Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

KINESIO UK



Kinesio Taping 1 (2&3)

Trawsnewid Addysg; Trawsnewid Bywydau
Transforming Education; Transforming Lives

www.uwtsd.ac.uk

KINESIO TAPING ASSOCIATION
SINCE 1984
KTA INTERNATIONAL

Welcome to KT1

Presented by the
Kinesio Taping® Association
International

An Introduction to the Kinesio Taping® Method
Basic Kinesio Taping® Concepts
Kinesio Taping® Muscle Applications

TAPING THE WORLD FOR HEALTH™

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What can we treat with Kinesio® Tex Tape?

- AC Joint Pain
- Achilles Tendonitis
- Brachial Plexus Syndrome
- Carpal Tunnel Syndrome
- Elbow Bursitis
- Hallux Valgus Pain
- Headaches
- Patella Tendonitis
- Shin Splints
- Lymphoedema
- Constipation
- Menstrual Pain

Virtually Anything!



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What is Kinesio Taping®?

- A time tested, therapeutic taping method using a uniquely designed elastic tape
- A modality that enhances the function of many different tissues and physiologic systems
- A modality that can be applied and worn for extended periods with continued therapeutic benefit between clinical visits



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What is Kinesio Taping®?



A Treatment…

- Appropriate for any stage of your treatment plan
  - acute
  - sub acute
  - rehabilitative
  - chronic
- Used to prevent re-injury
- Helps the body return to homeostasis

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What is Kinesio Taping®?

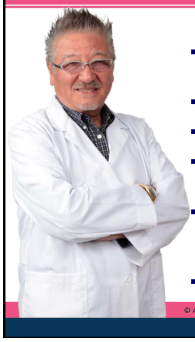
- A treatment modality that can be combined with other modalities:
  - Cryotherapy
  - Hydrotherapy
  - Manual Therapy
  - Electro-stimulation
  - Acupuncture
  - Intra-Muscular Stimulation
- Immediate and long term effects



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Who Founded the Kinesio Taping® Method?



Dr. Kenzo Kase

- Doctor of Chiropractic (National College of Chiropractic, USA, 1974)
- Certified in Acupuncture & Moxibustion
- Published Scientific Researcher since 1980
- Founder & Chairman of Kinesio Taping® Association International (KTAI) since 1984
- World renowned teacher and lecturer on the Kinesio Taping® Method, anatomy, and exercise protocols
- Published author of over 90 books

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History of Kinesio Taping® & Kinesio® Tex Tape



- As a clinician, Dr. Kase recognized that his manual treatments were effective but often temporary.
- He wanted to offer his patients a "prescription" that was effective between office visits.
- As a researcher, Dr Kase began experimenting with existing tapes but was dissatisfied with the results.
- Dr Kase invented the Kinesio Taping Method in 1979 after 6 years of clinical development.
- From 1979 – 1981 he developed and invented Kinesio Tex Tape, specifically for the Kinesio Taping Method.

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History of Kinesio Taping®



- First introduced into Japan's rehab hospitals
- Received first major international exposure in 1988 - Seoul Olympics
- Introduced to USA in 1995
  to Europe in 1998
- KTA Japan formed in 1984
- KTA US formed in 1997
- KTAI formed in 2007

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Unique Qualities of Kinesio Tex Tape



- Tape is constructed of 100% cotton and elastic fibers
- Tape is applied to substrate paper with 10% stretch
- Tape's elasticity is 40-60% of its resting length **depending on tape width*
- Tape stretches along longitudinal axis only

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Unique Qualities of Kinesio Tex Tape



- Tape's thickness and weight are similar to skin
- Tape's adhesive is 100% medical grade, acrylic, and heat-activated
- No medicine in tape
- Latex Free

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Why Kinesio Tex Tape?

