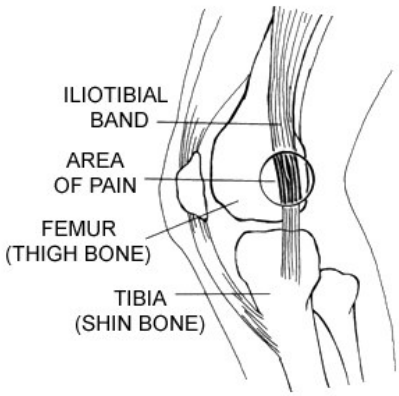
LAKESIDE
SPORTS MEDICINE CENTRE

ITB FRICTION SYNDROME:

WHAT IS IT? Iliotibial band (ITB) friction syndrome is a common cause of lateral knee pain, particularly among runners, and occasionally cyclists. It is the result of friction or impingement between the ITB and the underlying bony prominence on the distal femur (thigh bone). The ITB is a broad thickening of connective tissue, like a ligament, which spans from the outside of the hip to the outside of the lower leg just below the outside of the knee. It has extensive attachments into the muscles which underlie it, including the gluteals, TFL (anterior hip muscle) and lateral quadriceps.

WHY DOES IT OCCUR? Common predisposing factors include training errors: (1) too much downhill running or running on uneven camber or (2) a rapid increase in training load. Biomechanical abnormalities such as bowed legs, overpronation (flat feet), limb length discrepancy, and poor core stability or hip control can also lead to overload of the ITB. Myofascial restriction and muscular tightness, particularly in the hip flexors, the TFL and illiopsoas can also predispose the runner to this condition; these muscle are particularly prone to tightness in triathletes, as time on the bike spent with the hips working in a relatively flexed position will tighten and shorten these muscles.



HOW IS IT TREATED? If the catalyst for injury is training error, then this need to be identified, and training load and surface may need to be adjusted. If the cause if the injury is due to biomechanical factors, then these need to be addressed; foot, knee and hip biomechanics should be assessed for causative factors. ICE and anti-inflammatories may help to reduce the pain and inflammation. In worse cases a complete rest from running may be needed for a short period of time. Treatment with soft tissue massage to the ITB and surrounding muscles; quads, hip flexors, TFL, hamstrings and glutes will help to reduce the load through the ITB. It is also important to correct biomechanical abnormalities, such as weakness in the hip and core muscles, tightness and restriction in the lower limb muscles, and occasionally foot orthoses may be beneficial if foot biomechanics are contributing to the development of the condition. Stretching the hip flexors, quads, hamstrings and glutes may be beneficial, or using a foam roller on these areas daily to reduce adhesions and restriction. A gradual return to training load is also important to prevent recurrence of the injury.

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