


consider skateboarding an art form
and sport.



FMT Basic

FMT Kinesiology Taping Certification

ROCKTAPE

nothing
compared
to what it feels
like to quit.

The most
powerful
weapon
earth has
is human
will on fire

Hello

my name is

Paperwork



Tr

Apps to take notes. Public Link for PDF Notes:



Notability



Evernote

Slides: http://rocktape.com/wp-content/uploads/course_pdf/basic/basic-slides.pdf

Manual: http://rocktape.com/wp-content/uploads/course_pdf/basic/basic-materials.pdf

ROCKTAPE

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We are a movement company that dabbles in tape.

- Someone important



How well are you MOVING?

Does it really matter?

7



Brazilian researchers discovered an interesting link between a person's ability to **sit and rise from the floor** and the risk of being **6.5 times more likely to die in the next six years.**

Brito LBB, Ricardo DR, Araujo DSMS, et al. Ability to sit and rise from the floor as a predictor of all-cause mortality. European Journal of Cardiovascular Prevention, 2012;

8



Sit down on the floor and get back up, using as little support as possible.

A point will be subtracted every time you use a hand, knee or other body part for support.

9

Study Methods

Six year study
2,000 subjects
Ages 51-80
Scored out of 10

Subtract one point every time a hand, knee
or other body part is used for support

10

159
people died

Mostly those with lower test scores.

Each point increase was linked to **21% reduction** in risk
of death

11



Movement Criteria

You all signed the waivers right?

12

consider skateboarding an art form and a sport.

1

Taping History

IT'S NOT EITHER YOU GET LOCKED DOWN, IT'S EITHER YOU GET UP.

Pain is nothing compared to what it feels like to quit.

The most powerful weapon earth is human on fire

ROCKTAPE

16

Rigid Tape



Elastic Therapeutic Tape



consider skateboarding an art form and a sport.

2

Skin

IT'S NOT WHETHER YOU GET KNOCKED DOWN. IT'S WHETHER YOU GET UP.

Pain is nothing compared to what it feels like to quit.

The most powerful weapon on earth is human on fire

ROCKTAPE

25

Free Nerve Endings

Root Hair Plexus

Tactile Discs And Merkel Cells

Tactile Corpuscles

Lamellated Corpuscles

Ruffini Corpuscles

Largest organ of your body

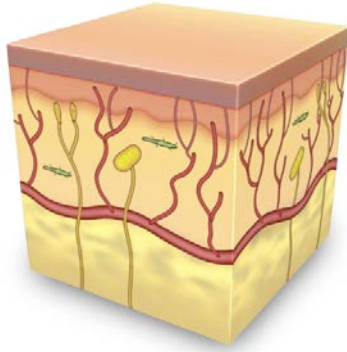
26

Skintelligence

Our skin is a megaphone to get our brain's attention.

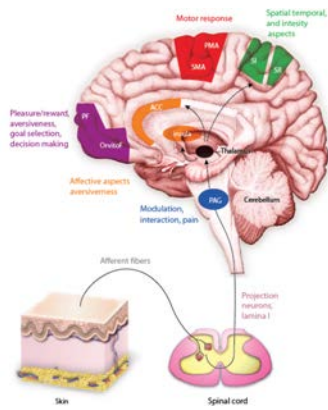
27

Biomechanical Lifting Effect



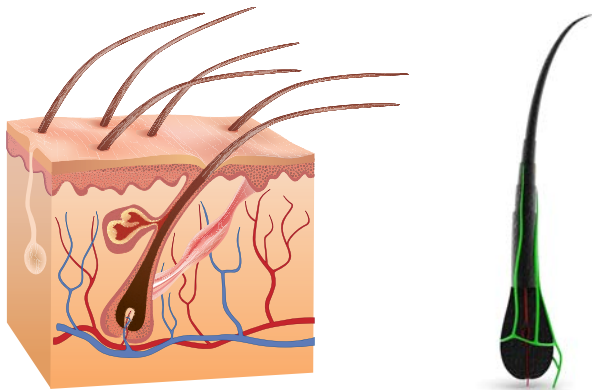
28

Skin Brain Connection



Paus, Ralf., Schmelz, Martin., Biro, Tamas., Steinhoff, Martin. Frontiers in pruritus research: scratching the brain for more effective itch therapy. J Clin Invest. 2006; 116(5): 1174-1186. 29