All Elastic Therapeutic Tapes are Not Created Equal

- Most imitation tapes:
  - meet only 40-60% of Kinesio Tex Tape & Kinesio Taping standards
  - over stretch the fabric onto the paper backing
  - use an adhesive that is too strong for patient populations outside of healthy/young and athletic base
  - have a similar thread count (weave count), which makes the appearance similar to Kinesio Tex, but have too much elasticity resulting in higher irritation rates and discomfort issues

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Kinesio Tex Gold FP™

- Nano-touch stimulates epidermis and layers beneath
- Mimics gentle human touch yet provides a more effective hold
- Micro-grip deep set adhesive provides better grip with less surface area
- Higher grade cotton to allow greater breathability
- New protected weave process for improved comfort
- Core properties are consistent with the Kinesio Taping Method
- Hypoallergenic and latex free
- Exclusively available to medical professionals

**available in 2" small, bulk, 1" and 3" rolls*



PATENTED JP1433989
US PATENTS PENDING

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Kinesio Tex Classic

- Hypoallergenic and latex free
- High grade cotton for breathability and comfort
- Entry level pricing point which enables ALL to use authentic Kinesio Tex
- Available to medical professionals and patients

**only available in 2" small rolls*



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Kinesio Tex Tape Colors

- Beige was the first color
- Red (Pink) and Blue were developed for Color Therapy
- Black was developed for athletes
- White preferred by hospital and medical industry
- All manufactured with identical properties
- The dyes are hypoallergenic, derived from plant extracts



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Paper Removal: **Tear Method**



Tear substrate paper



Gently pull back paper from tape

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Feel the Stretch of Kinesio Tex Tape



Tear paper and pull backing from both sides to stretch tape

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Kinesio Taping® Method

Used to treat patients/clients with:

- Muscle imbalance
- Postural insufficiency
- Circulatory and lymphatic conditions
- Ligament, tendon and joint injuries
- Fascial adhesions and scars
- Pathological movement patterns
- Neurological conditions
- And…and



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Kinesio Taping® Method

- Allows normal ROM
- Effect of tape changes with different applications
- Can be worn 3-5 days with good skin tolerance
- Effective treatment between professional visits



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Kinesio Taping® Method

- More economical
- Latex free
- Safe for all populations
  - Test Patch



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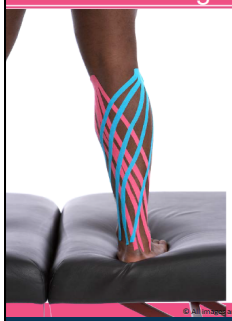
5 Major Physiological Systems Affected by Kinesio Tex Tape



1. Skin
2. Fascia
3. Circulatory/Lymphatic Systems
4. Muscle
5. Joint

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Kinesio Taping Superficial Lymphatic Drainage Concept



- Kinesio Tex Tape applied to the skin
- Optimizes interstitial lymphatic fluid flow
- Enhances fluid exchange between tissue layers
- Reduces edema and pain
- Equalizes temperature

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Kinesio Taping Superficial Lymphatic Drainage Concept



Effect of Kinesio Taping Fan Application on bruise after 12 hours

- Lifts the skin, causing convolutions
- Creates channels of low pressure in congested areas
- Decreases pain
- Assists return to homeostasis

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Kinesio Taping Convolutions Concept



- Recoil Effect of Kinesio Tex Tape on the skin influences the position and distensibility of the skin
- Convolutions will be apparent depending on mobility of the tissue
- The space created by these convolutions affects muscle function as well as many other tissues

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Kinesio Taping Method
Basic Tape Terminology

Target Tissue: Tissue that requires treatment

I Strip: Solid strip of Kinesio Tex Tape, may be cut to length and width of target tissue

Anchor: Beginning of application; no tension

Ends: Last part of tape that is laid down; no tension

Base: Tape beyond anchor. Stretched portion of tape between anchor and end. "Therapeutic Zone"

Proximal: Attachment closest to midline of the body (origin)

Distal: Attachment furthest from midline (insertion)

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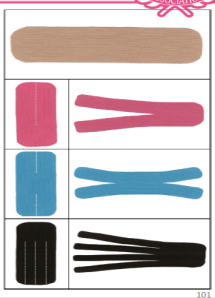
Application of
Kinesio Tex Tape

I Strip: Tension is focused within the therapeutic zone directly over target tissue

Y Strip: Tension is dispersed through and between two tails over target issue

X Cut: Tension is focused directly over target tissue and dispersed through tails at each end

Fan Cut: Tension is dispersed over target tissue through multiple tails



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Kinesio Taping
Contraindications

Do not apply Kinesio Tex Tape:

- Over active malignancy site
- Over active cellulitis or skin infection
- Over open wounds
- Over Deep Vein Thrombosis (clots)



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Kinesio Taping Precautions

- Diabetes
- Kidney Disease
- Congestive Heart Failure
- CAD or Bruits in the Carotid Artery
- Fragile or healing skin
- Pregnancy

Be aware that taping for these conditions may require physician approval.



