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KINESIOLOGY TAPING

Semester 2 : Week 1
SHSS6065

Trawsnewid Addysg; Trawsnewid Bywydau
Transforming Education; Transforming Lives



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Quick Disclaimer

- This is not a KT1, 2 or 3 'course' or 'qualification' session.
- This content is purely for educational purposes surrounding elasticated therapeutic tape in general.
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Learning Objectives

- By the end of today's session, you should be able to
 - Understand the background of kinesiology taping.
 - Identify pathologies/conditions contra/indicated to kinesiology taping
 - Understand the proposed mechanisms of effect.
 - Differentiate between application methods and the associated aims of application.
 - Critically evaluate the current literature base to make evidence based clinical decisions.

What is it Kinesiology Tape?

- Dr Kenzo Kase – Kinesio® Tape – Original Method/Concept
- Construction:
 - 100% cotton and elastic fibres
 - latex free, medical grade adhesive that is heat activated
 - Non medicinal
 - 10% stretch applied during manufacture
- Properties:
 - Mimic skin in weight and thickness
 - Stretches longitudinally (dynamic tape is different)
 - Long wear-ability (relative)

Why the fancy colours?

- Colour therapy (?)

What is it used for?

- Is a treatment – requires diagnosis before application.
- Muscle imbalance
 - Inhibition
 - Facilitation
- Postural correction
- Circulatory/Lymphatic facilitation
- Adhesions/spacing
- Neurological conditions
- Pathological movement patterns

What does it target?

- 5 Physiological Systems
 - Skin
 - Fascia
 - Circulatory/Lymphatic
 - Muscle
 - Joint

Contraindications

- Local
 - Malignancy sites
 - Cellulitis or other skin infection
 - Open wounds
 - DVT
- Global Precautions
 - Diabetes
 - Kidney Disease
 - Congestive Heart Failure
 - CAD or Bruits in the Carotid Artery
 - Pregnancy

Application

- Test patch >24hr prior.
- Anchor always without stretch
- Tear substrate paper to reveal an anchor for application in isolation.
- Tear paper and leave in situ to distinguish a base for clear boundary of therapeutic zone
- Round edges for longevity/prevent peeling and fraying
- Apply to stretched target tissue where possible
- ALWAYS REASSESS

Application

- Dependent on desired effect, Practitioner makes an informed decision on:
 - Shape of tape
 - Location of application
 - % stretch
 - Direction of application

Application: Shape

- Dependent on desired effect and underlying tissue orientation
 - **I Strip:** tension is focused directly over target tissue
 - **Y Strip:** tension is dispersed through/between two tails
 - **X Cut:** tension focussed directly over target tissue with dispersion through tails
 - **Fan Cut:** tension dispersed over target tissue through multiple tails.

Application: % Stretch

- Anchor and End: 0%
- Super Light: 0-10%
- Paper off: 10-15%
- Light: 15-25%
- Moderate: 25-35%
- Severe: 50-75%
- Full: 75-100%

Less is more

Application

- Recoil = Therapeutic Direction
 - Tape is either inhibiting or facilitating the underlying target tissue. But...
- Convolutions occur regardless of direction of application
 - Creates space in underlying target tissue
 - Lift epidermis from fascia
 - Decrease extracellular pressure/areas of varying pressure
 - Cause vessel lumen dilation
 - Reduce oedema/Reduce adhesions

Application: Inhibition & Facilitation

- Inhibit
 - Distal to Proximal
 - Insertion to Origin
 - 15-25% stretch
- Facilitate
 - Proximal to Distal
 - Origin to Insertion
 - 15-35% stretch

Application: Mechanical Correction

- Shape dependent on desired level of stimuli
 - Low: Y Strip with tail tension
 - Mod: Y Strip with base tension
 - High: I Strip
- ‘Positional Hold’
 - 50-75% stretch
 - Positional stimulus for desired resting position

Application: Fascia Correction

- 'Oscillating Tissue'
 - 10-50% stretch
 - 10-25% Superficial
 - 25-50% Deep
 - Oscillate tape throughout the therapeutic zone
 - Side-to-side
 - To-and-Fro

Application: Space Correction

- 'Lifting'
 - 10-35% centre stretch
 - Recoil and lift over target tissue
 - I Strip: 25-35%
 - Donut X Cut: 15-25%
 - Web Cut: 10-20%
 - Lumbar Star: 4 I Strips, 25-35%
 - Web Cut: 4-6 folded tails, 10-20%

Application: Ligament/Tendon Correction

- ‘Proprioceptive’
 - Stimulation of mechanoreceptors. Relays ‘normal’ tension.
 - Ligament: 75-100%
 - Perception of support
 - Primary support to injured tissue
 - No stretch on target tissue
 - Tendon: 50-75%
 - Stimulate GTO for joint protection
 - Stretch target tissue

Application: Functional Correction

- 'Spring Assist or Limit'
 - 50%+ proximal end
 - Neutral start
 - Bridge to proximal end
 - Active ROM to further stretch and stick
 - Resultant recoil = spring assist.

Application: Circulatory/Lymphatic

- ‘Channelling’
 - 0-20% for haematoma and odema
 - Double fan
 - Anchor near proximal, healthy and patent lymph node
 - Apply tails over congested area
 - Recoil allows exudate to travel through superficial lymphatic pathways.