

Runners Knee, Injury Rehabilitation

Runners Knee... What is it and how do I treat it?

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Ileotibial Tract Pain or Iliotibial Band Syndrome (ITBS) is more commonly known as Runners Knee.

What to look for and causes?

It occurs when the iliotibial band, the ligament that runs down the outside of the thigh from the hip to the shin, is tight or inflamed. It can be caused by overuse in runners with an awkward running style. The ileotibial band fibres flick over the bony knob at the side of the knee. Because the most notable symptom is typically swelling and pain on the outside of the knee, many runners mistakenly think they have a knee injury. The best way to tell if you have ITBS is to bend your knee at a 45-degree angle. If you have an IT band problem, you'll feel pain on the outside of the knee.



What should I do?

Runners may have to cross-train; using a different sport; cycling or rowing can keep you active without losing fitness and making the injury worse.

- Most importantly, always decrease your mileage or take a few days off if you feel pain on the outside of your knee.
- Walk a quarter- to half-mile before you start your runs.
- Make sure your shoes aren't worn along the outside of the sole. If they are, replace them.
- Try to avoid running on a camber and on concrete surfaces.

Treatment

Once you notice ITB pain, the best way to get rid of it for good is to rest immediately. That means fewer miles, or no running at all. In the majority of runners, resting immediately will prevent pain from returning. If you don't give yourself a break from running, ITBS can become chronic. Doing side stretches will help, as will icing the area for 10 minute intervals every hour on a regular basis. A frictional or sports massage can also aid recovery.

If your ITB problem doesn't get better after several weeks, seek help from a sports-medicine professional. You may need a cortisone injection to break up scar tissue and help speed healing. But cortisone presents its own risks, as it can weaken ligaments and tendons. Consider cortisone injections as a "second-to-last resort."



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