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Kinesio Tex Tape' s Always

- Assess, Tape, Re-assess
- Tape for pain and cause of pain
- Clean and dry skin prior to application
- Round edges of Kinesio Tex Tape
- Apply no tension to anchors or ends



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Kinesio Tex Tape's Always

- Anchor to skin whenever possible in neutral posture
- Body hair may need to be clipped or shaved
- Appropriate tension is applied between the anchors within the Therapeutic Zone
- The Therapeutic Zone is applied to stretched target tissue whenever possible



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Kinesio Tex Tape's Always

- Joint is moved through its full range of motion prior to completing tape application **Within pain free range*
- After application, rub tape to activate adhesive
- Application during activity, may require the use of a tape adherent
- Apply 30 minutes or more before rigorous activity or swimming
- Patient education is an important component to successful applications



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Kinesio Tex Tape's Nevers

- Do not blow dry tape
- Do not attach to nape of hair, through axilla or groin
- Do not "pull" patient into position using Kinesio Tex Tape
- Do not leave tape on skin if itching or increased pain occurs
- Avoid touching adhesive side of tape prior to proper placement on skin.



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Legal Statement

Kinesio Taping® Association highly encourages an assessment process to best determine the most accurate Kinesio Taping® application. The Kinesio Taping® Association with the collaboration of its worldwide practitioners have determined these assessments to be beneficial for use with the Kinesio Taping® Method.

Kinesio Taping® assessments are to be used at the discretion of a practitioner. Kinesio®, nor its instructors, will not be responsible for any assessments done by Kinesio® practitioners. If you, as a practitioner, believe that an assessment is outside of your scope of practice or involves a medical issue, please do not attempt the assessment on your patient(s). Instead, recommend that your patient(s) contact a physician.

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Kinesio Taping "Convolutions Lab"



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Iliocostalis Lumborum

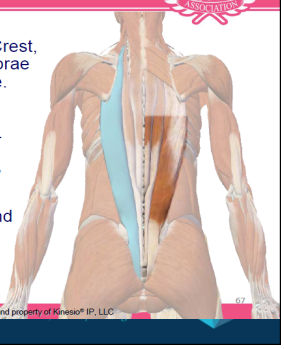
Proximal Attachments:
Crest of Sacrum, medial lip of Iliac Crest, spinous processes of Lumbar Vertebrae and 11th and 12th Thoracic Vertebrae.

Distal Attachments:
Lower border angles of 5th-12th Ribs.

Bilateral Action: Lumbar extension, postural stabilization

Unilateral Action: Lateral flexion and rotation to ipsilateral side

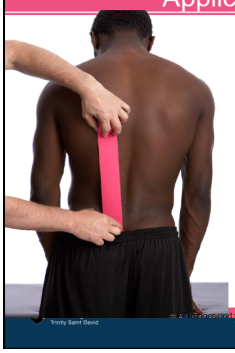
Innervations:
Dorsal rami of Spinal Nerve



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Kinesio Taping Iliocostalis Lumborum Application

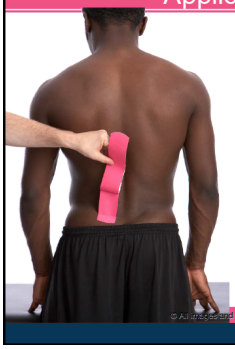


- Measure from crest of Sacrum to approximately T5
- Cut two Kinesio Tex Tape I Strips
- Round ends of tape

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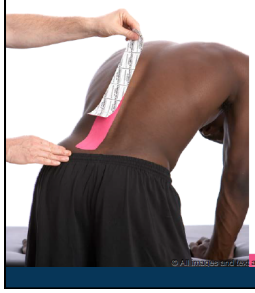
Kinesio Taping Iliocostalis Lumborum Application



- Anchor the first Kinesio Tex Tape I Strip just below the left SI region with no tension

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Kinesio Taping Iliocostalis Lumborum Application

