



Orthopaedic Surgery & Sports Medicine

Iliotibial band syndrome

Description

Iliotibial band syndrome (IT band) is one of the leading causes of lateral knee pain, especially in runners. The iliotibial band is a thickening of tissue on the outside of the thigh, extending from the hip, and inserts just below the knee. The band is crucial to stabilizing the knee during running and moves from behind the thigh bone to the front during knee motion. This causes continual rubbing of the band over the lateral aspect of the knee. Combined with the repeated flexion and extension of the knee during running, the area will become inflamed, or the band itself may become irritated.

Common signs and symptoms

- Pain, tenderness, swelling, warmth or redness over the IT band at the outer knee; may travel up and down the thigh or leg.
- Pain that is worse when running down hills or stairs, on banked tracks, or next to the curb on the street.
- Pain that is felt most when the foot of the affected side hits the ground.
- Cracking sound when the tendon is moved or touched.

Causes

- Repetitive knee-bending activities such as stair climbing or squatting
- Overuse injury
- Deceleration of running down hills

Risk of further injury

- Sports with repetitive knee-bending activities, such as distance running and cycling
- Bow legs
- Arthritis of the knee
- Inadequate warm-up before practice or play
- Incorrect training techniques, including sudden changes in the amount, frequency or intensity of the training, as well as inadequate rest between workouts
- Poor physical conditioning (strength and flexibility), as well as a tight IT band

Initial treatment:

Initial treatment consists of medications and ice to relieve pain; stretching and strengthening exercises of the knee and hip (especially the quadriceps muscles); rest; and modification of the activity that initially caused the problem. These can all be carried out at home for acute cases, although referral to a physical therapist or athletic trainer for further evaluation and treatment may be recommended. Any activity that requires repeated knee flexion and extension should be stopped. During treatment, the patient may swim to maintain cardiovascular fitness. Gradual return to activity is allowed after

symptoms are resolved.

Medication

Nonsteroidal anti-inflammatory medications, such as aspirin and ibuprofen (do not take within 7 days before surgery), or other minor pain relievers, such as acetaminophen, are often recommended. Take these as directed by your physician.

Contact your physician immediately if any bleeding, stomach upset, or signs of an allergic reaction occur. Topical ointments may be of benefit. Pain relievers may be prescribed as necessary by your physician. Use only as directed and only as much as you need.

Heat and cold

- Cold is used to relieve pain and reduce inflammation for acute and chronic cases. Cold should be applied for 10 to 15 minutes every 2 to 3 hours for inflammation and pain and immediately after any activity that aggravates your symptoms. Use ice packs or an ice massage. Cold should be applied for the first 72 hours after initial injury.
- Heat may be used before performing stretching and strengthening activities prescribed by your physician, physical therapist, or athletic trainer. Use a heat pack or a warm soak. **Do not use** heat if inflammation (swelling) is present.

Please call **859-323-5533** with questions or for more information.