

Iliotibial Band Syndrome

Active Release Technique is solving eventhe toughest cases without injections, surgery or physical therapy.

Active Release Technique (ART)

ART is a patented, state of the art soft tissue system/movement based massage technique that treats problems with muscles, tendons, ligaments, fascia and nerves.

Even when most doctors say medications or surgery is the only answer, ART may still be able to resolve the symptoms and put you back on the courts and into your best game.



What conditions benefit from Active Release Technique?

ART may also be used to successfully treat these other upper extremity soft-tissue injuries

- Tennis and golfers elbow
- Carpal tunnel syndrome
- Hip, knee and ankle pain
- Low back pain
- Plantar fasciitis
- Stress headaches
- Pain between shoulder blade

What causes Iliotibial Band Syndrome?

If your knee pain is lateral (on the outside edge of your knee), then it's likely that you are suffering from one of the most common knee complaints - iliotibial band syndrome (ITBS). As you may have learned the hard way, ITBS may aggrieve your knee enough to drastically limit or even completely stop your training. It is estimated that 60 per cent of all runners are injured in an average year, and about one-third of those misfortunes occur at the knee, producing a yearly incidence rate of one in five runners.

The syndrome is often labelled an 'overuse' injury, but that's a very poor way to describe the origin of the problem, since it implies that the main source of difficulty is excess mileage. The truth is that runners can be afflicted with ITBS on a regime of just 5 to 10 miles per week, even though such volume would hardly constitute overtraining. The key source of ITB disorders is actually a lack of strength and flexibility in the iliotibial band, sometimes combined with a perverse fondness for running either on the track or on crowned roads. The function of the ITB during running is to control and decelerate adduction of the upper part of the leg. (90 times per minute per leg as you run and almost 22,000 times during a four-hour marathon).

What makes things especially tough for the tensor fascia lata is that when the right foot makes contact with the ground and the left leg begins to swing through there is a natural tendency for the left hip to drop temporarily, pulled down by the omnipresent force of gravity. As it does so, the pelvic girdle 'rocks' like a seesaw; the right hip goes up as the left hip goes down.

As you probably guessed, since the ITB runs from the hip down to the knee, the upward movement of the right hip stretches the tensor fascia lata and overall ITB at the precise time that it is trying to shorten and control adduction of the right thigh. That constitutes an 'eccentric' movement of the tensor fascia lata, and eccentric actions

are the ones which can be especially trauma-provoking to muscle and tendon tissues.

As often as not, the pain won't really hit home until the first one or two miles of a workout have been completed. Once it starts, the pain tends to be persistent if you keep going - and frequently gets worse during downhill running (and while walking down steps). The discomfort may radiate up and down the leg, but - strangely enough - the pain will often almost disappear if you stop running and begin to walk slowly and with short steps.

ITB problems don't always occur at the knee. Pain may also be present below the knee, where the ITB actually attaches to the tibia, and discomfort may also occur much higher up - in the tensor fascia lata itself or in its tendinous connection with the hip.

How does Active Release work?

When an injury occurs to a muscle, tendon or ligament, it tends to become tight and inflamed. A cycle begins to take place where friction and inflammation around the injured area increases, causing the area to swell and constricting normal blood flow. The body's natural response to this inflammation and reduced circulation is fibrosis and adhesions.

This fibrosis and adhesions glues together the muscle fibers and surrounding structures, leading to pain and improper function. The muscles become tight, leathery and bound-up with a higher probability to injure again. The pain comes and goes causing each flare-up to a little worse than the previous. Hence, the cycle continues. Physical therapy, massage and even chiropractic typically cannot fix this problem. At this point, most doctors would perform surgery, with minimal results and months of rehab.

During a session, which can last as long as an hour and as short as a few minutes, both the doctor and patient can feel the adhesion rip apart. Only six to twelve sessions are needed to fix most problems. The results can be so instantaneous that many patients can work out or train after a treatment. While some patients need further treatments, most can maintain the improvements with a proper diet, exercise and stretching program.

OptimumHealth

CHIROPRACTIC

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Patient Testimonials

I had pain in my hip and knee for the last 6 months and couldn't run more than 2 miles before having to stop due to pain. I had seen countless doctors for it to no avail and had to stop training. After being treated by Dr. Tuchscherer six times I was able to run 16 miles with out pain. Thank you so much!

Jeff H. tri-athlete

I would strongly recommend Dr. Tuchscherer and A.R.T. to any athlete who has been having shoulder pain and not been able to get rid of it. I was having extreme pain and discomfort in my shoulder for 6 months and had to stop training. After 8 treatments I was back to lifting and swimming as much as I wanted with no pain or discomfort

Chris G. tri-athlete