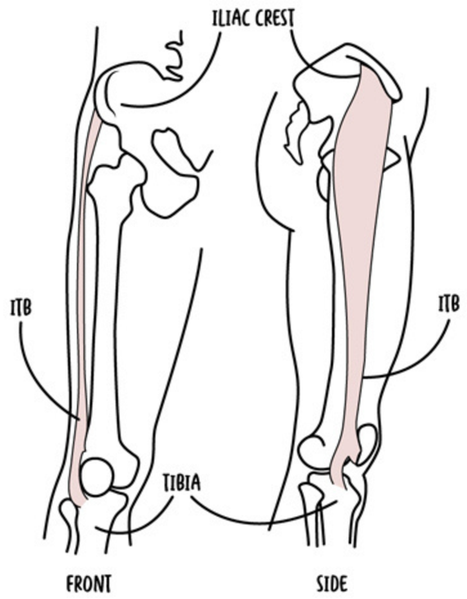
THE ILIOTIBIAL BAND (ITB)

- FIBROUS BAND ALONG THE LATERAL ASPECT OF THE THIGH
- ORIGIN AT THE ILIAC CREST -> PROXIMAL TIBIA

THE ITB IS FORMED BY

- GLUTEUS MAXIMUS
- GLUTEUS MEDIUS
- TENSOR FASCIAE LATAE
- VASTUS LATERALIS MUSCLES



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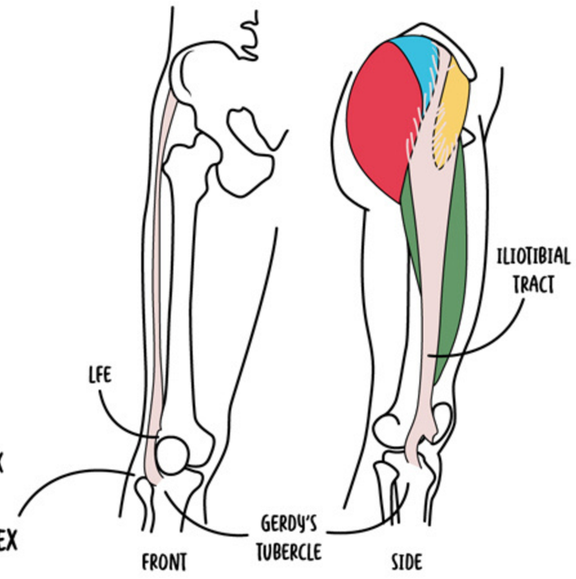
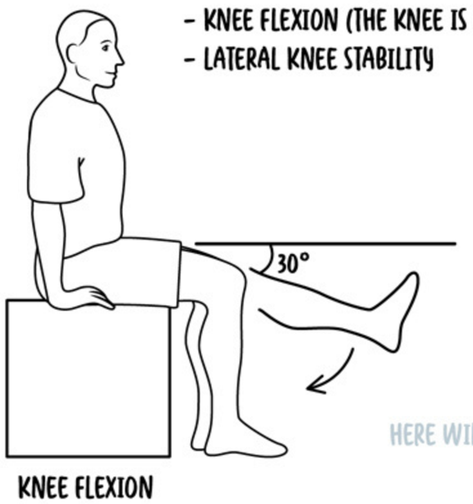
ATTACHMENTS

- THE QUADRICEPS-PATELLA-PATELLAR TENDON COMPLEX
- THE LATERAL FEMORAL EPICONDYLE (LFE)
- THE BICEPS FEMORIS MUSCLE-TENDON-FIBULA COMPLEX



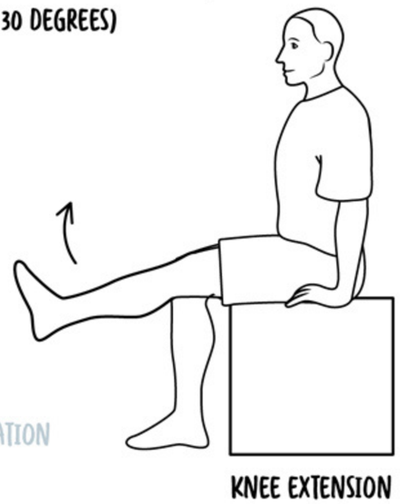
THE ILIOTIBIAL BAND (ITB)

- KNEE EXTENSION (WHEN THE KNEE IS NEAR TERMINAL EXTENSION)
- KNEE FLEXION (THE KNEE IS FLEXED BEYOND 30 DEGREES)
- LATERAL KNEE STABILITY



