain or trauma around the inner foot.

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### 3. Symptoms

You may notice:

- Pain and tenderness on the **inner side of the foot**, just above the arch.
- Swelling or a bony lump that becomes sore with pressure.
- Pain when standing for long periods, walking long distances or running.
- Difficulty with certain sports.
- Pain when wearing tight shoes.

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### 4. Diagnosis

A healthcare professional may:

- Examine the foot for tenderness and swelling.
- Assess foot posture (flat feet or over-pronation).
- Check strength of the posterior tibial tendon.
- Use X-ray or ultrasound if needed.

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### 5. Treatment Options

#### Self-Management

- **Rest / activity modification:** Reduce long walks, running or impact activity until pain settles.
- **Ice:** Apply for 15–20 minutes, 2–3 times per day for flare-ups.
- **Footwear:** Choose shoes with good arch support and wide, soft inner sides. Avoid narrow or hard shoes.

#### Orthotics

- Over-the-counter or custom **arch supports** can reduce strain on the posterior tibial tendon.
- Padding may reduce rubbing over the bony lump.

## Physiotherapy

A physio may provide:

- Strengthening exercises for the **posterior tibial tendon** and foot muscles.
- Stretching for calf/Achilles tightness.
- Gait/posture correction strategies.

## Medications

- Anti-inflammatory medication (e.g., ibuprofen) if suitable—follow medical advice.

## Immobilisation

- In more painful cases, a **walking boot** may be used for 2–4 weeks to calm inflammation.

## Shockwave Therapy

- Sometimes used for persistent tendon irritation (PTT-related).

## Injection

- A **steroid injection** around the irritated tissue may be considered if pain is persistent.

## Surgery

Rarely required. Options include:

- Removal of the accessory bone.
- Repair or tightening of the posterior tibial tendon if needed.  
Most patients recover within 6–12 weeks with conservative treatment.

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## 6. Exercises

### 1. Calf Stretch

- Stand facing a wall, one leg behind.
- Keep heel down; lean forward until stretch is felt.
- Hold 30 seconds – repeat 3 times.

## 2. Arch-Lifting Exercise

- While standing, raise the arch of your foot without curling your toes.
- Hold 5 seconds – repeat 10–15 times.

## 3. Resistance Band – Tibialis Posterior Strengthening

- Loop band around forefoot.
- Pull foot inward against resistance.
- 3 sets of 10 repetitions.

## 4. Heel Raises

- Stand holding onto a support.
- Rise onto your toes slowly; lower slowly.
- 3 sets of 10 (progress to single-leg).



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## 7. When to Seek Further Help

Contact your clinician if:

- Pain persists for more than 6–8 weeks despite treatment.
- You develop swelling, redness or worsening symptoms.
- Activities become increasingly difficult.
- Foot starts to roll in more (increased flatness).

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## **8. Prognosis**

- Most cases improve with correct footwear, orthotics and physiotherapy.
- Some people have occasional flare-ups with increased activity.
- Surgery is only needed in rare, resistant cases.