Iliotibial Band Contracture Treatment

Observations

- look for an indent at the lateral aspect of the affected thigh
- there is a lateral pelvic tilt that is low on the affected side
- the knee on the affected side may present as valgus
- affected foot may have pes planus
- if bilateral there can be an anterior pelvic tilt when viewed latereally
- hyperlordosis may be present
- redness or local edema may be observed at the lateral femoral condyle with Iliotibial band friction syndrome

Palpation

- tenderness at the iliotibial band especially at the distal third section and at the greater trochanter
- Adhesions may be present
- If unilateral, on the affected side increased tone and trigger points are likely palpated in tensor fascia lata and gluteus maximus. On the non contractured side increased tone may be present in iliopsoas and the adductors
- If bilateral there is likely increased tone and possible trigger points in tensor fascia lata, gluteus maximus, rectus femoris, iliopsoas, adductors and qudratus lumborum
- With iliotibial band friction syndrome, heat swelling and point tenderness is present local to the affected lateral femoral condyle

Testing

- Active free ROM of the affected knee, hip, sacroiliac joint and lumbar spine
- Passive Resistive ROM of the affected knee, hip and sacroiliac joint
- Active Resistive testing of tensor fascia lata, rectus femoris, gluteus maximus, gluteus medius, iliopsoas and quadratus lumboram

Special Tests

- Thomas test – length testing of rectus femoris and iliopsoas
- Ely's test – length testing of rectus femoris and iliopsoas
- Ober's test or modified Ober's test – indicate shortened tensor fascia lata or itb
- Nobles test – indicates iliotibial band friction syndrome

General Treatment

- Determine whether the treatment focus is on reducing the contractures and fascial adhesions or on the muscular origins and the tibial insertion of the band or both. Is treatment unilateral or bilateral
- Deep moist heat can be applied to the iliotibial band. Hot wax strips can be used if you have access to them. Cool is applied after fascia work or if inflammation is present.
- This treatment is performed in the context of relaxation but there is some pain or discomfort possible. This is clearly stated in the consent to treat statement so the client may alter or stop the treatment at any point.
- Ensure the pain is tolerable at all times

- The treatment is started in the prone position with a general low back massage while the hydrotherapy is taking effect, Reduce hypertonicity and tp's.
- Change to a sidelying position.
- Reduce fascial restrictions in the iliotibial band
  - skin rolling, crossed hand spreading, and deep longitudinal spreading.
  - c-bow and s-bow. J-stroke is effective on the most adhered tissues
- Reduce adhesions – frictions should always be followed by a stretch and ice
- If **Iliotibial band friction syndrome** is present ice is applied to reduce inflammation and lymphatic drainage techniques are used on the proximal leg.
- Treat tensor fascia lata for any hypertonicity, adhering or trigger points
  - skin rolling, petrissage, cross fiber at iliac crest and around the trochanter
  - golgi tendon release at trochanter
  - muscle stripping and ischemic compressions on trigger points
- Treat gluteus maximus for hypertonicity and trigger points using above techniques
- specific work is finished with effleurage to the lateral leg and gluteals
- contrast hydrotherapy can be used post treatment
- the rest of the affected leg is treated, including iliopsoas, quadriceps, hamstrings, adductors and muscles of the lower leg and foot to reduce hypertonicity and trigger points.
- If there are hypermobile joints at the ankle, superior and inferior tibiofibular joints, knee, hip or sacroiliac –joint play is used
- Passive relaxed ROM of the hip and knee are interspersed throughout the treatment.
- The iliotibial band is stretched using Ober's test position
- Post isometric relatation will lengthen tensor fascia lata and stretch any muscles treated for tp's.
- If bilateral turn and treat other leg
- If unilateral treat adductors of non-contractured leg still in sidelying
- Turn prone then supine for a general massage to increase circulation and decrease hypertonicity in the non contractured leg and to flush the affected side.