

ILIOTIBIAL BAND SYNDROME (ITBS) IN RUNNERS

Infographic 1 - Pain, pathology & presentation.

From the free video series with @tomgoom [clinicaledge.co/itb](https://www.clinicaledge.co/itb)



ITBS is the most common source of lateral knee pain in runners. It's often a sharp pain that starts at a predictable distance into their run, increases as they keep running and is worse running downhill.

1. WHAT HAPPENED TO ITB FRICTION SYNDROME? IS THERE ANY FRICTION?

ITBS is unlikely to be caused by friction, as there isn't a subtendinous bursa to get "frictioned". ITBS is more likely to be caused by compression of the innervated adipose tissue underlying the ITBS (Geisler and Lazenby, 2017).

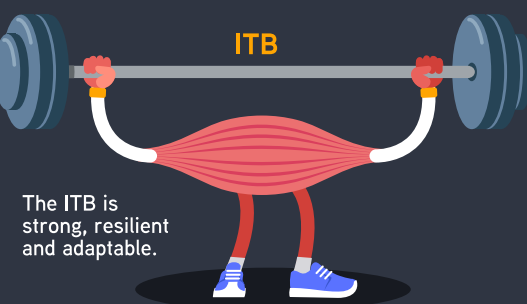
Repeatedly compressing this tissue with increased training load and stress on this region, can cause it to become sensitive, irritated and develop symptoms, like "pressing a bruise".

2. WHO DEVELOPS ITBS?

Runners, cyclist or rowers with sudden increases in:

- 👟 Training load - either a single long run or marked increase in weekly distance
- 👟 Hills (especially downhill), or
- 👟 Running on a camber.

ITB strain may increase when running fatigued, with increased hip adduction, contralateral pelvic drop or a narrow stride width.



The ITB is strong, resilient and adaptable.

3. SHOULD THE ITB BE STRETCHED AND MASSAGED?



No! The ITB is strong and can't be stretched. We also don't NEED to stretch it! Stretching and massage of the ITB is ineffective at decreasing symptoms, and more likely to make the problem worse (Geisler and Lazenby, 2017).



4. WHAT QUESTIONS ARE VITAL TO ASK RUNNERS WITH ITBS?

- 👟 What do you think is causing your pain? What will happen if you continue running? These questions help identify your patients beliefs eg "I think it's going to snap", so you can address these.
- 👟 How has your training changed prior to symptoms? Helps us establish a potential cause, and work out which parts of training may be provocative when they return to running, so we can avoid flaring up their symptoms.

IS MY ITB GOING TO SNAP?



5. EDUCATION - WHAT CAN YOU TELL YOUR PATIENTS?

- 👟 Avoid creating fear by telling patients "Stop running or it will damage your knee".
- 👟 Educate your patients that the ITB is strong, resilient and adaptable, and capable of adapting to gradually increasing load placed on it.
- 👟 Aim to find the level that patients can run without aggravating symptoms.
- 👟 Assess gait, training schedule, motor control, muscle strength, fatigue & recovery.

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