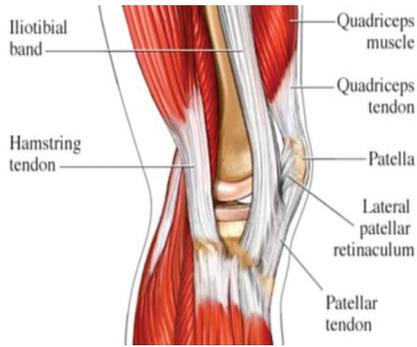




McFarland Clinic

IT BAND SYNDROME



WHAT YOU MAY EXPERIENCE

- Pain experienced on the lateral (outer) side of the knee
- Pain sometimes experienced in lateral thigh or lateral hip
- The degree of discomfort can range from a dull aching to a sharp stabbing pain
- The pain is usually not localized but covers a larger area

POSSIBLE SOURCES

ILIOTIBIAL BAND

A thickening of the fascia that runs up the outside (lateral) thigh. Connects to 2 muscles at the hip (Gluteus Maximus and Tensor Fasciae Latea) and then down below the outside of the knee to the tibia (shin bone). The primary function is to provide stability to the lateral knee while standing. It helps to maintain hip extension in standing and hip/knee flexion in running and walking. The IT-Band moved forward at the knee as the knee extends and slides backward at the knee as the knee flexes, but is tense in both positions

ILIOTIBIAL BAND FRICTION SYNDROME

Inflammation where the band/tendon/fascia rubs across the distal lateral femur (outside, of bottom end, of thigh bone). Can be inflammation of the band/tendon, bursa under the tendon, or the periosteum (covering over bone) of femur.

EXCESSIVE PRONATION

Pronation is a normal movement of the foot that allows the arch to flatten to a degree, which helps the body to absorb shock and adapt to different ground surfaces. In analyzing ones gait, first contact is on the heel and outside of the foot, followed by a shift of body weight forward, toward the arch and toes. If the foot is weak or tired and/or the footwear is not supportive, then the arch can flatten more than normal, which is excessive pronation. Flattening of the arch (excessive pronation) increase stresses on the foot, which can further contribute to ankle, knee, hip and low back problems (a chain reaction). This repetitive, excessive pronation is the main contributor to many lower extremities, overuse injuries.

CONTRIBUTING FACTORS

- With increasing age, often there is decreasing flexibility
- Any sudden change in activity, specifically, activities that increase weight bearing or pressure on the foot
- Changes in training-downhill running, running on banked surfaces, increasing training too quickly
- Anatomical abnormalities-leg length discrepancies, bow leg, and laxity of lateral knee ligament stability
- Underlying faulty pelvic mechanics

QUICK FIX

The 3 S's- **Stretching, Strengthening, and Supporting**, along with ICE and REST, have been found to be the simplest and most effective for these injuries:

1. **Stretching** of the IT-Band, hamstring, piriformis and quad. (see **LEG STRETCHES at back of this sheet**).
2. **Strengthening** of the hamstring, hip abductors, quad and gluteals (buttocks), for both the hip and knee area (see **4-DIRECTION LEG STABILIZATION sheet**).
3. **Supporting** the foot with proper shoes and insoles can prevent or help to eliminate the vast majority of lower extremity problems due to faulty biomechanics. You may consult with your Sports Medicine Physician or Sports Medicine Physical Therapist for guidelines about this; they can guide you to an appropriate running store.

FOLLOW-UP

If these quick fixes do not help resolve your problem, this would be the point where you would consult your medical practitioner. You could start with your Primary Care or Sports Medicine Physician. They may test your hip/knee & take x-rays or do an MRI or other tests to narrow down your diagnosis. Follow up from there could be with your Physical Therapist where a combination of manual therapy & specific exercises may help resolve your problem. If damage is significant, you may be referred to an Orthopedic Surgeon.



515-239-3410
515-817-1237 fax



Sports Medicine
1215 Duff Avenue
Ames, Iowa 50010



McFarlandClinic.com
MyChart.McFarlandClinic.com

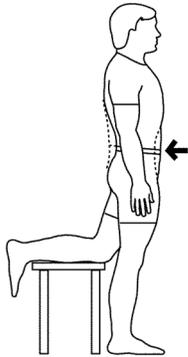
Extraordinary Care, Every Day



McFarland Clinic

LEG STRETCHES

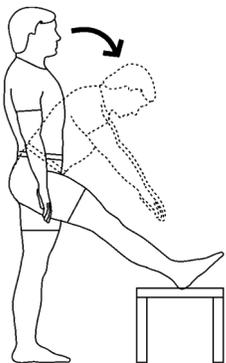
1. HIP FLEXOR STRETCH



Place lower leg on chair. Keep stomach tight and bring hips forward until stretch is felt in front hip. Hold 30 seconds.

Repeat 3 times. Stretch after warm up and after cool down.

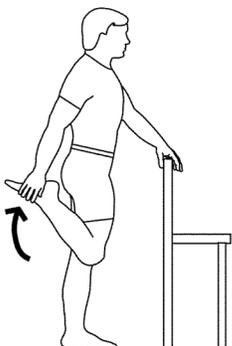
2. HAMSTRING STRETCH



Place foot on stool (hold on to the back of a chair if needed). Slowly lean forward keeping back straight, until stretch is felt in back of thigh. Hold 30 seconds

Repeat 3 times. Stretch after warm up and after cool down.

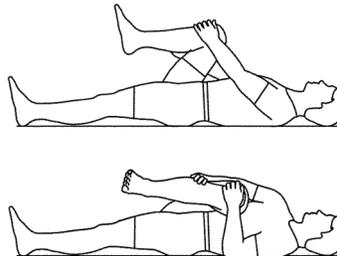
3. QUADRICEPS STRETCH



Pull heel toward buttock until a stretch is felt in front of thigh. Move bent knee behind hip to maximize stretch. DO NOT JACK-KNIFE FORWARD. Hold 30 seconds.

Repeat 3 times. Stretch after warm up and after cool down.

4. PIRIFORMIS STRETCH



Lay on your back. Pull involved knee towards opposite shoulder. Hold 30 seconds.

Repeat 3 times. Stretch after warm up and after cool down.

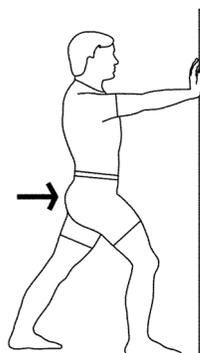
5. IT BAND STRETCH



Cross Right / Left leg over the other, then lean to the Right / Left until a stretch is felt over the outside of hip. Hold 30 seconds.

Repeat 3 times. Stretch after warm up and after cool down.

6. CALF STRETCH



Stand with involved foot back, and leg straight. Keeping heel on floor and turned slightly outward, gently lean into wall until stretch is felt in calf. Hold 30 seconds. Then bend both knees until a stretch is felt in lower calf. Hold 30 seconds.

Repeat 3 times each. Stretch after warm up and after cool down.



515-239-3410
515-817-1237 fax

Sports Medicine
1215 Duff Avenue
Ames, Iowa 50010

McFarlandClinic.com
MyChart.McFarlandClinic.com

Extraordinary Care, Every Day