

TENSOR FASCIA LATITIS SYNDROME

The tensor fascia latae muscle originates from the anterior segment of the outer lip of the iliac crest and the lateral surface of the anterior superior iliac spine. It inserts on the iliotibial tract. Its function is to help flex and abduct the thigh, and to help medially rotate it as a secondary function. It is comprised of a small mass of muscle near its origin, and a relatively broad and long ligamentous (fascial) band that extends to its insertion.

The Tensor Fascia Latitis Syndrome is generally caused by a blow or continuous unrelieved pressure to the lateral aspect of the thigh ("sleeping on a lump"), or it may occur as a secondary effect of *sciatica*. The patient usually complains of pain down the lateral aspect of the thigh, which is increased by any probing pressure. No soft tissue swelling has been associated with this syndrome.



The high skin resistance pattern commonly associated with Tensor Fascia Latitis

Treatment

Although painful, the *Tensor Fascia Latitis Syndrome* is usually easy to treat, and is often relieved in one or two sessions (that is, if there is no continuing pressure on the sciatic nerve). In chronic cases, picking up and rolling the tissues overlying the tensor fascia latae will demonstrate increased turgidity and tissue density caused by an accumulation of adhesions. This procedure is generally very painful to the patient.

Application:

- Ice pack the inflamed zone for 10 minutes.
- Manipulate the soft tissues in and around the inflamed zone to eliminate any adhesions that may be present.
- Preset the ultrasound unit to deliver a 1 MHz pulsed waveform, at 1.5 W/cm². Ultrasound the inflamed zone, utilizing an effective non-steroidal anti-inflammatory as a coupling agent, for six to eight minutes (depending on the size of the inflamed zone).
- Place a negative electrode over the most proximal area of the inflamed zone and a positive electrode over the most distal extent of the inflamed zone. Preset an electrical stimulation to deliver a visible contraction, at 7 Hz. Stimulate for 10 minutes.
- Then set the unit to deliver a medium frequency current, with a duty cycle of 10-seconds on and 10-seconds off, sufficient to produce a near tetanic contraction of the involved muscles. Stimulate for 10 minutes.
- Manipulate the soft tissues in around the inflamed zone to eliminate any adhesions that may be present.
- Preset the ultrasound unit to deliver a 1 MHz pulsed waveform, at 1.5 W/cm². Ultrasound the inflamed zone, utilizing an effective non-steroidal anti-inflammatory as a coupling agent, for six to eight minutes, (depending on the size of the inflamed zone).

The following treatment forms have also been effective.

Variation:

- Preset the ultrasound unit to deliver a 1 MHz pulsed waveform, at 1.8 W/cm². Ultrasound the inflamed zone, utilizing an effective non-steroidal anti-inflammatory as a coupling agent, for six to eight minutes (depending on the size of the inflamed zone). This procedure is designed to soften the adhesions that may be present.
- Manipulate the tissues in and around the inflamed zone to eliminate any adhesions that may be present.
- Twenty minutes after the first ultrasound, preset the ultrasound unit to deliver a 1 MHz pulsed waveform, at 1.5 W/cm². Ultrasound the inflamed zone utilizing an effective non-steroidal anti-inflammatory as a coupling agent, for six to eight minutes (depending on the size of the zone). This is performed to “cool off” the manipulated zone by effectively halting the production of prostaglandins by the stressed tissues.
- Apply mechanical vibration, delivered at 60 to 120 Hz, over the inflamed zone, for two minutes. Apply the vibration at a relatively high but tolerably comfortable level for the patient. This is performed to increase capillary circulation in the involved tissues.

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- Preset the ultrasound unit to deliver a 1 MHz pulsed waveform, at 1.8 W/cm². Ultrasound the inflamed zone, utilizing an effective non-steroidal anti-inflammatory as a coupling agent, for six to eight minutes (depending on the size of the inflamed zone). This procedure is designed to soften the adhesions that may be present.
- Manipulate the tissues in and around the inflamed zone to eliminate any adhesions that may be present.

- Apply cold laser (with or without simultaneous electrical stimulation provided by the laser applicator) to the inflamed zone for approximately six minutes. This is performed to “cool off” the manipulated zone by effectively halting the production of prostaglandins (or facilitating enzyme destruction of **all** inflammatory being produced) by the stressed tissues.
- Apply mechanical vibration, delivered at 60 to 120 Hz, over the inflamed zone, for two minutes. Apply the vibration at a relatively high but tolerably comfortable level for the patient. This is performed to increase capillary circulation in the involved tissues.

The key to successful treatment is adequate manipulation of the inflamed zone. The tissue lying over the tensor fascia latae is thin and flat, and may be difficult to pick up. A probing “shoveling” motion of the fingers may be useful in shearing off the adhesions in the “tightest” tissue areas (refer to **Soft Tissue Manipulation in Tight Areas**).

Trigger Points

The following is a list of trigger point formations which may, singly or in combination, imitate or contribute to the pain associated with the *Tensor Fascia Latitis Syndrome*: Gluteus minimus and Anterior tibialis.