



[◀ Back](#)

The iliotibial band (ITB) is a fibrous tissue running from the hip to the outside of the knee. With repetitive bending of the knee, friction can build up between the ITB and the bony prominence of the knee. Constant irritation to this area causes pain on the outside of the knee called iliotibial band friction syndrome (ITBFS).

ITBFS is common in runners, and cyclists. In runners, the irritation is often caused by uphill or downhill running or by running on a road with a pitch. In cyclists, the condition is often caused by the position of the feet in the pedals, the height of the seat, and/or the repetitive motion of the knee while cycling. In the general population, ITBFS can be caused by flat feet, feet with high arches, a short leg, being knock kneed, gait abnormalities, stair climbing or tight muscles such as the hamstrings, quadriceps, tensor fasciae latae or calf muscles.

Diagnosis of ITBFS is usually based on the patient's history and examination. X-rays and MRI studies usually do not provide much benefit. ITBFS typically responds to conservative treatment within 6-8 weeks. If the patient fails to progress under conservative treatment, surgical release of some of the fibers of the ITB is a last resort and can help relieve the pain.

Conservative treatment for ITBFS is varied based on the patient's clinical presentation. For individuals with a short leg, a heel wedge can correct the leg length discrepancy and alleviate the symptoms. Patients with flat feet, a high arch or knock knees should be fitted with a pair of orthotics to correct the bony alignment of the feet and knees. Muscles from the feet to the low back should be assessed to determine which muscles should be manually treated with Active Release Techniques to breakdown any scar tissue caused by the repetitive friction of running and cycling. Chiropractic manipulation to the joints of the foot, ankle, knee, hip and or low back makes sure that these joints are functioning appropriately. Ice and medication can help reduce the inflammation caused by the friction between the ITB and the bony prominence of the knee. Runners may need to decrease their mileage or discontinue running until the pain and inflammation are under control. Off road running, running on flat surfaces and using softer running shoes can be highly

effective in reducing the knee pain. For cyclists, lowering the seat decreases the friction caused by the ITB constantly rubbing against the bone. Changing the position of the cleats in the pedals from a position in which the toes are rotated in to one in which the toes are rotated out can be very helpful in reducing the friction in the knee. For those individuals who do not completely improve through these conservative measures, a cortisone injection can decrease the inflammation in the knee and aid the rehabilitation program.

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