

INJURY OF THE MONTH: ILIOTIBIAL BAND SYNDROME

“My knee hurts, along the outside. It’s okay when I wake up, but then it starts to hurt again after I’ve run a couple miles.” I touch a spot on the outside of her knee; “Yeah, right there!” Then I dig in a bit at the side of her hip. “Ouch!” The space between those two spots is the location of the iliotibial band (ITB). This long band of fascia (connective tissue) acts as a tendon, connecting muscle to bone. The ITB connects the tensor fascia latae (order a new one at Starbucks) and part of gluteus maximus to the tibia (shin bone). This muscle group flexes the hip and provides support for the knee, therefore becoming overworked from that forward stride, again and again and again. An increase in your running distance may contribute. If you sit all day, you’re compounding the problem because sitting is also an “activity” of hip flexion. When only one side is sore, think of imbalances: running one way only around the track, running on the sloping shoulder of the road. Perhaps at fault is a “longer leg” from a “high” hip or a tight hamstring or a tight calf that doesn’t allow for the heel to hit the ground, or pronation (flat feet). Look at your posture; a “sway back” (anterior pelvic tilt) can also contribute to ITB syndrome.

Why is your knee sore and what can you do about it? When the muscles are tight, they pull on the tendon which also shortens and tightens. The ITB may become inflamed and thickened with adhesions, the scar tissue. This tight ITB then rubs over the side of the knee, possibly pulling the kneecap to the side so it doesn’t track properly.

To test for ITB syndrome, stand with the outside of your injured leg against a wall. Keeping that heel in place, lift the toes on that foot and push the side of the front of that foot into the wall, hard. Feel the same pain?

Professional and home care? I recommend sports massage to both soften and work out the adhesions of the tensor fascia latae and the ITB. The therapist should also address the hamstrings, quads, calves and glutes as they may all be involved as I mentioned above. The therapist should then recommend homecare so you may continue to soften and lengthen the tight and adherent muscles. You can use a massage device like “The Stick”, try skin rolling where you ply away the skin from the underlying tissue, and use cross fiber friction to address the adhesions. Ice the area at the knee and anywhere else you’ve done this work. Try this stretch: Lie on the bed on the unaffected side with the lower part of the affected leg off the edge. Extend that leg like someone is pulling you off the bed while you rotate your knee (keep it straight) up toward the ceiling. Then try to relax into that stretch. When the pain has resolved you can strengthen those muscles by again lying on the unaffected side with your knees slightly bent. Slowly raise and lower your leg about a foot. To make it harder, resist the movement with your hand or a weight on the leg you are lifting. Build from 2 sets of 10 reps.

If the pain isn’t severe, continue running, but avoid hills and uneven or sloping terrain. I recommend that you minimize your distance until the pain is resolved. If you sit at work, get up as often as you can. Sleep on the unaffected side with a pillow under the affected knee. Massage, stretch, then ice. Check your posture and your running biomechanics.

If the pain is severe, or doesn’t easily resolve, see your sports physician. S/he may prescribe anti-inflammatories, a corticosteroid injection, physical therapy.

Stay on the roads.

Bobbi Kisebach, licensed massage therapist

My training as a therapeutic massage therapist includes ongoing study in anatomy and physiology, pathology and clinical practice.

Please send me feedback on this series. Do you want more info than I offered? Do you want more case history? Less? Do you have an injury you’re curious about? Let me know at BobbiVT2PA@aol.com