IT Band Syndrome

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ABSTRACT

CLINICAL PRESENTATION & EXAM: During the taking of the patient history, the patient is usually unable to identify an obvious traumatic event. Lateral knee pain will have developed insidiously, and the athlete will typically complain of a sharp or burning pain approximately 2 to 3 cm (0.8 to 1.2 inches) proximal to the joint line that develops after a certain period of time or distance during a run or workout. Runners often specifically notice a worsening of the condition associated with running downhill. As the condition progresses, pain can develop earlier during a workout or may even occur during walking, particularly down stairs. Ober's test is used in physical examination to identify tightness of the iliotibial band. Another test to perform would be the Noble Compression Test. **ANATOMY & PATHOLOGY:** The iliotibial band (ITB or IT band) is a tough, fibrous band of deep fascia (tissue that sheathes muscles and muscle groups) that is extremely strong and thick. It extends from the curve in the upper border of the ilium (the iliac crest) to the top of the tibia, the patella (kneecap), and the biceps femoris tendon (at the back of the thigh). The ITB, therefore, crosses two joints, the hip and the knee, and can be involved in pathology in both areas (e.g., the ITB is implicated in the development of some forms of "snapping hip" and in trochanteric bursitis). **DIAGNOSTIC TESTING & CONSIDERATIONS:** Plain X-ray films and MRI are occasionally necessary to evaluate other possible diagnoses. For ITBS itself, plain films would be expected to be negative, and MRI can show inflammatory changes in the area where the ITB crosses the lateral femoral epicondyle. **TREATMENT & RETURN TO ACTIVITY:** Conservative treatment for ITBS is usually successful, though the condition can recur, and patient compliance is crucial to success. The condition usually improves when the activity that provokes pain is avoided. Inflammation may be controlled with therapeutic dosages of nonsteroidal anti-inflammatory drugs and frequent icing. Occasionally, targeted steroid injections into the area of maximal pain are used. Physical therapy is routinely prescribed for ITBS.