

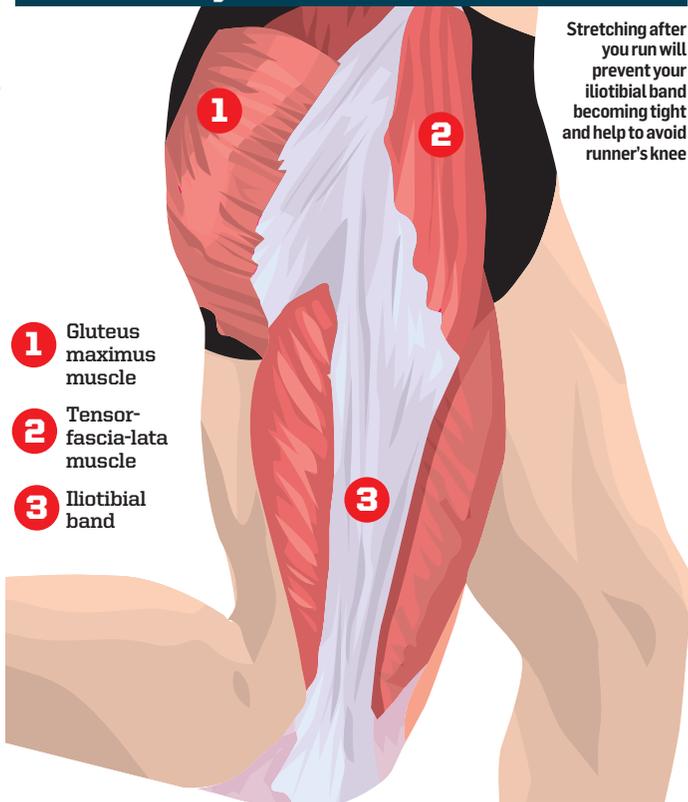
STAY FIT

AVOID TRIATHLON'S NUMBER ONE INJURY

UP THE INTENSITY OF YOUR TRAINING FOR THE SUMMER AND YOU'RE MORE AT RISK OF PICKING UP RUNNER'S KNEE. HERE'S HOW TO STEER CLEAR...

The anatomy of runner's knee

Illustration © Anne Calkbread



Stretching after you run will prevent your iliotibial band becoming tight and help to avoid runner's knee

- 1 Gluteus maximus muscle
- 2 Tensor-fascia-lata muscle
- 3 Iliotibial band

Meet the expert

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Physiotherapist



What is runner's knee?

Runner's knee is the common name for iliotibial band friction syndrome, a painful overuse condition that affects the outer part of the knee.

The iliotibial band is a tough length of thick connective tissue (or fascia) extending from the tensor-fascia-lata muscle (see above) at the side of your pelvis to the outside of your shin bone (the

tibia). Runner's knee results from repeated friction of this band over the bony prominence at the widest point of the thighbone, called the lateral femoral epicondyle.

You're more at risk of this injury if you're in a phase of heavy training, getting in more miles than is normal for you. Weakness of the hip abductor muscles – the ones that draw your leg away from the centreline of your body – can also make runner's knee more likely. So can over-pronation (when your feet roll in too much as you run) or leg-length discrepancy, which can be either anatomical or caused by running on cambered roads or always in the same direction around the track.

Typical symptoms include pain on the outside of your knee; tightness in your iliotibial band; knee pain that's normally aggravated by running, especially downhill; and pain when you bend or straighten your knee, particularly when you press in at the side of the knee over the sore part.

How do I avoid it?

There's a lot of action you can take to avoid runner's knee. To start with, make sure you build up your training volume and intensity gradually, increasing each by no more than 10 per cent a week.

Also, ensure you have the right shoes for your foot type, and that they are in good condition. A specialist running shop will be able to advise here.

If you have one leg more than 1cm longer than the other – a physio or podiatrist will be able to tell you this – insert a 'build up' insole on the shorter side.

Vary the surfaces you run on too, avoid cambered roads, and alternate the direction you run around the track to ensure that one leg doesn't get more stressed than the other.

Make sure you stretch after your runs, especially your glutes (your butt muscles) and hip muscles to prevent the iliotibial band becoming tight. Include a regular strength and stability programme in your training, paying particular attention to your glutes.

Also, check your bike fit. Badly positioned cleats, a saddle that's too high or pedals without any

float (foot movement before your cleats unclip) can all contribute.

Finally, pay attention to your body – if you're in pain, find out why. Don't ignore it or you could end up with a more serious injury.

And if I get it?

If you think you have runner's knee, first see a GP or physio. If they confirm it, you need to back off your training to avoid aggravating the condition.

Take a look at your bike too. Check that your saddle is the right height or get a detailed bike fit from a qualified specialist.

Deal with any inflammation by applying ice or doing ice massage for 10-15mins, three times a day. In severe cases, you may need a steroid injection to help it settle.

Once the inflammation is under control, you can free-off restrictions in the muscles and fascia around the knee, thigh and hip. A massage therapist or physio can do this; self-massage and use of a foam roller are other options.

Stretch your thigh and hip muscles, particularly the glutes and tensor-fascia-lata muscles, holding each stretch for 30 secs and repeating three times.

As the symptoms ease, begin strength and stability training for the hip muscles. Good options are slow one-legged squats and dips.

At this point you can begin a gradual return to running, initially with fast strides, then slowly increasing distance and volume.

With this approach, you're likely to recover within six weeks. ●

"AS THE SYMPTOMS EASE, YOU CAN BEGIN STRENGTH AND STABILITY TRAINING FOR YOUR HIP MUSCLES"