Airedale & Bradford MSK

NHS

PATIENT INFORMATION LEAFLET

Iliotibial Band Syndrome

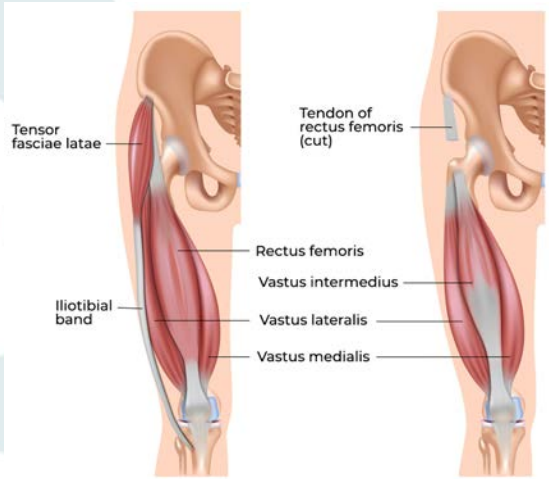
Airedale NHS Foundation Trust
Bradford Teaching Hospitals NHS Foundation Trust
Bradford District and Craven Clinical Commissioning Group

Introduction

The Iliotibial band (ITB) is a band of connective tissue that runs down the outer part of the knee. Iliotibial band syndrome (ITBS) is a common knee injury that normally results in pain and tenderness over the lateral aspect (outer side) of the knee.

Pain arising from ITBS is usually the result of overuse. Pain is commonly the result of sensitisation of the structures of the lateral knee such as the Iliotibial band and Iliotibial bursa. Sensitisation may occur as a result of repeated pressure and an associated inflammatory response.

In some instances, pain may develop after a trauma. Large tears/damage to these structures are rare however in cases where significant trauma has occurred imaging maybe appropriate.



Causes of Iliotibial Band Syndrome

Pain is most commonly the result of overuse/sudden increase in training load which results in repeated friction to the lateral aspect of the knee. This repeated friction can result in some of the soft tissues in this area becoming sensitised. Often this can be successfully managed with conservative treatment with no long-term implications.

ITBS predominantly occurs between the age of 15-50. It is more common in physically active individuals - primarily endurance exercises such as runners and cyclists. 7-14% of runners develop ITB syndrome.

Symptoms of Iliotibial Band Syndrome

Common symptoms include:

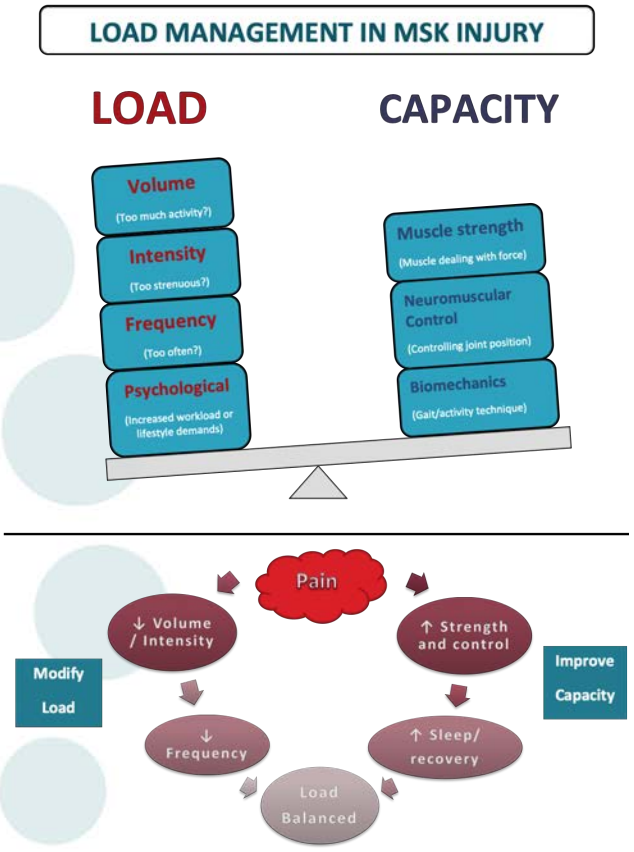
- Lateral knee pain after an increase in training/activity
- Pain that starts around the same distance or duration of an activity
- Pain gets worse with activity

Diagnosis of Iliotibial Band Syndrome

Diagnosis can be made from clinical assessment. Imaging is not particularly useful to guide management but a specialist clinician may request a scan if symptoms do not improve with appropriate treatment.

