

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.

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).



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.