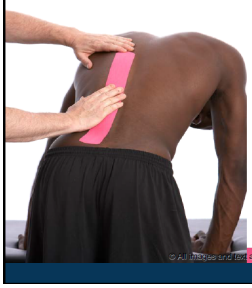


Tissue Stretch Position: Lumbar Spine flexion with rotation to right side

- Apply Kinesio Tex Tape I Strip to the skin by pulling the paper backing off while guiding the tape onto skin
- Use "paper off tension" applying tape directly over and parallel to the target tissue fibers

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Kinesio Taping Iliocostalis Lumborum Application



- End I Strip with no tension
- Rub tape vigorously enough to create warmth, which will activate the acrylic adhesive

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Kinesio Taping Iliocostalis Lumborum Application

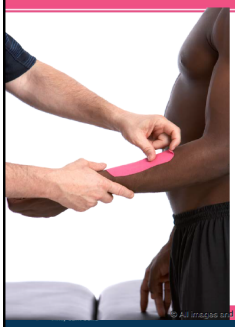


Apply right Kinesio Tex Tape I Strip

- Apply anchor with no tension in neutral
- Tissue Stretch Position: Lumbar flexion and rotation to left as tolerated
- Apply with "paper off tension"
- End with no tension
- Rub to activate adhesive prior to movement

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Removal of Kinesio Tex Tape



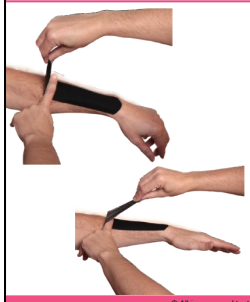
"ROLL" Method

- Remove in direction of hair growth
- Roll the tape off using the base of the hand to brush/pat skin gently to reduce discomfort

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Removal of Kinesio Tex Tape



"PRESSURE" Method

- Pull edge of tape away from skin
- Place index finger against tape with downward/inward pressure
- Pull tape up and away with moderate to high tension
- While maintaining index finger pressure as tape is removed

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Removal of Kinesio Tex Tape



"SKIN FROM TAPE" Method

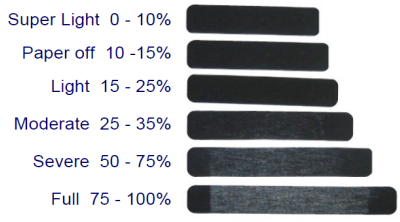
- Pull the skin back from the tape
- Tape may be removed while bathing
- Soap, hand lotion or oil (baby or mineral) may be applied to the tape to break the adhesive bonds comfortably

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Kinesio Taping Tension Percentage Guidelines

Percentage of Available Stretch



0% tension anchor or end

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Application of Kinesio Tex Tape



- Whenever possible, Kinesio Tex Tape is applied to stretched tissue, with appropriate tension added to the tape by the practitioner
- Tension is never placed in the anchor or ends
- Err on the side of "less is more"

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Basic Kinesio Taping Muscle Application Concepts

D to P (I to O)

Distal → Proximal

To inhibit overused muscle- acute conditions, muscle spasm

15% to 25% tension

P to D (O to I)

Proximal → Distal

To facilitate weak muscle-chronic conditions, rehabilitation

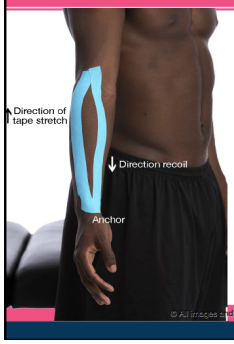
15% to 35% tension

Therapeutic Direction is the recoil of the tape toward the anchor.
Therapeutic Zone is the region of tape applied to targeted tissue.

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Kinesio Taping Method Inhibition Concept



Tape is applied from distal attachment to proximal attachment (insertion to origin)

Tension in the tape is 15% to 25%

Tape recoils toward anchor to inhibit the muscle

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Kinesio Taping Method Facilitation Concept



Tape is applied from proximal attachment to distal attachment (origin to insertion)

Tension in the tape is 15% to 35%

Tape recoils toward anchor to facilitate the muscle

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Kinesio Taping Method "Direction Lab"



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Kinesio Taping Method

Common muscles to facilitate or inhibit

- **Hamstrings**
- **Gastroc and Soleus**
- **Deltoid**
- **Biceps Brachii**
- **CEO**
- **CFO**
- **Adductors**

