



# KNEE PAIN – IT COULD BE YOUR ILIOTIBIAL BAND

Dr Andy Franklyn-Miller, Director of Rehabilitation & Research at Sports Surgery Clinic presents his findings from his original research into the cause and treatment of Iliotibial Band Syndrome

**ILIOTIBIAL band syndrome (ITBS) is the most common cause of lateral knee pain in runners, occurring with a reported incidence as high as 12% in runners and resulting in many people stopping, or certainly interrupting their training.**

It presents as pain around the outside of the knee and it was thought to be due to the 'band' flicking over the lateral part of the femur (thigh bone).

Often worse when the knee is flexed and extending, it can cause problems driving and climbing stairs. Usually the knee does not swell and certainly does not give way, or lock in position. Pain can be worse after a run, or it can stop you mid-run.

## SO, THE ANATOMY IS SIMPLE?

Well, actually no. There is no 'band' and it is fixed the whole length of the femur, so you certainly cannot stretch it, or needle, or foam roller it.

It is actually a thickening of the fascia – the cling film over the muscle of the leg and tension is applied from a small muscle at the top of the hip 'Tensae Fascia Latae' - which, if it does too much work because the gluts aren't doing their job properly - can cause pain at the knee by irritating the fat pad which sits underneath the fascia between the bone. There is no bursae there either!

## WHAT CAUSES IT?

Many reasons: increase in mileage, more hill work, more speed work and a change in stride length or just fatigue.

Your physio, therapist, or

doctor will likely lie you on your side and let your leg drop behind you with a flexed knee to find the sore spot. We usually inject some local anaesthetic into the fat pad to confirm it before looking at your running style.

## WHAT WON'T FIX IT?

Well, no amount of needling the length of the fascia, orthotics or foam rolling up and down the leg will make much of a difference and certainly not changing your runners!

But you can deep tissue massage the gluts, get stronger in a single leg landing jump and change your running kinematics.

We often see ( Fig2) a lack of glut control in the stance phase, causing the hip to drop and the leg to rotate, combined with too long a ground contact time and a lot of knee flexion. Cross over gait is also common, like running as a catwalk model.

## SO WHAT SHOULD YOU DO?

- Good Hip extension and landing drills in the gym.
- Stiffer running gait (less knee flexion), and reduce the time on the ground... think about running like a piston.
- Deep tissue massage/sliotar to the TFL

The authors from the Sports Surgery Clinic carried out original research into the function and management of ITB at the University of Melbourne, published in *Scandinavian Journal of Medicine and Science in Sports 2009*: 'Iliotibial band syndrome: an examination of the evidence behind a number of treatment options'.

