ITB FRICTION SYNDROME

With repeated bending / straightening of the knee, the iliotibial band (ITB) rubs against the prominent bone on the outside of the femur (thigh bone) at the knee. This friction may develop into ITB tendonitis or inflammation of the bursa.

Generally it is caused by a history of 'overuse' as opposed to direct trauma, such as a fall or tackles in sport. A rapid increase in training, excessive downhill running or running on uneven surfaces can all predispose some athletes to developing ITBFS, due to the extra stress placed on the ITB. It is characterised by an 'ache' over the outside of the knee that with progression of the condition, can persist during exercise. It may even cause the athlete to stop exercising or 'limp' afterwards.

TREATMENT

Physiotherapy management involves reducing the 'load' on the ITB and then ensuring that all predisposing factors are managed accordingly. This may involve:

1. **Rest**: without rest the ITB will continue to be inflamed.
2. **Reduce Inflammation**: regular application of ice will provide pain relief. Anti-inflammatories prescribed from your doctor may also assist at this time.
3. **Massage**: plays an important part in allowing the band to stretch by ironing out any tight knots or lumps in the ITB.
4. **Increase Strength**: of quadriceps and pelvic muscle stabilisers (i.e. gluteal muscles of the buttock), to reduce the workload of the ITB.

5. **Stretching**: (hamstring , ITB, quadriceps, gluteals) can be started once the pain and inflammation has gone, and should continue long after training has resumed.
6. **Correction of biomechanics**: to ensure that the problem doesn't re-occur.