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Kinesio Taping Method

Facilitation and Inhibition of the Hamstrings

Right Leg
Inhibit
D – P
15 - 25%



Left Leg
Facilitate
P – D
15 - 35%

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"Direction Lab" Upper Trapezius Muscle Taping

Proximal Attachments: External Occipital Protuberance, medial one third of superior Nuchal Line, Ligamentum Nuchae, spinous process of C7

Distal Attachments: Lateral one third Clavicle, Acromion Process

Nerve: Accessory Nerve, Ventral Rami C2,3,4

Action: Scapular elevation, Cervical extension, lateral flexion and rotation

Bilaterally: Cervical extension

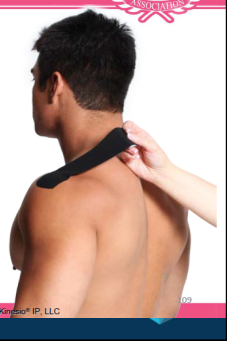


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Kinesio Taping Upper Trapezius Inhibition Application

Measure and cut Kinesio Tex Tape I Strip

- Anchor with no tension distal to the Acromion



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Kinesio Taping Upper Trapezius Inhibition Application

Position: Laterally flex to the opposite side, rotate to same side

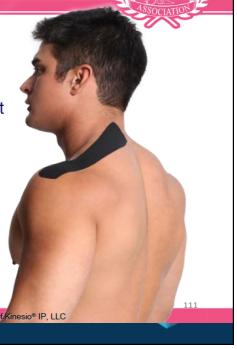
- Apply 15 - 25% tension or Paper-Off tension for direct comparison
- Direct the tape towards C7 Spinous Process and Nuchal Line (proximal attachment)



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Kinesio Taping Upper Trapezius Inhibition Application

- End with no tension at nuchal line at level of C7
- Rub tape to activate adhesive



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Kinesio Taping Upper Trapezius Facilitation Application



Measure and cut Kinesio Tex I Strip

- Anchor with no tension at Nuchal Line at level of C7

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Kinesio Taping Upper Trapezius Facilitation Application



Position: Laterally flex to the opposite side, rotate to same side

- Apply 15-35% tension or Paper-Off tension for direct comparison
- Direct the tape toward the Acromion Process
- End with no tension distal to Acromion
- Rub tape to activate adhesive

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Kinesio Taping "Direction Lab"

Upper Trapezius Muscle Applications

Kinesio Tex I Strip for Inhibition (Black)

Kinesio Tex I Strip for Facilitation (Blue)



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Welcome to KT2

Presented by the Kinesio Taping® Association International

Kinesio Taping® Corrective Techniques
Concepts and Clinical Applications
Intermediate / Advanced Kinesio Taping® Seminar

TAPING THE WORLD FOR HEALTH™

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Kinesio Taping Mechanical Correction

"Positional Hold"

- 50 - 75% tension
- Inward/downward pressure
- Positional stimulus to influence a desired resting position
- Maintains full, functional AROM
- Maintains circulation
- "Inhibits" pathological movement

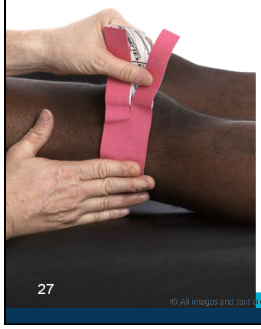
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Kinesio Taping Mechanical Correction

- **Kinesio Tex Y Strip: Tension in the Tails**
  low level of stimulus
- **Kinesio Tex Y Strip: Tension in the Base**
  moderate level of stimulus
- **Kinesio Tex I Strip: Tension in Center of Base**
  high level of stimulus

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Mechanical Correction Kinesio Tex Y Strip
Tension in the Tails



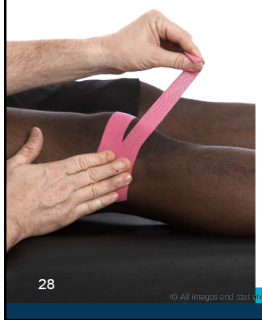
Measure and cut Kinesio Tex Y Strip

- Position: Supine with knee 20 - 30º flexion
- Anchor with no tension below or behind the target tissue

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Mechanical Correction Kinesio Tex Y Strip
Tension in the Tails

