

Iliotibial band friction syndrome

What is it?

The Iliotibial band (ITB) is a strong band of connective tissue which runs from the outside of the pelvis to the outside of the top of the tibia (shin bone). A friction syndrome occurs when there is excessive rubbing of the ITB as it passes over bone near the outside of the knee joint.

What are the symptoms?

Pain along the outside of the knee, often aggravated by activities that involved a lot of bending and straightening of the knee (e.g. running). Usually has a gradual onset that subsides with rest, but can progress quicker on future activity and take longer to subside.

What are the causes?

ITB friction syndrome is referred to as an "overuse condition", which means the tissues are overloaded beyond their tolerance levels and become damaged. The body reacts to this with an inflammatory process that is then felt as pain in the area. The typical cause of this overload is tightness through the ITB, however the contributing factors leading to the ITB becoming tight are important to consider in order to prevent reoccurrences.

What should I do?

An assessment with your physiotherapist is important to obtain the correct diagnosis and identify the causes and contributing factors. Often successful treatment of this condition requires a full biomechanical assessment of your running technique, treatment of the source, correction of biomechanical contributing factors and prescription of an exercise program.

What shouldn't I do?

Ignore the problem. If you continue to run and provoking ongoing pain it can lead to the pain becoming more severe and frequent. You may be further engraining poor movement patterns and leading into a chronic state.

Could there be any long term effects?

If left unmanaged and your knee continues to become aggravated it can lead to a chronic pain state.

Physiotherapy treatment and management

Most successful management consists of approaching the condition in a three phase break down. The acute phase will usually consist of activity modification, ice, non-steroidal anti-inflammatory drugs. This will then progress to the subacute phase which involves a stretching program (including ITB stretches) and manual myofascial release techniques to facilitate the release of any restrictions. In the final stage (recovery stage), there is a focus on exercises to improve hip muscle strength and integrate the correct movement patterns through easy running and sprinting drills, as well as correcting any other contributing biomechanical factors.

References:

Bruckner and Kahn (2011) Clinical Sports Medicine 3rd Ed, McGraw-Hill Professional, North Ryde NSW.