Iliotibial Band Syndrome

Introduction

Physiotherapy in Waterdown and Flamborough for Knee

Welcome to Waterdown Physiotherapy's patient resource about Iliotibial Band Syndrome.

Iliotibial band (ITB) syndrome is an overuse problem that is often seen in bicyclists, runners, and long-distance walkers. It causes pain on the outside of the knee just above the joint. It rarely gets so bad that it requires surgery, but it can be very bothersome. The discomfort may keep athletes and other active people from participating in the activities they enjoy.

This article will help you understand:

- how ITB syndrome develops
- how the condition causes problems
- what treatment options are available

Anatomy

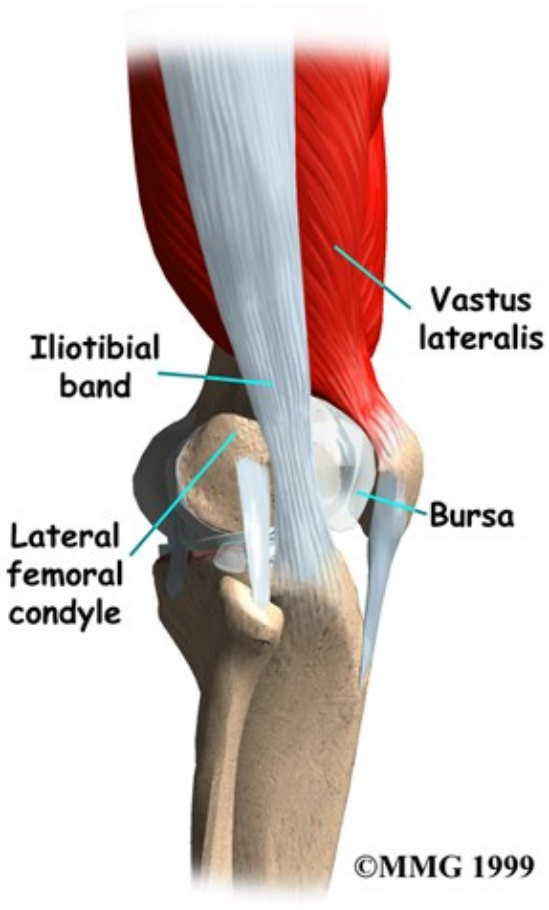
What is the ITB, and what does it do?

The ITB is actually a long *tendon*. (Tendons connect muscles to bone.) It attaches to a short muscle at the top of the pelvis called the *tensor fascia lata*. The ITB runs down the side of the thigh and connects to the

outside edge of the *tibia* (shinbone) just below the middle of the knee joint. You can feel the tendon on the outside of your thigh when you tighten your leg muscles. The ITB crosses over the side of the knee joint, giving added stability to the knee.

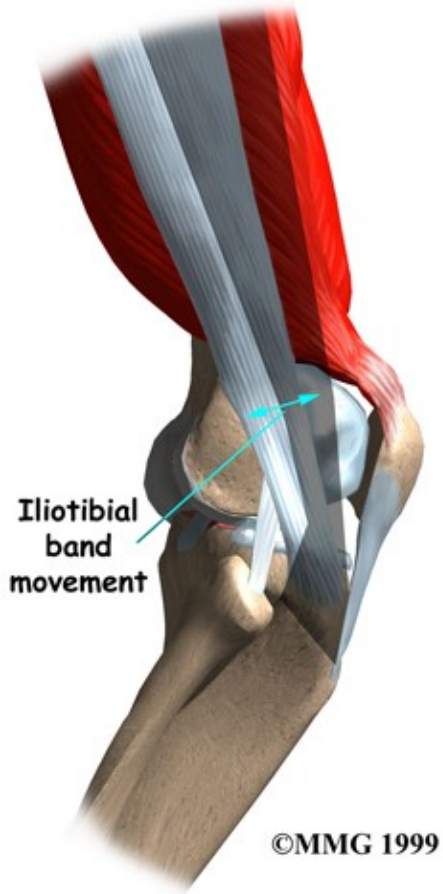
The lower end of the ITB passes over the outer edge of the lateral femoral condyle, the area where the lower part of the *femur* (thighbone) bulges out above the knee joint. When the knee is bent and straightened, the tendon glides across the edge of the femoral condyle.

