



# Iliotibial Band Friction Syndrome

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**DIAGNOSIS:** Your **diagnosis** is iliotibial band friction syndrome.

**INJURY or CONDITION:** This **condition** is persistent inflammation and pain which occurs at the outer prominence (lateral epicondyle) of the femur near the knee joint.

**CAUSE:** The most common **cause** is “friction” from a taut tendon iliotibial band) during unaccustomed use or “overuse” while running or hiking downhill. Attempts to “run through the pain” result in greater inflammation.

**SYMPTOMS:** Typical **symptoms** are pain which classically occurs during running or downhill hiking, and which radiates from the outside (lateral) aspect of the knee according to severity. Visible swelling is almost never present.

**TREATMENT:** Our standard **treatment** options include:

1. Rest from jogging, running or hiking until you can perform these activities without pain.
2. Modify your activities. Biking is tolerated better than running.
3. Make sure your running shoe maximizes shock absorption at heel strike.
4. Anti-inflammatory medication for 1-3 weeks.
5. Apply ice to the painful area.
6. Stretch your iliotibial band regularly after symptoms have been relieved.
7. Physical therapy will be helpful for instruction on stretching on strengthening exercises.

**PRECAUTIONS:** Important **precautions:**

1. Do not attempt to “run through pain”.
2. Avoid surfaces which slope slightly downward on your affected side.
3. Surgery is a last resort and may or may not yield significant improvement.
4. Avoid Cortisone injections, which may mask pain and lead to greater risk of “overuse.”
5. Unnecessary or over-corrective orthotics may contribute to this condition. Consult your doctor prior to obtaining orthotics.

**RECOVERY:** The expected **recovery** often lasts about twice as long as the duration of your symptoms.