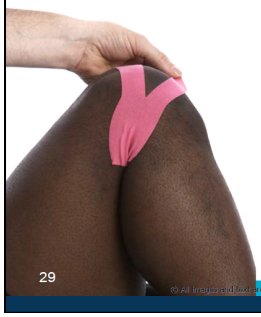


- Place hand on anchor to limit tension transfer
- Apply 50 - 75% tension with downward/inward pressure
- Apply lower tail over inferior pole of patella to the mid point

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Mechanical Correction Kinesio Tex Y Strip
Tension in the Tails



- Request active knee flexion
- Slide hand holding anchor to mid point of patella
- End with no tension
- Activate Adhesive

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Kinesio Taping Mechanical Correction



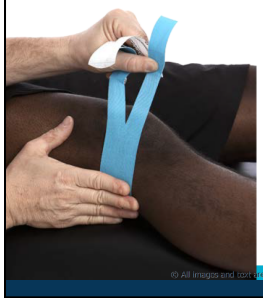
Completed Taping

- Kinesio Tex Y Strip
- 50 - 75% tension with inward / downward pressure
- Tension in the Tails

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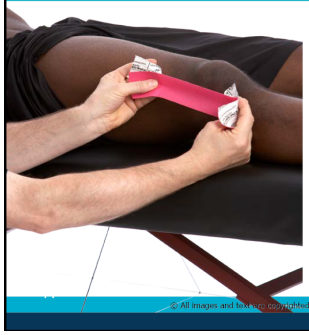
Mechanical Correction Kinesio Tex Y Strip
Tension in the Base



- Place one hand on anchor to limit tension transfer
- Apply 50 - 75% tension with downward/inward pressure to base of tape
- Split in the Kinesio Tex Y Strip may be directed over the lateral border and possibly to the mid-point of the patella

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Mechanical Correction Kinesio Tex I Strip

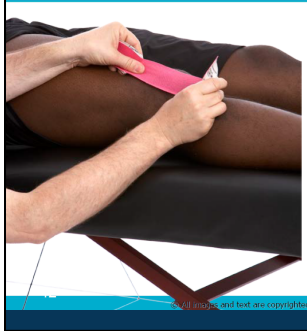


Measure and cut Kinesio Tex I Strip

- Position: Supine close to edge of table in 20 - 30º flexion
- Tear paper substrate in center

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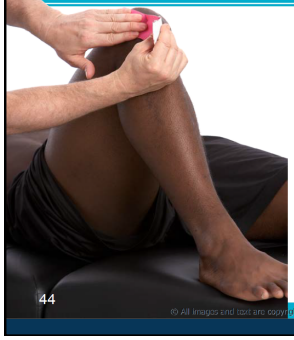
Mechanical Correction Kinesio Tex I Strip



- Apply 50 - 75% tension in center of base
- Approximately 1/3 to 1/2 of the Kinesio Tex Tape should be placed along the lateral border of the patella

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Mechanical Correction
Kinesio Tex I Strip

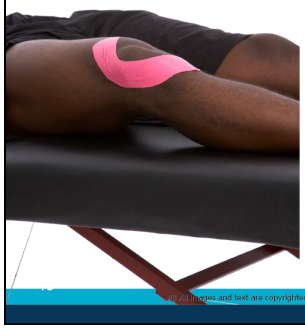


- At end range flexion, move one hand over target tissue to activate adhesive and maintain downward / inward force

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Kinesio Taping
Mechanical Correction



Completed Taping

- Kinesio Tex I Strip
- 50 - 75% tension with inward / downward pressure
- Tension in Center of Base

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Kinesio Taping
Mechanical Correction
Patellar Tracking Lab

Y Strip	Y Strip	I Strip
Tension in the Tails	Tension in the Base	Tension in Center of Base



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Kinesio Taping
Mechanical Correction
Shoulder Instability Lab



Completed Taping

- Glenohumeral Correction
- AC or Humeral Head Depression
- Two Kinesio Tex I Strips
- 50 - 75% tension
- Applied with downward / inward pressure

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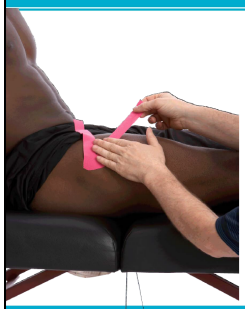
Kinesio Taping
Fascia Correction

