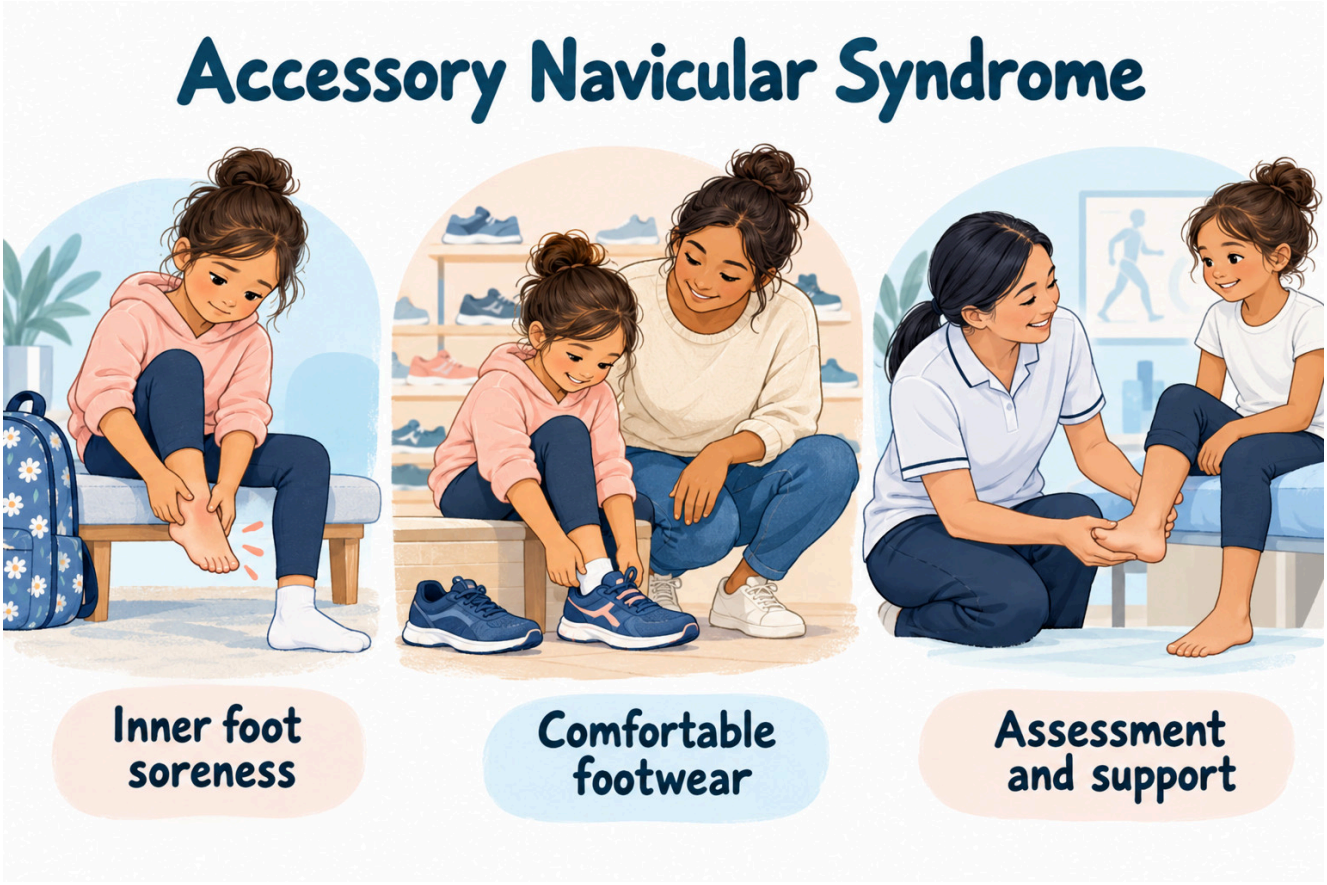
Accessory Navicular Syndrome

Information for children, parents and carers

Accessory Navicular Syndrome

A guide to symptoms, treatment and recovery



Understanding accessory navicular syndrome

An accessory navicular is an extra piece of bone on the inner side of the mid-foot, present from birth. Many people never have symptoms. The syndrome occurs when this area becomes irritated or inflamed.

Supporting your child

Most cases improve with comfortable supportive footwear, arch supports and physiotherapy. Reduce activities that provoke pain and follow a programme tailored to your child.

Symptoms and assessment

Understanding the cause and when to seek help

What can trigger symptoms?

Repetitive pull from the posterior tibial tendon, flat feet, increased running or jumping, long walks, tight footwear rubbing the bony area, or an injury around the inner foot.

Signs to look for

Pain and tenderness just above the inner arch; swelling or a bony lump sore with pressure; pain during prolonged standing, walking or running; difficulty with sport or tight shoes.

How is it assessed?

A clinician checks tenderness, swelling, foot posture and tendon strength. X-ray or ultrasound may be used if needed.

Reduce irritation

Choose shoes with good arch support and wide, soft inner sides. Padding or arch supports may reduce rubbing and tendon strain. Ask your clinician which options suit your child.

Recovery and flare-ups

The source leaflet describes improvement over 6-12 weeks with conservative care. Some children have flare-ups when activity increases; progress should be guided by symptoms and clinical review.