Hair Follicles

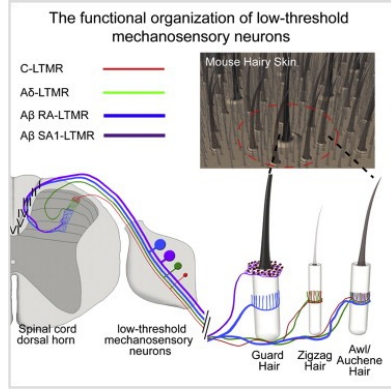


Root Hair Plexus

30

Hair Follicles

- Perception of Myriad Touch Sensations
- LTMR's - functionally distinct mechanosensory end organs



The Functional Organization of Cutaneous Low-Threshold Mechanosensory Neurons. Cell, 2011; 147 (7) 31



The Sense of Touch

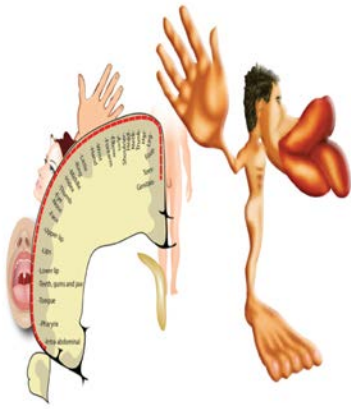
1. Tactile
2. Pain
3. Temperature
4. Pressure
5. Vibration
6. Proprioception
7. Interoreception

45 Miles

45 miles of peripheral nerve in a human body

Every cubic centimeter of skin organ has a nerve or portion thereof, supplying it, embedded into it.

Cortical Homunculus



Marieb, E., Hoehn, K. Human Anatomy and Physiology, 7th Ed. 2007. Pearson Benjamin Cummings: San Francisco 34

What are we dealing with?



35

Sensory Input for Motor Output



3

Effects and Benefits of Kinesiology Tape

ROCKTAPE

3 Main Effects



Pain Mitigation

If there's a story behind the image, icon or photo above, then this is the best place to put it. Be concise though!



Decompression

If there's a story behind the image, icon or photo above, then this is the best place to put it. Be concise though!



Neuro-Sensory

If there's a story behind the image, icon or photo above, then this is the best place to put it. Be concise though!

4

- Pain Mitigation
- Decompression
- Neurosensory Input

ROCKTAPE

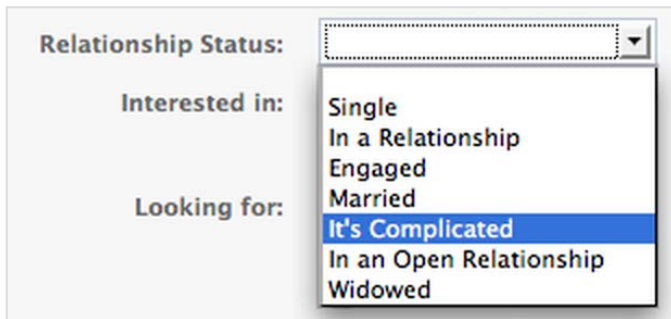


Pain is a request for change.

Perry Nickelston, Stop Chasing Pain.

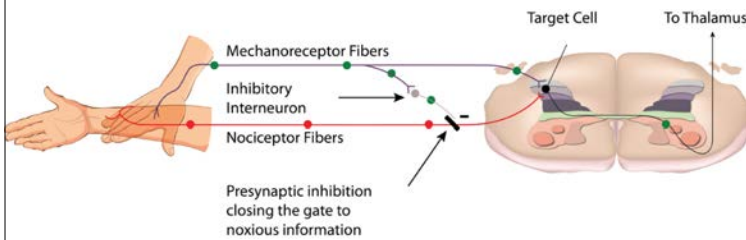
40

Our relationship with pain...