"Oscillating Tissue"

- 10 - 50% tension
  - 10 - 25% tension for Superficial Fascia
  - 25 - 50% tension for Deep Fascia
- Oscillate tape "Side to Side" or "Long and Short"
- Oscillations applied throughout Therapeutic Zone
- To create, unwind or direct movement of fascia

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Fascia Correction
Kinesio Tex Y Strip
Tension in the Tails



- Place one hand lightly on anchor
- **"Side to Side"** apply 10 - 50% tension for through tails
- **"Long and Short"** apply 10 - 50% tension through tails
- Gently slide hand holding the anchor to follow oscillations

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Kinesio Taping
Iliotibial Band Syndrome Lab



TFL Facilitation Application
- Kinesio Tex I Strip
- P to D
- 15 - 35% tension

Fascia Correction
Ram's Head
- Kinesio Tex Y Strip
- Tension in the Tails
- 10 - 50% tension

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Kinesio Taping
Space Correction

"Lifting"

- 10 - 35% tension in center of tape
  **% varies with cut*
- Decrease pressure on target tissue
- Create recoil and lift over target tissue

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Kinesio Taping Space Correction

- Kinesio Tex I Strip: 25 - 35% tension
- Donut Hole Cut: 15 - 25% tension
- Web Cut: 10 - 20% tension

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Kinesio Taping Space Correction Lab

Kinesio Tex I Strip



Donut Hole Cut



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Kinesio Taping Space Correction Lumbar Star Lab



Completed Taping

- 4 Kinesio Tex I Strips
- 25 - 35% tension

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Space Correction Web Cut

Measure and cut Kinesio Tex I Strip

- Fold tape and cut 4 - 6 slits on fold
- Tear paper in center or near one end



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Kinesio Taping
Space Correction Lab

Completed Taping

- Kinesio Tex I Strip
- Web Cut
- 10 - 20% Tension



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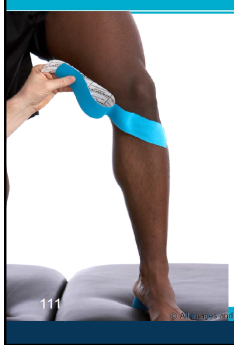
Kinesio Taping
Ligament / Tendon Correction

"Proprioceptive"

- Decrease stress on ligament and tendon
- Produce a signal through the skin to the brain for perception of normal tension on target tissues
- Ligament: 75 - 100% tension
  - Perception of support through stimulation of mechanoreceptors.
  - Primary support to injured tissue at joint.
  - No stretch on target tissue
- Tendon: 50 - 75% tension
  - Stimulate Golgi Tendon Receptors (GTO) for joint protection
  - Stretch target tissue

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Ligament Correction
MCL Application



Measure and cut Kinesio Tex I Strip

- Kinesio Taping Rule of Thirds
- Position: mid range posture (knee 20 - 30º of flexion)
- Anchor with no tension
- Hold anchor to limit tension transfer

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Ligament Correction
MCL Application

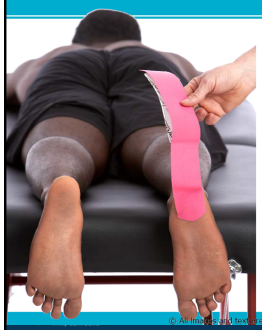


- Apply 75 - 100% tension directly over ligament
- Tension ends at superior aspect of medial Femoral Condyle

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Tendon Correction
Achilles Tendon Application



Measure and cut Kinesio Tex I Strip

- Position: Prone, dorsiflexion
- Anchor with no tension at Calcaneal fat pad

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Tendon Correction
Achilles Tendon Application



- Place tendon to be treated in a stretched position
- Apply 50 - 75% tension over length of tendon
- It is common to add 15 - 25% tension over muscle as Inhibition Application after Tendon Correction

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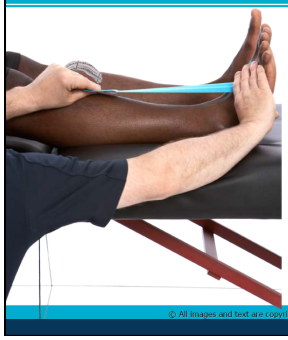
Kinesio Taping
Functional Correction