KNEE FLEXION

HERE WILL BE AN ANIMATION

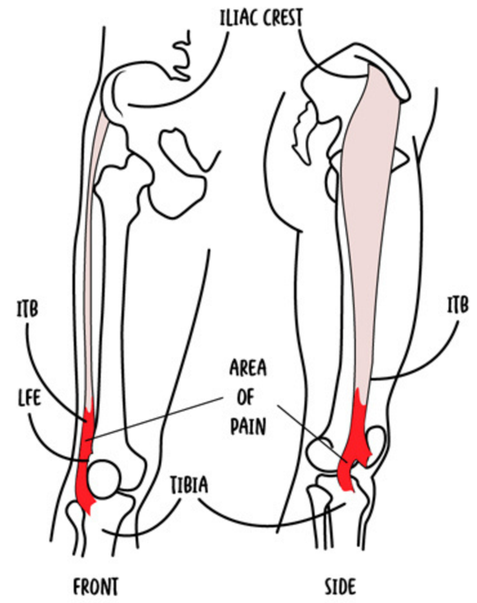


KNEE EXTENSION

MECHANISM OF INJURY

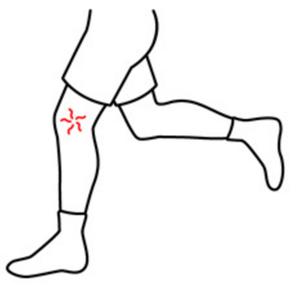
- OCCURS FROM OVERUSE

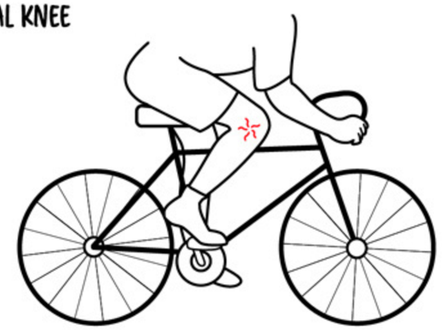
- DUE TO FRICTION FROM THE ITB MOVING OVER THE LATERAL FEMORAL EPICONDYLE (LFE) DURING RUNNING OR CYCLING



RISK FACTORS FOR ITB

- SUDDEN INCREASE IN RUNNING OR CYCLING DISTANCE
- HIGH WEEKLY RUNNING MILEAGE
- EXCESSIVELY LONG STRIDES
  -> INCREASED HIP FLEXION AND STRAIN AT LATERAL KNEE
- INCORRECT PEDAL POSITION WHEN CYCLING





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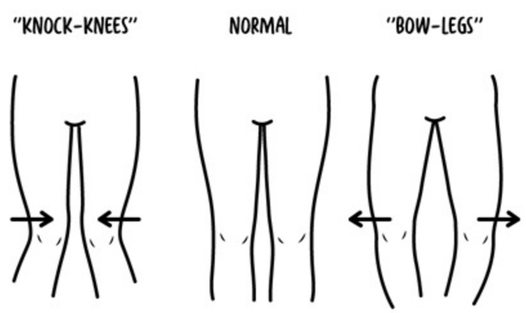
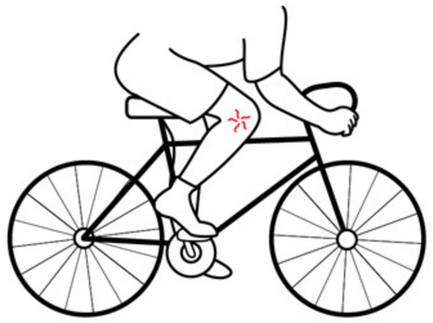
RISK FACTORS FOR ITB

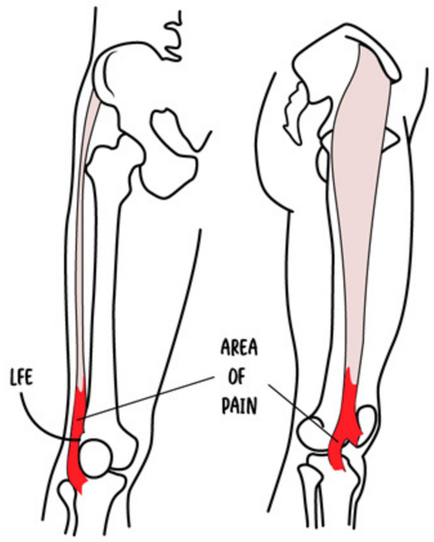
- EXERCISE IN COLD WEATHER
- ANATOMICAL AND BIOMECHANICAL FACTORS
  - WEAK HIP ABDUCTORS ->
    INCREASED HIP ADDUCTION ("KNOCK-KNEES") AND INTERNAL ROTATION AT THE KNEE
  - INCREASED HIP ABDUCTION ->
    GENU VARUM ("BOW-LEGS"), OR INCREASED ANKLE SUPINATION ->
    INCREASED TENSION OF THE ITB AT THE LFE



