

Iliotibial Band (ITB) Friction Syndrome

Iliotibial band friction syndrome is an overuse injury that is most commonly seen in long distance runners, cyclists, hikers and sometimes weightlifters. The iliotibial band or ITB is a thick band of tissue called fascia, extending from the top of the hip bone down to a bony prominence on the outside of the knee. It's function is to provide stability to the knee and to assist in knee flexion.

What Causes ITB friction Syndrome?

Pain may arise from rubbing of the end of the ITB over the bony tissue on the outside of the knee or due to repetitive cycles of traction and compression of the tissue at the end of the band. In either case, the underlying cause for the irritation stems from overload and excessive tension in the ITB and surrounding tissue. This generally occurs as a result of poor biomechanics related to inadequate strength or function of the stabilising muscles at the hip. Structural factors such as bow legs or larger bony prominences under the band itself may compound the issue. Increasing training too quickly can lead to tissues not having adequate time to physiologically adapt to increased loads, resulting in tissue fatigue and potential degeneration. Worn out or poorly suited running shoes may also play a role.

What are the symptoms of ITB friction syndrome?

There are varying degrees of severity of ITB Friction Syndrome. The most common symptoms include:



- Sharp or burning pain just above the outer part of the knee
- Pain that worsens with continuance of running or other repetitive activities
- Swelling over the outside of the knee.
- Pain during early knee bending

Treatment

Treatment in the acute stages of the injury involves avoiding aggravating activities, and treating any inflammation using: ice

and anti inflammatory medication.

Your physiotherapist will assess the knee and generally use manual therapy techniques such as massage and stretching to decrease tension in the ITB. You will also be given a home program of self stretching. As there is usually a weakness or underlying biomechanical cause of the injury, it is important to implement a program of strengthening and movement correction exercises to address this. Advice on suitable footwear as well as the potential need for any orthotic devices is given at this point. The final stage of management is formulating and implementing a sensible graded program to safely get you back to sport.

