

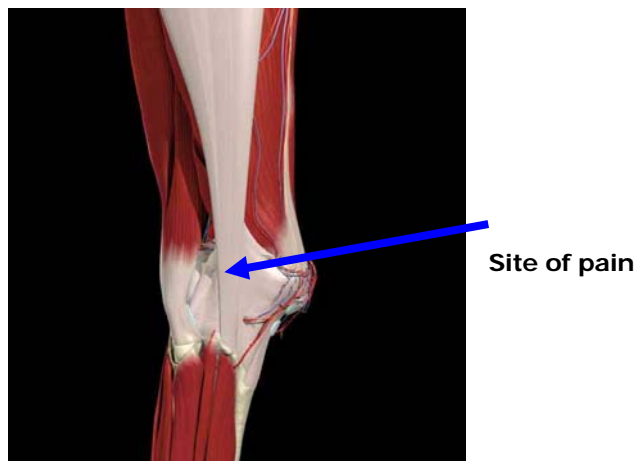
Iliotibial band friction syndrome (ITBFS)

What is the ITB?

- The iliotibial band (ITB) is a thick band of connective tissue that stretches from the outside of the pelvis down past the knee joint to the lateral tibial condyle (lower leg bone).
- There are two muscles which insert into the band, the Gluteus Maximus and Tensor Fascia Late
- The ITB is important in providing lateral stability to the knee.

What is ITBFS?

- ITBFS is classified as an overuse injury and is common in distance runners.
- During the running gait as the knee repetitively extends (straightens) and flexes (bends) the ITB can rub on the outside of the femur (thigh bone), this may cause repeated friction, thus causing inflammation of the band or underlying tissue.
- The width of the band varies considerably from individual and this may predispose some people to developing ITBFS.



Outside view of a right knee

What type of pain is it?

The symptoms may be described as a stinging or aching on the outside of the knee.

What causes ITBFS?

- There are many contributing factors which all subject the ITB to extra load and to developing ITBFS, the most common are;
- Training errors such as a sharp increase in training or training volume, insufficient recovery
- Abnormal biomechanics of the lower limb (hip, knee and foot)

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- Muscle imbalance particularly weak gluteal and quadriceps muscles
- Tight calves or hamstring muscles
- Poor functional core stability

What aggravates the pain?

- The pain will get worse as a run progresses and can persist sometime after completion of the run.
- Longer runs or those on uneven surfaces
- Down hill runs because the knee flexion angle in foot stance is reduced
- Faster runs tend to be better tolerated because at foot strike the knee is flexed beyond the angle where friction normally occurs.

How is ITBFS Diagnosed?

- A history indicating classic symptoms and a clinical examination provide the information to give a diagnosis. Imaging is rarely necessary.
- The clinical examination will include a lower limb biomechanical assessment to identify any risk factors which may have lead to the injury. This will include an examination of the pelvis, hip, knee and ankle and specifically how they function together in running and walking.
- There is a point of tenderness which may not be apparent in a resting position but when the ITB is put on stretch this will be painful.

ITBFS is not an easy condition to treat even if you have the best advice, so if you do think you may be suffering then it is best to seek expert advice straight away.

How is ITBFS managed?

- **It is essential to have an assessment by a sports physician or physiotherapist to ensure that management is tailored to your individual needs**
- Activity modification – avoid all pain-provoking activities and address any training errors
- Local treatment – dry needling, ice, anti-inflammatory gel
- Injection therapy – corticosteroid injection into the bursa between the ITB tendon and the underlying femoral condyle.
- Manual therapy – soft tissue release to ITB and associated muscles around the hip and knee
- Therapeutic exercise to address any muscle imbalance.
- Slow progression back to sport due to the overuse nature of this injury