

FOOT

Painful accessory navicular

An extra bone near the inner arch: support, tendon assessment and options when pain persists.

Patient information, treatment choices, risks, recovery and a space to record your individual plan.

Understanding the condition

An accessory navicular is an extra bone beside the navicular on the inner side of the foot. Many people have no symptoms. Pain can occur at the prominence or where the tibialis posterior tendon attaches. Assessment checks footwear pressure, tendon function and foot alignment; X-rays usually show the bone.

Treatment options

Supportive footwear, insoles, activity changes, physiotherapy and suitable pain relief may help. A short period in a boot may be considered for a painful flare. Surgery is discussed only if symptoms remain troublesome despite appropriate conservative care.

What a procedure may involve

The painful accessory bone may be removed and the tendon repaired or reattached to the main navicular. A significant flatfoot deformity may require additional correction. Not every extra bone is the source of pain, so the diagnosis and proposed procedure should be clear.

Risks and benefits to discuss

The intended benefits are less pain and easier footwear. Risks include persistent arch pain, tendon weakness or failure, altered alignment, wound or nerve problems, infection, blood clots and further surgery. Additional bone correction brings its own healing risks.

Any operation also carries bleeding and anaesthetic risks. Occasionally, complex regional pain syndrome causes prolonged pain and sensitivity. Your health and the extent of surgery change your personal risk.

RECOVERY AND YOUR CONSULTATION

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Use this guidance to prepare your individual plan with the treating team.

Rehabilitation and aftercare

A tendon repair needs protection in a cast or boot. Keep wounds dry and follow your individual loading and movement limits; do not start strengthening simply because the skin has healed. Rehabilitation gradually restores walking, tendon strength and activity tolerance.

Expected outcomes and recovery

Conservative treatment can be effective. After surgery, swelling and tendon recovery may take months, and some discomfort can persist. Return to sport depends on healing and functional strength rather than the disappearance of the bony bump alone.

When to seek urgent help

Seek prompt advice for rapidly increasing pain, spreading redness, wound discharge, fever, new numbness or a cast or boot causing pressure. New calf pain or swelling needs urgent assessment. Chest pain or breathlessness needs emergency help: call 999.

Your consent discussion

Ask which treatment best addresses your symptoms, what alternatives are reasonable, what the main risks mean for you, and what recovery will involve at home and work. This guide supports that discussion; consent is completed with your treating team. Your individual written instructions take priority.

Sources and further reading

AAOS: Accessory navicular

<https://www.orthoinfo.org/diseases--conditions/ortho-pinion-accessory-navicular/>

Kent Community Health: Accessory navicular

<https://www.kentcht.nhs.uk/leaflet/accessory-navicular/>

CLINICIAN-COMPLETED WORKSHEET

Your consent discussion

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This blank worksheet is not an executed consent. Complete it after clinical assessment with the treating clinician. The hospital or clinic must also complete its required consent process before treatment.

Patient name / identifier, date of assessment and communication support needed

Diagnosis, affected side / site and the proposed procedure or treatment

Reasonable alternatives discussed, including the option of no treatment

Expected benefit for this patient, limits of treatment and uncertainties

Material risks and personal risk factors - record the risks that matter to this patient

Patient's priorities, questions, understanding and agreed decision / time to consider

Treating clinician name, role and signature / date

Patient / representative name, signature and date - acknowledgement of discussion only

A signature here records a discussion; it does not replace a completed treatment consent form. You may ask further questions or change your decision before treatment.

CLINICIAN-COMPLETED WORKSHEET

Your rehabilitation and aftercare plan

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Complete this plan after assessment. The advice must match your injury or operation, imaging, wound and medical history. Do not start limb loading, remove protection or change medicines using an uncompleted worksheet.

Limb loading / weight bearing, walking aids, sling / cast / boot / brace and protection

Wound / dressing care, bathing, elevation and swelling advice

Medicines, pain relief, clot prevention and any treatment-specific restrictions

Exercises, physiotherapy, range of movement and progression criteria

Work, driving, sport and daily activities - individual restrictions / review points

Review date, imaging / tests, named clinician and routine / out-of-hours contact details

Clinician completing this plan, signature / date and patient questions

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