Key message

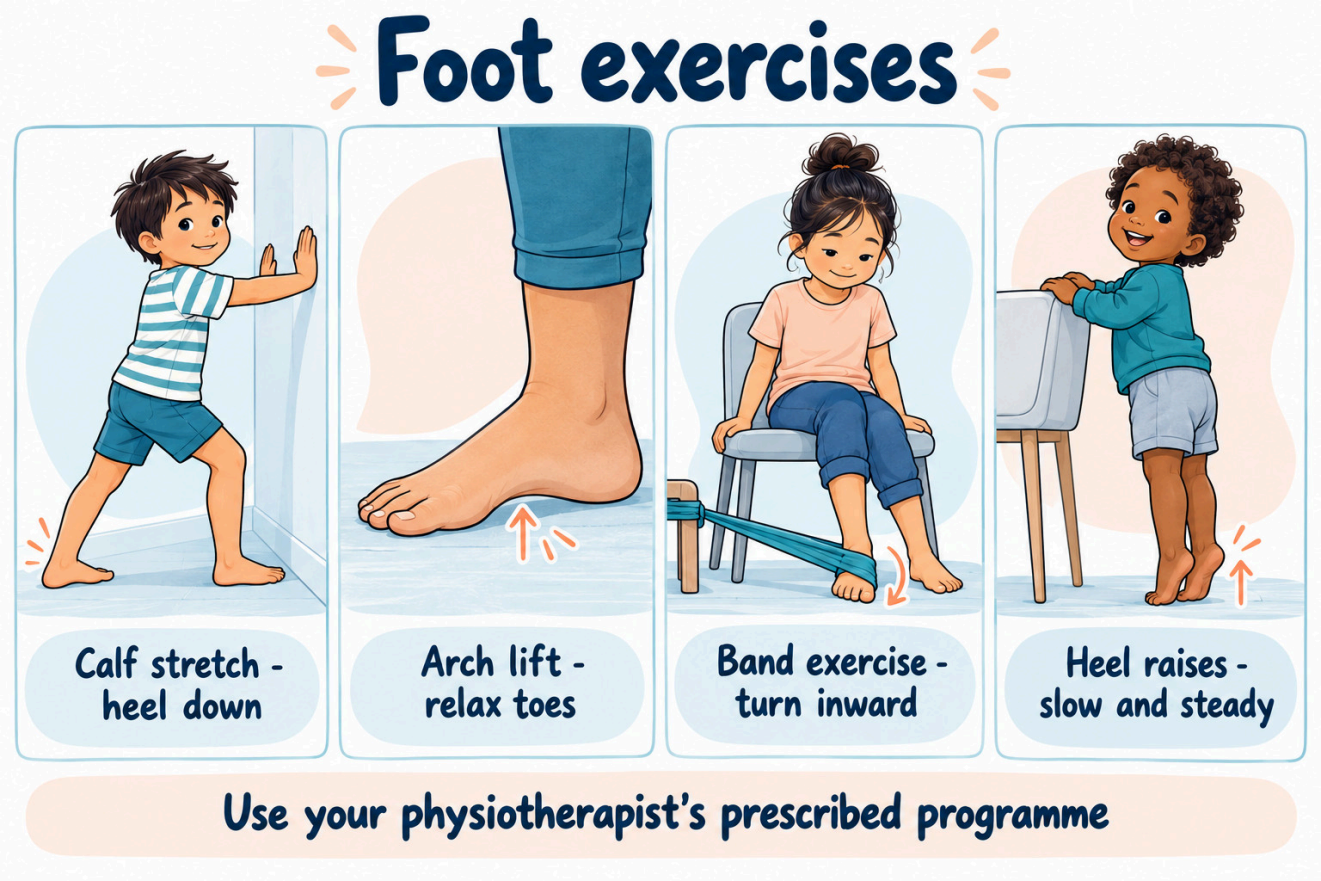
Most cases improve with comfortable supportive footwear, arch supports and physiotherapy. Reduce activities that provoke pain and follow a programme tailored to your child.

Exercises and rehabilitation

Activity guided by your child's healthcare team

Before starting activity

Use these exercises only if recommended for your child. Your physiotherapist should confirm technique, resistance and progression; keep movements comfortable.



Activity guidance

Calf stretch: heel down, hold 30 seconds; repeat 3 times.
Arch lift: keep toes relaxed; hold 5 seconds, repeat 10-15 times.
Band inward turn: prescribed resistance, 3 sets of 10.
Heel raises: supported, slow up and down, 3 sets of 10.

Important precautions

Stop if pain increases. Progress to single-leg heel raises only when advised. Seek review for worsening swelling or redness, greater foot flattening or increasing difficulty with activity.

Treatment and next steps

Caring for your child and finding support

Self-care and comfort

Reduce running, jumping and long walks until pain settles. Ask the team about a wrapped cold pack during flare-ups and suitable pain relief for your child. Avoid shoes that press on the lump.

Physiotherapy and support

Treatment may include calf flexibility, foot and posterior tibial tendon strengthening, and walking or posture advice. Arch supports and padding may help reduce strain and rubbing.

If symptoms persist

A clinician may prescribe a walking boot for a painful flare. Persistent symptoms need specialist review to discuss further options. Surgery is rarely required and may remove the extra bone or repair the tendon.

Questions or concerns?

Contact your clinician if pain persists beyond 6-8 weeks despite care, swelling or redness develops, symptoms worsen, activities become harder or the foot rolls inward more.

B-Well Physiotherapy Services

0300 303 4811

bwell.mskberkshire@nhs.net

www.bwellberkshire.co.uk