

ASK THE DOCTOR Iliotibial Band Syndrome (ITBS)

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Dear Doctor,

I am a recreational jogger who runs moderate distances (5 km) 3 times a week. Recently when I have been running I have been experiencing slight pain along the outside of my knee. A friend of mine told me that he too used to experience that pain, and a Doctor told him he had "I.T. Syndrome a.k.a. Runner's Knee". What is this and how do I treat it?

The iliotibial band (ITB) is a continuation of the tendinous portion of the tensor fascia lata muscle (attached indirectly to the gluteus medius, gluteus maximus and vastus lateralis muscles) down the lateral side of the thigh and inserting into the lateral border of the patella and the proximal tibia. It assists with thigh abduction and decelerates adduction. It may also act as a muscular stabilizer of the thigh.

Friction and inflammation can commonly occur in distance runners and cyclists when the ITB impinges (or rubs) against the lateral epicondyle of the femur during repetitive knee flexion and extension. Possible causes or contributing factors may include abrupt increases in mileage, track running, training on uneven surfaces, hip abductor weakness, and possibly biomechanical factors such as leg length differences or excessive foot pronation (flat-footedness). Patients often present complaining of sharp or burning lateral knee or hip pain that develops after a predictable time or distance. If ITBS progresses it can persist during walking, with stair climbing and even at rest.

Treatment consists of ensuring that the diagnosis is correct (there are many other causes of lateral knee pain) and attempting to identify causative or aggravating factors. Activity modification (substituting painless activities), ice, non-steroidal anti-inflammatory medications and steroid injections can help in the acute phase of treatment. Stretching and strengthening exercises are started next and are the mainstay of successful rehabilitation. Physiotherapy supervision and more comprehensive treatments are occasionally needed for resistant cases or in higher mileage, competitive athletes. Orthotics can correct leg length differences or biomechanical problems if these are significant. Timing of the return to running depends upon the severity and duration of symptoms and success of the treatments above. Surgery (partial release of the ITB) is an option of last resort used in only the most severe and refractory cases.

Stay loose, keep those abductors strong and don't let iliotibial band syndrome cramp your style.