

Iliotibial Band Syndrome is the last of the common running injuries from The Big 5. Its frequency has increased over the past few years. The Iliotibial Band is a thickening of the outer soft tissue that envelopes the leg, which is called the fascia. The muscles that insert into the upper portion of this band are the tensor fascia lata and a portion of the gluteus maximum. At the lower end of the band, it blends with the biceps femoris and the vastus lateralis (2 of the 3 muscles that make up the hamstrings).

By definition, Iliotibial Band Syndrome is when the outside of the knee, where the band becomes tendinious, gets inflamed and causes friction by rubbing against the femur (thigh bone) as it runs alongside the knee joint .

What does it feel like: Typically, a dull ache happens in the middle of a run, with pain remaining for the duration of the run. During flexion and extension of the knee, the iliotibial band rubs over the femoral condyle which leads to irritation. Later, there can be a sharp pain which prevents running. Also, running pain is worse when running downhill, running on cambered (curved roads) surfaces, and even during circular track running.

What causes it: Factors contributing to this syndrome are:

1. Genu varum (bow legs)
2. Overpronation of the foot (feet rotate too far inward)
3. Leg length discrepancy
4. Running on cambered/crowded surfaces, and on circular tracks
5. Overtraining
6. Muscle Imbalances

All of these factors are aggravated by a tight iliotibial band and weak hip abductors. Over the past few years, an association with weak gluteus medius muscles has been found in many runners with ITB syndrome. The function of the muscles inserting into the ITB (Tensor Fascia Lata) is to abduct the leg. If these muscles are weak, then the ITB is being overworked.

What to do: First, stop running, especially in the case of severe pain. Ice packs may help to reduce swelling. Also, If pain is mild, temporary decrease in training, avoid crowded surfaces or too much running around a track, shorten your stride, and wear motion control shoes to limit pronation. There are also several exercises that may help if a muscle imbalance does exist. Your Physical Therapist can assist in determining if such imbalances are present and which exercises need to be performed. You may also be a candidate for orthotics which your Physical Therapist can determine and custom make if needed.

If you are having similar symptoms from any of these running injuries, remember to consult your physician. Talk to him about Physical Therapy and how it can benefit you.

www.time-to-run.com/injuries/thebig5/index.htm

www.drpribut.com/sports/spknees.html

INSTITUTE

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