

HOW MANY TIMES HAS THIS SCENARIO HAPPENED TO YOU AS A RUNNER.

It's the build up to another important marathon. Your training is going well, psychologically you are in a good space; this is going to be your year. Then, suddenly out of nowhere, like a pimple on photo day at school, it strikes. The outside of your knee starts hurting and you know that trouble is brewing. ▶

DEALING WITH ITB

ITB SYNDROME IS PROBABLY THE MOST COMMON 'NIGGLE' THAT A RUNNER WILL ENCOUNTER AND, REST ASSURED, YOU WILL ENCOUNTER IT AT SOME STAGE OR ANOTHER IN YOUR CAREER. SO, WHAT EXACTLY IS ITB SYNDROME? LET ME START BY DESCRIBING WHAT THE ITB ACTUALLY IS.

The Iliotibial band (ITB) is a thick band of fascia on the outer part of the knee that extends up the side of the leg into the hip. The ITB is essential for providing stability to the knee during the action of running. When the ITB doesn't work properly, is inflamed or tight, it leads to an impaired movement of the knee and therefore causes running to become painful.

Many runners will develop discomfort in the knee and not know why. It is important to diagnose this discomfort correctly because ITB, if left untreated, could sideline a runner for long periods of time.

IDENTIFYING ITBS

Although ITB symptoms can be relatively varied, pain and swelling on the outside of the knee are the most typical symptoms. Unfortunately, this has led to many cases being treated as knee injuries and the runner is unaware that he actually has an ITB condition. The best way to tell whether you have ITB is to bend your knee 45 degrees and if there is discomfort, there is inflammation of the band. Diagnostically speaking, an MRI scan will pick up thickening and inflammation of the band, whereas an x-ray would typically provide a negative result.

COMMON CAUSES OF ITB

Unlike most 'overuse' injuries, ITB can affect seasoned runners just as easily as it would beginners. Usually, the injury is caused by one of the following factors: anatomical abnormalities, poor training techniques or muscular imbalances. The inflammation is caused by continual friction or rubbing of the ITB at the insertion of the knee, and any activity that results in continual rotation of the lower leg could lead to possible ITB.

Poor training habits could typically be one of the following:

- Sudden increase in training intensity.
- Poor warm up and cool down.
- Excessive uphill or downhill running.
- Not stretching enough.
- Running on one side of the road continually.

Anatomical abnormalities could include:

- High foot arches.
- Leg-length discrepancy between left and right legs.
- Excessive heel strike when running.
- Tight ITB and weak gluteal muscles and hamstrings.

Muscle imbalances

This could also lead to problems due to weak hip abductors, glutes, etc. When running, the muscles that provide stability to the pelvis and knee become fatigued if not sufficiently strengthened and this could lead to potential injury.





TREATMENT OF ITB SYNDROME

Once you notice ITB pain, it is important to rest immediately. This means running fewer kilometres or not running at all. In the majority of cases, immediate rest will prevent the pain from returning. If you don't rest, it could become a chronic condition, thus making it a lot harder to treat. Ice treatment, massage, side stretches, foam rolling and anti-inflammatories will all aid in relieving the pain. Strengthening weakened muscles will also help prevent the pain from returning.

It is important to continue with a cross-training routine in the interim. This could typically involve something like cycling, swimming, rowing or running in the pool. Avoid stair climbing or the step machine in the gym, as this replicates the movement that initiated the inflammation in the first place.

It is important to consult your biokineticist or physiotherapist with regards to picking up on any muscular imbalance you may have, which could be contributing to poor biomechanics during running.

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.

GENERALLY, RUNNING IS ONE OF THOSE ACTIVITIES THAT BECOME RATHER ADDICTIVE AND UNFORTUNATELY WE DON'T ALLOW OURSELVES ENOUGH TIME TO RECTIFY THE LITTLE NIGGLES, ACHES AND PAINS THAT WE MAY DEVELOP. LEARN TO LISTEN TO YOUR BODY; LOOK AFTER IT AND IT WILL LOOK AFTER YOU DURING YOUR RUNS. •



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