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Clinical Question: In patients with iliotibial band friction syndrome, is conservative treatment (non-surgical intervention) an effective option for relieving pain and aiding in a better recovery? According to the studies that were analyzed, are the treatments effective and which is best?

The purpose of this systematic review was to assess whether the randomized controlled trials studying conservative treatments of ITBFS were effective.

The trials were selected after performing a search in various medical databases. A total of four RCT's were analyzed after meeting certain inclusion and exclusion criteria. The selected RCT's were assessed by three reviewers using the PEDro scale. Trials were graded by selecting one of four levels of evidence based on the score obtained by the internal validity portion of the PEDro score. Level 1 was considered strong evidence and at each subsequent level thereafter the evidence decreased until it was considered insufficient at Level 4. Three of the trials were graded as Level 2 (moderate) and one was graded as a Level 3 which was considered limited evidence. Each trial examined a different type of treatment. These treatments included the use of NSAIDS, deep transverse friction massage, phonophoresis vs. immobilization, and corticosteroid injection.

The results found were not very sound in that three trials had only moderate evidence and one had limited evidence. Decreases in pain were seen in the NSAIDS group, the corticosteroid injection group, and in the study on phonophoresis vs. immobilization. Deep transverse friction massage did decrease pain but there was no significant difference when compared to the control group, therefore the results were not very useful.

The level of evidence according to the AAOS for a therapeutic systematic review article was a level III. It was graded as such due to the presence of a Level III RCT analyzed in the review.

The bottom line of this systematic review was essentially that further research needs to be conducted to provide a basis for why we perform our standard clinical therapies on patients with ITB friction syndrome. The studies that are available to "support" our various therapies, such as phonophoresis, massage and NSAIDS don't provide evidence that is strong enough to back these clinical decisions. It seems that we fully understand the etiology and pathology but there is no therapy that is adequately supported in order to treat this pathology.

The clinical relevance to athletic training lies in that we need to continue to attempt to treat this condition and try to come up with some alternate remedies to the therapy that is already in use. We should also test the therapies that we use to treat this condition in a more systematic and controlled manner to see if a significant effect is found among patients with ITBFS.

In regards to patient education, telling the patient what the potential causes for the condition are and why it may be occurring is essential. Inform the patient about why, as a clinician, you are doing the treatment that you have chosen and although the evidence is not strong behind the treatments that we use, there is also not evidence saying that it is harmful and pain does tend to decrease with the standard treatment.