

Ilio-Tibial Band Friction Syndrome

Pathology: Ilio Tibial Band (ITB) attaches at the greater trochanter and lateral condyle of the femur. From over use or postural distortions the band will friction over the attachments causing pain at either or both local points of attachments.

History: Tensor Fascia Latae and Gluteus Maximus join over the greater tochanter and insert into the ITB crossing over the knee and attaching at the lateral condyle. It stabilizes the muscles assisting in abduction, medial rotation, flexion of femur at the hip and extension of the knee. Postural distortions such as fallen arches, flat feet, and exaggerated Q-angle (woman>men) can contribute to ITB syndrome as well as speed walking and running.

Assessment: Ober's Test- during passive hip extension and adduction the client's thigh should drop and be pliable and flexible. If it is tight it will not adduct. Noble's Test- during passive knee flexion at 30 degrees the client will experience pain at the lateral condyle of the femur while the therapist applies a little friction at the local point.

Bolstering/Comfort: Ensure that all muscles are relaxed during treatment

Heat/Cold Therapy: Heat up the band to promote pliability. Ice the bony prominences of the greater trochanter and the lateral condyle of the femur.

General Massage:	Massage all muscles of the hip and thigh to warm the area (effleurage, petrissage.)
Specific Massage:	Myofascia strokes, striping, broadening, forearm, thumb, knuckle, Z stroke, cross fiber.
Evaluate/ Treat TrPs:	Eliminate trigger points in Tensor Fasciae Latae and Gluteus maximus.
Stretching Exercises/ROM:	Stretch abductors that pull adductors; glut.medius/minimus
Strengthening:	Strengthen gluts/TFL and medial thigh adductors
Stress Reduction:	Stop offending activity. As Needed
Patient Education:	Self-treatment including heat/ice and friction massage use foam roller to lengthen fascia tissue.
Ergonomic Factors:	Check feet for fallen arches and wear proper shoes/inserts.