From ‘Jogger’s heel’ to ‘runner’s knee’, let’s go through what are the causes, symptoms, diagnosis and treatment of Iliotibial band syndrome.

Iliotibial band syndrome is an overuse injury mainly affecting runners, though it also occurs in skiers, weightlifters, soccer players and cyclists. The iliotibial band (ITB) is a fibrous band attached from the outer aspect of your knee to the pelvic crest.

Causes:

Friction between the iliotibial band and the outer part of the femur bone called the lateral epicondyle due to:

* Excessive mileage
* Running on crowned roads
* Having leg length discrepancy
* Sudden increase in mileage
* Outward bowing at the knee, lower leg is angled inward
* Positional deformity of the foot
* Naturally tight or wide ITB
* Weak hip muscles (Gluteus Medius)

The main symptom is outer knee sharp burning pain during exercise particularly running downhill, will come on gradually over time and getting progressively worse. The pain may resolve after a period of rest but will return when one starts running again. If you have persisting pain, strongly advice you to attend your GP as there are other causes of knee pain.

Diagnosis is simply by physical examination and history taking. Pain is particularly severe when pressed at the lateral aspect of the knee at 30 degrees flexed (bend). The key of recovery is to rest, cooling of the inflamed area with ice pack and physical therapy including stretching. Other treatments are steroid injections, medications and surgery after unsuccessful non surgical interventions mentioned above.

Prevention from developing ITB syndrome:

* Train on level ground daily
* Monitoring of training regimes for recurrence of symptoms, while gradually increasing their distance and frequency of raining/ training
* Avoid cross training activities (track running, swimming, hill running, cycling and swimming) due to repetitive knee flexion
* Orthotics when having leg discrepancy