Lateral Femoral Condyle



A *bursa* is a fluid-filled sac that cushions body tissues from friction. These sacs are present where muscles or tendons glide against one another. A bursa rests between the femoral condyle and the ITB.

Muscles or Tendons Glide



Normally, this bursa lets the tendon glide smoothly back and forth over the edge of the femoral condyle as the knee bends and straightens.

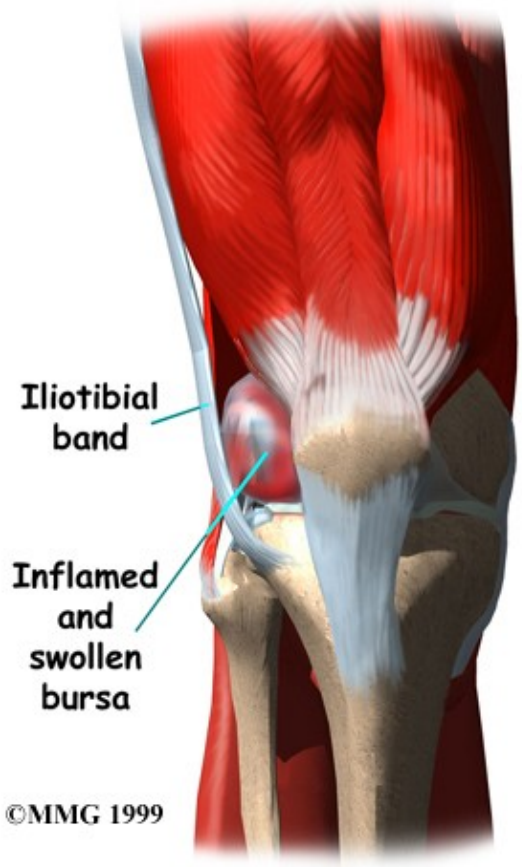
Related Document: Waterdown Physiotherapy's Guide to Knee Anatomy

Causes

How does ITB syndrome develop?

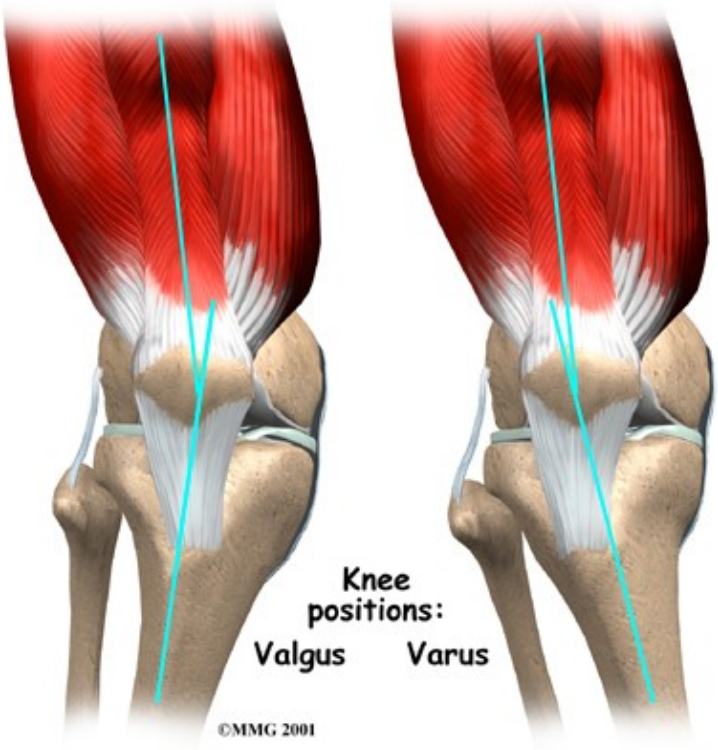
The ITB glides back and forth over the lateral femoral condyle as the knee bends and straightens. Normally, this isn't a problem. But the bursa between the lateral femoral condyle and the ITB can become irritated and inflamed if the ITB starts to snap over the condyle with repeated knee motions such as those from walking, running, or biking.

Irritated ITB



People often end up with ITB syndrome from overdoing their activity. They try to push themselves too far, too fast, and they end up running, walking, or biking more than their body can handle. The repeated strain causes the bursa on the side of the knee to become inflamed.

