

Runner Woman and Fascia Lata

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Why Your Hips Hurt When You Run...

Well it's not exactly hip ... let's see:

Runner woman with pain in the upper part of the hip, does not define well the pain ... around here doctor, higher than the hip ... it is a tremendous pain ... it is to start running and the pain paralyzes me.

We are facing a tendinosis of the fascia lata.

This short and powerful muscle has its proximal enthesis in the anterior superior iliac crest. If you put your hands in jar, you will feel both promises pointing forward.

In this position, he begins a journey that takes him to the greater trochanter where, with the aponeurotic union of the greater and middle gluteus, a tendon goes down to the knee.

In this distal position, this structure, which we know as tibial ilium band, bifurcates into two parts, one goes to the Gerdy tubercle in the tibia and the other to the outer retinaculum of the patella, where it is inserted in a synovial expansion of the latter. This "bursa" where it is inserted, sometimes becomes inflamed and that is what we know as tibial ilium band syndrome or "runner's knee".

However, despite the fact that we talk about the same anatomical structure, girls are very frequently affected in the proximal area. That is, in the tendon that gives rise to the fascia lata on the iliac crest.

Why in girls more than in them? Well the pelvis of women is usually wider and that opening of the insertion angle forces a greater tension in the enthesis of the muscle.

In all the brokers? No, of course not. They have more possibilities the wider the pelvis and the more muscular dysfunction exists in the internal rotators of the hip, vastus externa, buttocks and hamstrings.

The diagnosis is clinical and ecographic. Fast and effective.

Treatment? We infiltrate the area with ultrasound and physiotherapy.

So that it does not happen:

1. Distance training has to be very gradual in those that start. It is not operative to wake up from a sedentary life and in two weeks to be running 8 km. Little by little. The trainings guided by personal trainers are the best option.
2. The training must contain muscle commitment. The fascia lata unloads on buttocks, quadriceps, rotators, ischiums... A runner who never goes to the gym, is doomed to come to see us at the clinic...
3. The discharge works performed by the physiotherapist are essential. Call him and he will assist you at least once a month.
4. If the problem recurs in dynamic analysis of the footprint, the possibility of a dysmetria and other concomitant causes must be taken into account.

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