



ITB (Iliotibial Band) Syndrome

Many runners often complain of a sharp, burning pain on the outside of the knee or on the outside of the hip. This is a common problem for aggressive, high mileage runners, and other athletes such as tennis players and other court sports. The cause is generally a constant rubbing of the iliotibial band over parts of the body which generates friction and inflammation. The iliotibial band (ITB) is a thick fibrous continuation of the tensor fascia lata muscle of the hip which is responsible for the motion of kicking your leg out to the side. The ITB also helps to stabilize the pelvis and hip during running and acts as a support to the front and outside of the knee. When the friction occurs, it is often times referred to as ITB friction syndrome, or ITBS.

There are many factors that can cause the friction and pain experienced during activity. Some of the causes of ITBS are leg length differences, running on an uneven surface, foot anatomy, or training errors such as increasing speed or distance too quickly. This can cause fatigue and muscle imbalance. Other causes include muscle imbalances and anatomical discrepancies like being “Bow-legged” or having “knock-knees.”

People will complain of a “tight” feeling over the knee or hip. The sensation is a sharp, burning pain that is reproduced at a specific mileage or time. Occasionally the pain will travel along the entire path of the band. Crepitation or a crunching feeling, a snapping sensation, and swelling may be present in the affected areas. Acute management consists of rest from activity, ice and anti-inflammatory medication. Once these symptoms have decreased a complete stretching and strengthening program should be initiated along with the continuation of ice and medication. Friction massage and formal physical therapy training may be required to alleviate the soreness and tightness of the ITB. Then a gradual progression in speed and distance is the final step to return to full participation.

Highlights

1. Long structure important in running and knee stabilization.
2. Can be treated non-operatively with activity modification, ice, anti-inflammatory medication, and incorporating a complete stretching and strengthening protocol
3. Gradual progression is the key to full return

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