Self Management of Iliotibial Band Syndrome

Managing training load
This is key to prevent recurrent aggravation of symptoms.



Weight Loss
If you are overweight you are putting extra load through your hip. This will be contributing to your arthritis. Therefore, losing weight will improve your symptoms.

For more information on weight loss, please look at the following links;

- https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/
- https://www.nhs.uk/live-well/healthy-weight/start-the-nhs-weight-loss-plan/

Ice
Place an ice pack over the area of discomfort. Place a material between your skin and the cold object. Use this for no more than 20 minutes consecutively.

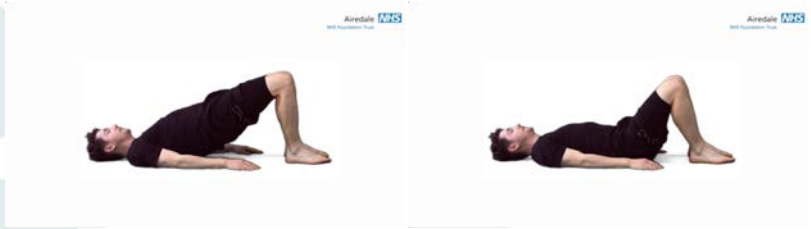
Anti-inflammatory tables or gels
If you are unsure about taking anti-inflammatories please speak to your pharmacist or GP.

Footwear
Cushioned and comfortable footwear will likely reduce impact and relieve symptoms

Taping
There are various taping methods which may offer some symptom relief

Exercises for Iliotibial Band Syndrome

Exercise 1: Bridge



- Lie face up on the floor, with your knees bent and feet flat on the ground. Keep your arms at your side with your palms down.
- Lift your hips off the ground until your knees, hips and shoulders form a straight line. Squeeze your buttocks.
- Hold your bridged position for a couple of seconds before easing back down.

Exercise 2: Hip Abduction in standing

- Stand sideways
- Make sure you are supported
- Keep your knee straight
- Take your leg out to the side. Repeat

Exercise 3: Side Plank

- Lie on the floor, on your side.
- Support your body weight on your elbow, which should be directly under your shoulder. Straighten your body and legs.
- Your feet should be together, and your hips should be resting on the floor.
- Place your top hand on your top hip.
- Slowly lift your hips off the floor then lower back down.

Exercise 4: Side Plank with Leg Lift

- Lie on the floor, on your side, support your body weight on your elbow.
- Your elbow should be directly under your shoulder. Straighten your body and legs.
- Your feet should be together, and your bottom hip should be resting on the floor.
- Place your upper hand on your top hip.
- Slowly lift your hips off the floor and raise your top leg so that your legs are spread apart.
- Slowly bring your feet back together. Repeat.

Exercise 5: Chair Squat

- Stand in front of chair of an appropriate height (a lower chair increases the difficulty and a higher chair is less difficult).
- With your feet about shoulder width apart, sit with your hips back as if to sit into a chair whilst raising your arms front of you.
- Touch the chair with your bottom and then return to standing whilst lowering your arms.

Exercise 6: Single Leg Mini Squat

- Stand on one leg with the other leg stretched out in front of you.
- Your heel should be slightly off the ground.
- Slowly bend the knee going into a single leg squat position.
- ALL of your weight should be on this leg.
- Return to the starting position.

What next?

If you are still experiencing symptoms despite following the above advice, it is important you seek advice from your GP. Your GP may decide to refer you to the musculoskeletal clinic or to a physiotherapist.