

PATIENT INFORMATION LEAFLET

Iliotibial Band Syndrome



Iliotibial Band Syndrome

The iliotibial band is a strong, thick piece of connective tissue that runs along the outside of the thigh from your pelvis down to the outside of your tibia (shinbone), just below the level of your knee. When you bend and straighten your knee, your iliotibial band moves over the outer part of your thigh bone where it meets your knee. Repeated irritation of the iliotibial band and surrounding tissues from friction against the outer part of your thigh bone can lead to inflammation and pain which is felt around the outer aspect of your knee. This is known as iliotibial band syndrome.

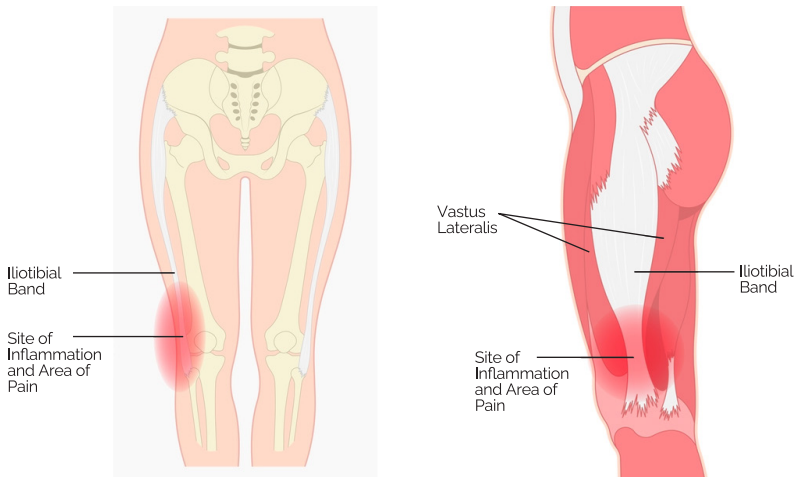


Figure 1

Illustration of a pelvis and thigh bones looking from in front (left) and side (right), demonstrating the iliotibial band and its relationship with the surrounding muscles and thigh bone.

Causes

This is an injury that most commonly affects runners, rowers and/or cyclists. As it is an overuse injury, you are more prone to getting iliotibial band syndrome the more you do over the course of a week. Possible contributory factors:

- Sudden increase in distance/frequency of runs or change in surface you run on.
- Deceleration related to downhill running or running on uneven terrain.
- Hip muscle weakness

- **Variations in anatomy** – abnormal alignment of your legs may increase the strain on your iliotibial band. Conditions such as knee osteoarthritis, bowed leggedness, an excessively rotated shin bone (internal tibial torsion) or foot (pronation) may lead to this.

Symptoms

You may experience the following:

- (Sharp) pain around the outside of your knee that may radiate up the outside of your thigh towards your hip.
- Clicking sensation around the outer side of your knee.
- May be worse with running downhill or cycling.
- Pain when you press over the outer side of your knee.

Diagnosis

The diagnosis of this condition is mainly a clinical one but you may be sent for investigations such as x-rays and/or scans of your knee to exclude other possible reasons for your pain.

Treatment

▫ Ice Packs

Apply over area of pain several times daily for a period of 15 minutes each time.

▫ Anti-inflammatory medication

If oral preparations do not help, consider topical formulations to rub onto the painful area. Anti-inflammatories may have adverse side-effects if you have certain medical conditions or take certain medications so please consult with your GP prior to commencing.

▫ Activity modification

Avoid aggravating activities (e.g. reduce frequency/duration of exercise, avoid downhill running or running on uneven surfaces). Other modifications that may help include replacing running shoes regularly as well as running in both directions if on a running track. Consider pre-exercise stretching routine and building activities up in a graduated fashion once pain is under control.

- **Posture**

Avoid leaning on one hip when standing but rather keep weight evenly spread through both feet.

- **Weight loss**

(if appropriate) to minimise stress on affected tissues.

- **Physiotherapy**

Aimed at hip rotator stretches, iliotibial band stretches, gluteal muscle strengthening. Please refer to the [American Association of Hip and Knee Surgeons \(AAHKS\) Home Exercise Programme](#)

- **Cortico-steroid injections**

This involves an injection of a powerful anti-inflammatory medication into the area of concern with or without ultrasound guidance.

Outcome

Over 90% of patients with iliotibial band syndrome recover with the above measures. Recovery time differs from patient to patient but it can take between 6 to 12 months of rehabilitation to make a return to decent levels of activities.



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