CLINICAL PRESENTATION

- SUDDEN ONSET OF PAIN OVER THE LFE
- INITIALLY PAIN OCCURS DURING SPORTS
- PAIN MAY BECOME CONSTANT AND DEEP





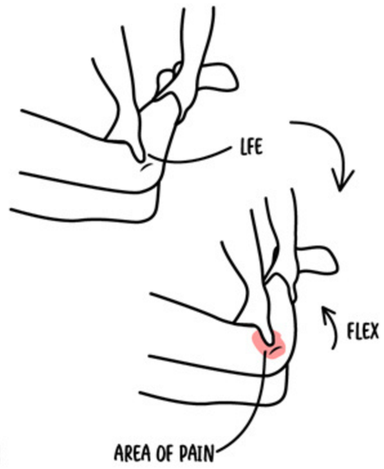
CLINICAL EXAMINATION

- FOCAL TENDERNESS OVER THE LFE
- POSITIVE NOBLE COMPRESSION TEST

1. EXAMINERS THUMB IS PLACED WITH MODERATE PRESSURE ON THE POSTERIOR BORDER OF THE ITB CLOSE TO THE LFE WITH THE PATIENTS HIP SLIGHTLY FLEXED

2. THE EXAMINER THEN PASSIVELY FLEXES THE PATIENT KNEE

3. THE TEST IS POSITIVE WHEN PAIN IS REPRODUCED WHERE THE THUMB IS PLACED - PAIN IS MOST PRONOUNCED AT APPROX 30 DEGREES



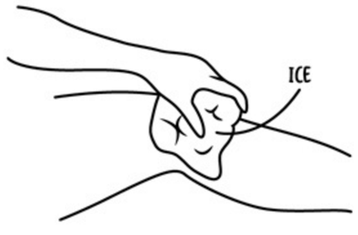
INVESTIGATIONS

DIAGNOSIS IS BASED ON

- HISTORY AND CLINICAL EXAMINATION
- ULTRASOUND (MAY SHOW THICKENING OF ITB AT THE LATERAL EPICONDYLE)
- XRAY
- MRI (IF DIAGNOSIS UNCLEAR)

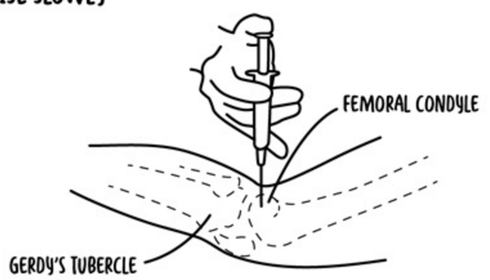
TREATMENT IN THE ACUTE SETTING

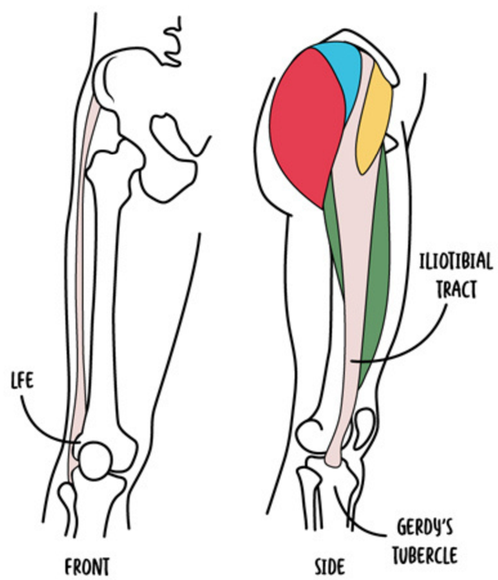
1. REST AND AVOID ACTIVITIES THAT WORSENS PAIN
2. ICE
3. ANALGESIA - IBUPROFEN
4. EVENTUALLY REHAB - STRETCH AND STRENGTHENING EXERCISE SLOWLY
5. LOWLY RETURN TO SPORT <50% NORMAL CAPACITY



IN THE CHRONIC PHASE

1. GLUCOCORTICOID INJECTION
2. SURGICAL RELEASE OF PART OF THE ITB





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