

Iliotibial Band Contracture

History

- What are the clients recreational activities
- What is the clients occupation... does it involve a lot of sitting
- Are you taking anti-inflammatories

Visual Assessment

- Pes Planus may be present on the affected side
- Pes Planus may be present bilaterally
- Bilateral valgus orientation of the knee
- Hyperlordosis from an anterior pelvic tilt

Specific Tests

- Thomas – length iliopsoas
- Ely's – length rectus femoris
- Ober's – length iliotibial band –straight leg
- length tensor fascia lata – bent leg
- Nobles test- iliotibial band friction syndrome

Informed Consent

Treatment

- Heat to the iliotibial band pre-treatment
- Prone a general low back treatment is done while the heat is being used
Effleurage, Petrissage, *trigger points*
- Turn to sidelying
- *Fascial techniques* to iliotibial band including insertion on the tibia
- Adhesions are treated with *frictions* and followed with a *stretch and ice*
- If **iliotibial band friction syndrome** and inflammation are present at
The lateral femoral condyle ice is applied
- * *Lymphatic drainage techniques* are used on the proximal leg
- Tensor fascia lata is treated for *trigger points* and hypertonicity
- *Golgi tendon organ release* is used at the greater trochanter
- Gluteus Maximus is treated for hypertonicity and *trigger points*
- Effleurage to the lateral leg and gluteus maximus
- Local contrast hydro used
- Treat the rest of the leg and foot to reduce hypertonicity and *trigger points*
- *Joint play techniques* for hypomobile ankle, tib fib joints, knee, hip or SI joints
- * *PRROM of the hip and knee are interspersed* throughout the treatment
- * *PIR for tensor fascia lata*
- * *PIR iliotibial band – Obers test position*

- * Work the unaffected side hypertonic adductors – effleurage, petrissage and muscle stripping
- Finish either supine or prone general treatment to legs

Post Treatment with Client

Self-care and Hydro

- Deep moist heat and contrast applications to the thigh are used
- Ice or cold will reduce inflammation and pain of an iliotibial band friction syndrome
- Self massage such as skin rolling can be done on iliotibial band and tensor fascia lata
- If the client is seated for an extended period frequent standing and stretching of the iliotibial band and tensor fascia lata
- To stretch gluteus maximus the client brings the knee to the shoulder on the affected side
- Sleeping on the unaffected side with a pillow under the affected knee will reduce compression of the iliotibial band

