



A GUIDE TO: ILIOTIBIAL BAND SYNDROME 'ITBS'

This injury is the most common cause of knee pain for runners and is known as 'Runner's Knee'. ITBS is an overuse injury that can cause significant pain and will worsen unless it is dealt with. Luckily, self-help will go a long way towards getting you back on the road quickly.

WHAT EXACTLY IS THE ILIOTIBIAL BAND ('ITB')?

The ITB is not a muscle. It is a band of fascia extending from a muscle called the Tensor Fascia Latae ('TFL'), which abducts and inwardly rotates the hip. The ITB extends from the hip down to the outside of the top of the tibia (shin bone). The ITB's role is to remain almost rigid so that it provides stability of movement through the hip down to the knee.



When thinking about rehabilitation, it's important to remember that the ITB is not a muscle. Actions like using a foam roller or trying to stretch the band in any way may not prove effective at relieving pain.

CAUSES AND SYMPTOMS

CAUSES

There are two main theories as to what causes the pain. Historically the soreness has been seen as caused by friction generated as the ITB moves across the bone. However, the very taut nature of the band perhaps means this movement has been overstated.

SYMPTOMS

- Pain (usually sharp but can be dull) that starts shortly after beginning exercise and stops after you end your session
- Pain on outside of knee
- Pain on outside of hip (but not in all cases)
- Inflammation around the knee (but not in all cases)
- Pain that gets progressively worse each time you go for a run



SELF HELP

REST

This is an overuse injury and continuing to run when sore will just increase the pain and inflammation.

ICE THE AREA TO REDUCE SORENESS

To reduce soreness and swelling. Ice for 10 minutes, take a 10 minute break and repeat for an hour, several times a day. Ice must be wrapped in a tea towel or similar to avoid ice burns.

ANTI-INFLAMMATORIES

These can reduce swelling and help with pain (always read the label for guidance).

BUILDING STRENGTH

This is crucial. Strong, balanced muscle tone is the best defence against recurrence. Stretching may help with symptoms but weakness in key muscles will be best dealt with by strengthening exercises and some examples are shown on the next page.

CONTRIBUTORY FACTORS AND WHAT TO DO ABOUT THEM

BIG INCREASES IN YOUR RUNNING

ITBS is an overuse injury, so if you are asking your body to cope with sudden, large increases in training, you will increase your risk of getting ITBS. Don't increase the training demands on your body (frequency or duration) by more than 10% in one week even once recovered.

WEAK HIP ABDUCTION

This is potentially caused by a weak gluteus medius, or, less likely, a weak TFL. A lack of abduction will mean the leg is not taken away from the body as much as you would want, meaning the movement finishes with more inward rotation at the knee than desired. BMC can advise on an exercise programme that would suit your specific circumstances.

GENDER

Women are more likely to suffer ITBS as their wider hip angle increases inward rotation of the hip.

OVERPRONATION

This is where your foot rolls inward too much upon landing as you run. This increases the amount of inward rotation up through the shin and onward to the knee, increasing the stress placed on the ITB. BMC can suggest changes to running style and posture to help reduce the causes of overpronation.

WORN-OUT SHOES

Remember that running on roads will make the cushioning wear-out more quickly. Cushioning also wears-away even when the shoes are not used. As a general rule, if the shoes don't retain their shape if you flex the toe-box, it's probably time to replace them.

RUNNING DOWNHILL

This increases inward rotation of the thigh, thereby increasing the strain on the ITB in its role as a stabiliser. During your return to running, avoid hills initially.

CYCLING

This is often a suitable replacement exercise for injured runners looking to retain their fitness. Unfortunately, cycling also places a fair degree of strain on the ITB, so avoid long rides.

GET YOURSELF RUNNING AGAIN

MASSAGE

Massage is recommended alongside the stretching techniques, before strengthening work is started.

This massage does not have to be painful and it will help relieve pain and aid recovery.

TRAINING PLAN ADJUSTMENTS

BMC can look at your training plan and look to see where improvements can be made. If you don't have a plan, one could be created for you.

KENESIOLGY TAPING

BMC can show you how to apply tape. It is not a long-term fix to the problem, but most users experience reduced symptoms and it takes two minutes to apply it.



EXAMPLE EXERCISES

SIDE LEG LIFT

Keep yourself upright and make a slow, controlled movement. Use a resistance band to help build strength.



HIP EXTENSION (WITH BENT KNEE)

Start in the position shown below. The band should begin to feel taut at this point. Slowly push the foot towards the ceiling and then lower again slowly.



SINGLE LEG BRIDGE

Lying on the floor, keep one leg straight and pointing upwards at about 40 degrees. Push the foot into the floor to raise the other leg to form the bridge position. Use a resistance band to increase load.



TFL STRETCH

Sit with one knee bent and tucked strongly towards your body. The foot is tucked across the thigh of the other leg. Pull the raised knee across the body to feel a stretch on the outer thigh.



EXAMPLE EXERCISES CONTINUED

SIDE PLANK

Once into position it is crucial that you keep a straight line from your feet trough to your head. You will feel your hip muscles working to maintain this straight line.



CLAM SHELL

One leg directly over the other. Raise the upper leg as far as you can. You can use a resistance band to increase load.



SINGLE LEG SQUAT

With your rear foot flat and the rear leg slightly bent, keep the front leg straight out in front of you and bend your rear leg to lower yourself slowly into a squat.



LENGTHENING STRETCH

Cross the foot of the painful leg behind the other foot. Lean to one side to stretch the sore leg.



HIP DROP

Start with one leg hovering off the edge of a raised platform. Lower that leg as far as you can whilst keeping both knees straight.