"Spring-Assist or Limit"

- 50 - 75+% tension
- Provides sensory stimulation to either assist or limit a motion
- Tension in the tape is applied through movement
- Pre-load motion to increase stimulation of mechanoreceptors
- Prevention of tissue overstretch, joint hyper-mobility and re-injury

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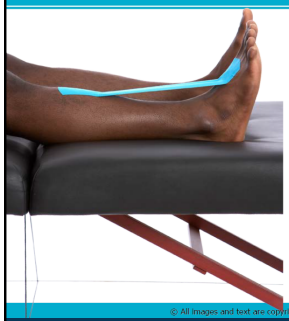
Functional Correction
Ankle Application



- Anchor distally with no tension

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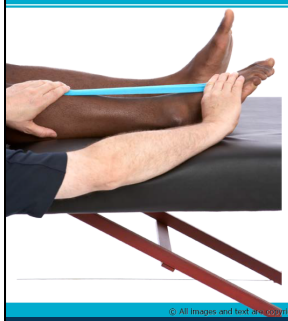
Functional Correction Ankle Application



- Apply 50+% tension to end proximally at Tibial Crest
- Create "Tent" or "Bridge"
- End with no tension

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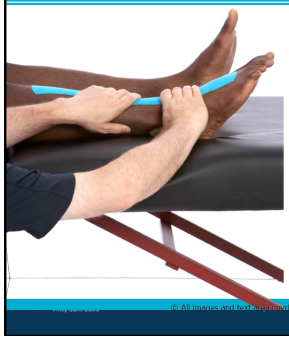
Functional Correction Ankle Application



- Hold ends in place
- Request active ankle plantar flexion

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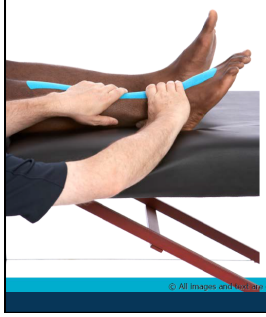
Functional Correction Ankle Application

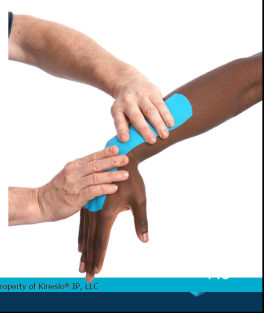


- Slide hands to center to smooth and adhere tape
- Activate adhesive
- Return joint to relaxed posture

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Kinesio Taping Functional Correction Lab





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Kinesio Taping Circulatory / Lymphatic Correction

"Channeling"

- 0 - 20% tension
  - 0 - 20% tension for Hematoma Application
- Anchor is typically applied proximally, near healthy patent lymph node
- Directional pull of the tape allows the exudate to travel to less congested areas, through superficial lymphatic pathways
- Fan tails applied over congested area

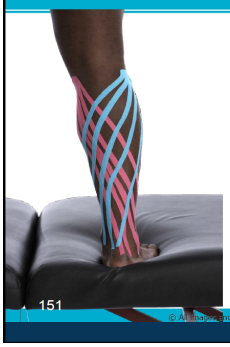
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Kinesio Taping Circulatory / Lymphatic Correction



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Circulatory / Lymphatic Correction Application



Second Fan Application

- Anchor with no tension at region of healthy lymph node, proximal to swelling (less congested area)
- Apply 0 - 20% tension in tails over edematous areas. Second Fan Strips cross first Fan Strips
- End each tail with no tension
- Activate adhesive

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Kinesio Taping Method

Muscle Technique: Inhibition Apply Distal to Proximal 15-25% stretch	Mechanical Correction: 50-75% stretch Push or Pull in to position I, Y strips	Lymphatic Correction: Channelling 10-25% stretch Fan strip to nearest functional lymph node
Muscle Technique: Facilitation Apply Proximal to Distal 15-35% stretch	Space Correction P+ Cross: Donut: Bursitis Web Cut: Joints 25-50% tension	Tendon Correction: 50-75% stretch
Ligament Correction Up to 100% stretch	Functional Correction Prevent excess movement 50-75% tension Apply stretched into vulnerable range	Fascia Correction 10-50% Usually at right angle or Rams Horn

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