Iliotibial Band Syndrome

Understanding outer knee pain, causes and treatment

Iliotibial Band Syndrome (ITB Syndrome)

A guide to symptoms, diagnosis and management



What is ITB syndrome?

The iliotibial band is thick connective tissue running from the hip to the shin. Irritation from repetitive loading or tension can cause pain on the outside of the knee or hip.

Symptoms and diagnosis

Recognising ITB syndrome and understanding risk factors

Common symptoms

Pain on the outside of the knee, sometimes sharp or burning. It can worsen with running, downhill walking, stairs or long steps. Tenderness, outer-thigh tightness or occasional hip pain may occur.

What makes symptoms worse?

Running downhill or longer distances, walking downhill, climbing stairs, and repeated activity. Symptoms may settle with rest and return when activity resumes.

Causes and risk factors

Sudden increases in running distance, weak hip muscles, running technique, tight hip muscles, foot posture, worn footwear, uneven surfaces or an unsuitable cycling setup.

How is it diagnosed?

A clinician reviews your symptoms and examines hip strength, knee alignment and movement. Ultrasound or MRI is rarely needed unless symptoms persist.

Exercise examples

Gentle stretching and strengthening with physiotherapy guidance

Iliotibial Band Syndrome (ITB Syndrome) – Exercise Examples

Gentle exercises to improve flexibility, strengthen hip muscles and reduce IT band irritation

1 IT band stretch (standing)



- Stand with the affected leg crossed behind the other.
- Lean your upper body away from the affected side until you feel a stretch down the side of your thigh.
- Hold for 20–30 seconds.
- Repeat 2–3 times.

2 Gluteal stretch (lying)



- Lie on your back with both knees bent.
- Cross the affected ankle over the opposite knee.
- Gently pull the uncrossed knee towards your chest.
- Hold for 20–30 seconds.
- Repeat 2–3 times.

3 Hip flexor stretch (standing lunge)



- Kneel on one knee with the other foot in front.
- Keep your back upright and gently push your hips forwards.
- You should feel a stretch at the front of your hip.
- Hold for 20–30 seconds.
- Repeat 2–3 times.

4 Side-lying leg raises (hip abduction)



- Lie on your side with your legs straight.
- Keep the bottom leg still.
- Slowly lift the top leg up, keeping your toes pointing forwards.
- Hold for 2–3 seconds, then lower.
- Repeat 10–15 times, 2–3 sets each side.

5 Clamshells



- Lie on your side with knees bent and feet together.
- Keep your feet together and slowly lift the top knee, without rolling your hips back.
- Hold for 2–3 seconds, then lower.
- Repeat 10–15 times, 2–3 sets each side.

6 Glute bridge (hip strengthening)



- Lie on your back with knees bent and feet flat on the floor.
- Squeeze your gluteal muscles and lift your hips up, keeping your knees in line.
- Hold for 5 seconds, then lower.
- Repeat 10–15 times, 2–3 sets.

7 Step-downs (hip and knee control)



- Stand on a step with the affected leg.
- Slowly lower the other foot to the floor, keeping your knee in line with your toes.
- Return to the start position.
- Repeat 10–15 times, 2–3 sets.

8 Foam rolling (IT band release)



- Lie on your side with a foam roller under the outer thigh.
- Slowly roll from the hip to just above the knee.
- Spend 1–2 minutes, pausing on tender areas.
- It may feel tender initially.

Top tips

- Start gently and build up gradually.
- Keep exercises within a comfortable range.
- Focus on good technique and control.
- Aim to do the exercises 3 times per week (as advised by your physiotherapist).
- Stop if pain increases and seek advice.

Do not



Do not return to running or high-impact activities too soon.

Do not push through pain.

Do not let your knee collapse inwards during exercises.

Building progress

- Aim for 10–15 repetitions, 2–3 sets.
- Combine with stretching and other hip and core exercises as advised.
- Gradually increase the difficulty as your strength and confidence improve.

Exercise safely

Start with comfortable movements and progress gradually. Stop if pain increases. A physiotherapist can guide exercise selection, technique and repetitions.

Treatment and when to seek help

Managing symptoms safely and returning to activity

Activity modification

Temporarily reduce running and other aggravating activities. Avoid downhill routes and uneven surfaces. Choose comfortable cross-training and gradually resume activity.

Pain relief and stretching

Apply ice to the outer knee for 10-15 minutes. Ask a pharmacist or GP about suitable pain relief. Gentle hip and thigh stretches may help if comfortable.

Strengthening and footwear

Build hip and gluteal strength gradually with exercises such as clamshells, leg raises, bridges and step-downs. Replace worn shoes and consider footwear assessment.

When to seek advice

Seek assessment if pain worsens, persists beyond 6-8 weeks despite self-care, prevents training, or the knee swells or locks.

Prevention and recovery

Increase training gradually, warm up, strengthen hip muscles, vary running surfaces and maintain appropriate footwear.

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