Some experts believe that the problem happens when the knee bows outward. This can happen in runners if their shoes are worn on the outside edge, or if they run on slanted terrain. Others feel that certain foot abnormalities, such as foot *pronation*, cause ITB syndrome. (Pronation of the foot occurs when the arch flattens.)



Recently, health experts have found that runners with a weakened or fatigued *gluteus medius* muscle in the hip are more likely to end up with ITB syndrome. This muscle controls outward movements of the hip. If the gluteus medius isn't doing its job, the thigh tends to turn inward. This makes the knee angle into a *knock-kneed* position. The ITB becomes tightened against the bursa on the side of the knee. This is also called a *valgus deformity* of the knee.

People with bowed legs may also be at risk of developing ITB syndrome. The outward angle of the bowed knee makes the lateral femoral condyle more prominent and can make the snapping worse. This condition is also called a *varus deformity* of the knee.

Symptoms

What does ITB syndrome feel like?

The symptons of ITB syndrome commonly begin with pain over the outside of the knee, just above the knee joint. Tenderness in this area is usually worse after activity. As the bursitis grows worse, pain may radiate up the side of the thigh and down the side of the leg. Patients sometimes report a snapping or popping sensation on the outside of the knee.

Diagnosis

The diagnosis of ITB syndrome can usually be made without any complicated tests. When you visit Waterdown Physiotherapy, our physiotherapist will take a history of the problem and ask about any other injuries that may have occurred in the past. Generally, no swelling is visible. The snapping sensation usually cannot be heard.

Pain on the outside of the knee can be caused from conditions other than ITB syndrome. Our physiotherapist will perform an examination of the knee and will look at your entire leg. You may want to bring the shoes that you use to run or walk with you to your appointment.

Some patients may be referred to a doctor for further diagnosis. Once your diagnostic examination is complete, the physiotherapists at Waterdown Physiotherapy have treatment options that will help speed your recovery, so that you can more quickly return to your active lifestyle.

Waterdown Physiotherapy provides services for physiotherapy in Waterdown and Flamborough.

Our Treatment

Non-surgical Rehabilitation

Most cases of ITB syndrome can be treated with simple measures. When you begin your physiotherapy at Waterdown Physiotherapy, we will first use heat, ice, and ultrasound to help calm pain and inflammation.

During our physiotherapy program the problems that are causing your symptoms will be evaluated and treated. Our physiotherapist may use stretching and strengthening exercises, in combination with a knee brace, kneecap taping, or shoe inserts to improve muscle balance and joint alignment of the hip and lower

limb. Your physiotherapist will probably ask you about your sport activities and may give you tips on your warm up and training schedule, footwear, and choices of terrain.

A key element of our treatment is examining your training schedule. Your physiotherapist can work with you to adjust the distance you run, your footwear, and the running surfaces you choose.

We may recommend foot orthotics to improve your foot and lower limb alignment. Wearing orthotics in your shoes may allow you to resume normal walking immediately, but you should probably cut back on more vigorous activities for several weeks to allow the inflammation and pain to subside.

Our physiotherapist will choose strengthening and stretching exercises to correct muscle imbalances, such as weakness in the gluteus medius muscle or tightness in the ITB.

Treatments such as ultrasound, friction massage, and ice may also be used to calm inflammation in the ITB. Our physiotherapy sessions sometimes include *iontophoresis*, in which our physiotherapist uses a mild electrical current to push anti-inflammatory medicine to the sore area. This treatment is especially helpful for patients who can't tolerate injections.

Although recovery time varies, if your treatment is nonsurgical, you should be able to return to normal activity within four to six weeks.

Post-surgical Rehabilitation

If you've undergone surgery, our physiotherapist will create a personalized plan for your rehabilitation. You will first have a period of rest, which may involve using crutches. Then we will start you on a careful and gradual exercise program.

At Waterdown Physiotherapy, our goal is to help you keep your pain under control, improve muscle and joint alignment, and return you to your sport or activity without additional problems. When your recovery is well under way, regular visits to our office will end. Although we will continue to be a resource, you will be in charge of doing your exercises as part of an ongoing home program.

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Surgery

Surgery is rarely needed to correct ITB problems. Surgery consists of removing the bursa and releasing, or lengthening, the ITB just enough so that the friction is reduced when the knee is bent and straightened.

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