Anatomy: The iliotibial band is a vertical band of thickening in the lateral part of the fascia lata. Its superior attachment is to the outer lip of the iliac crest. Its inferior attachment is to a tubercle on the anterior aspect of the lateral tibial condyle (Gerdy’s tubercle). The iliotibial band is thickest below the level of the greater trochanter. At this level, the anterior aspect of the band receives the insertion of the tensor fasciae latae; the posterior aspect receives the insertion of most of the gluteus maximus tendon.

Causes/Mechanism of Injury: The snapping sensation results from the movement of a muscle or tendon over a bony structure. There are two common causes:

1. **External Cause**: Thickened posterior aspect of the ITB or anterior gluteus maximus rubs over greater trochanter as hip is extended. This condition is more common in females with a wide pelvis and prominent trochanters and is exacerbated with running on banked surfaces. It can also be caused by a weak gluteus medius.

2. **Internal Cause**: Iliopsoas tendon rubs over anterior hip capsule or iliopectineal eminence.
Symptoms: Snapping sensation felt in the hip during activities requiring hip flexion and hip extension. Snapping hip is usually painless and harmless, although the sensation can be annoying.

Treatment/Management:
Asymptomatic snapping should be considered a normal occurrence. Stretching exercises of the iliotibial band should be indicated in asymptomatic snappers to prevent the condition from becoming symptomatic. Most of the symptomatic cases improve with stretching physical therapy, ultrasound, NSAID therapy, and corticosteroid infiltration of the greater trochanteric bursa. If there is failure of a positive response to conservative treatment of the external snapping hip syndrome, surgical release is indicated.

1. **External:** Activity modification, strengthening exercises for abductors, tensor fascia latae, and psoas, ITB stretching, myofascial release, pain medication (e.g., NSAIDs), steroid injection, surgery

2. **Internal:** Activity modification, stretching and strengthening, of abductors, tensor fascia latae, and psoas, myofascial release, pelvic mobilization, alignment exercises, pain medication (e.g., NSAIDs), steroid injection, surgery

Exercises/post op protocol: The intervention is based on etiology. If an imbalance of the TFL or iliopsoas is producing the symptoms, the intervention is focused on reconditioning and prevention. This includes increasing the flexibility of the soft tissues, and the correction of any strength imbalances. If the ITB is tight, the emphasis is on stretching the ITB.