41

Pain Gate Theory of Pain in TextBooks



Meizack, Ronald, and Patrick D. Wall. "Pain mechanisms: a new theory." 42

Meta-analysis Focused on Pain

BJSM Online First, published on January 16, 2015 as 10.1136/bjsports-2014-094151 Review

Kinesio taping in musculoskeletal pain and disability that lasts for more than 4 weeks: is it time to peel off the tape and throw it out with the sweat? A systematic review with meta-analysis focused on pain and also methods of tape application

Edwin Choon Wyn Lim,¹ Mathew Guo Xiang Tay

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Accepted 28 December 2014

ABSTRACT Introduction: In recent years, Kinesio tape has been used to support injured muscles and joints, and relieve pain. We compared the pain and disability in individuals with chronic musculoskeletal pain who were treated with Kinesio taping with those using physical or other treatment approaches.

Methods: Searches of eight major electronic databases were conducted. Data for pain and disability scores were extracted. Meta-analyses (wherever possible) with either a fixed or random effect(s) model, standardised mean differences (SMDs) and tests of heterogeneity were performed.

Results: Seventeen clinical-controlled trials were identified and included in the meta-analysis. When compared to minimal intervention, Kinesio taping provided superior pain relief (pooled SMD=-0.36, 95% CI -0.64 to -0.09, p=0.009) but the pooled disability scores were not significantly different (pooled SMD=-0.41, 95% CI -0.83 to 0.01, p=0.05). No significant differences were found when comparing Kinesio taping to other treatment approaches for pain (pooled SMD=-0.44, 95% CI -1.69 to 0.82, p=0.49) and disability (pooled SMD=0.08, 95% CI -0.27 to 0.43, p=0.65).

Discussion: Kinesio taping is superior to minimal intervention for pain relief. Existing evidence does not establish the superiority of Kinesio taping to other treatment approaches to reduce pain and disability for individuals with chronic musculoskeletal pain.

METHODS

We report effectiveness of Kinesio taping for musculoskeletal injuries in clinical practice. However, some reviews¹⁻³ have reported evidence for pain reduction with the use of KT. From a methodological perspective, many of the reviews¹⁻³ used a descriptive approach to summarise their results, while the others^{4,5} attempted a quantitative approach to evaluate the effects of KT on various clinical parameters. Even though there have been extensive efforts aimed at evaluating the efficacy of KT, there is still a dearth of analyses synthesising the findings of individual studies to determine the effects of KT application on pain and disability, and, if it does, the magnitude of these effects.

We aimed to systematically review randomised controlled trials comparing the effect of KT (interwoven) with other forms of interventions (non-interventive) for pain and disability (post-intervention) in individuals with chronic musculoskeletal pain (patients). We included trials that also had individuals with chronic musculoskeletal pain or musculoskeletal pain persisting beyond the acute phase defined as pain lasting longer than 4 weeks.⁶ A secondary objective was to review the parameters of KT application and to investigate whether these factors influence pain and disability outcomes.

Conclusion:

1. KT is superior to minimal intervention for pain relief.
2. KT as an adjunct is beneficial in pain relief

Choo Wyn Lim et al, BJSM, 2015 55

Superior Pain Relief

Methods: Searches of eight major electronic databases were conducted. Data for pain and disability scores were extracted. Meta-analyses (wherever possible) with either a fixed or random effect(s) model, standardised mean differences (SMDs) and tests of heterogeneity were performed.

Results: Seventeen clinical-controlled trials were identified and included in the meta-analyses. When compared to minimal intervention, Kinesio taping provided superior pain relief (pooled SMD=-0.36, 95% CI -0.64 to -0.09, p=0.009) but the pooled disability scores were not significantly different (pooled SMD=-0.41, 95% CI -0.83 to 0.01, p=0.05). No significant differences were found when comparing Kinesio taping to other treatment approaches for pain (pooled SMD=-0.44, 95% CI -1.69 to 0.82, p=0.49) and disability (pooled SMD=0.08, 95% CI -0.27 to 0.43, p=0.65).

Discussion: Kinesio taping is superior to minimal intervention for pain relief. Existing evidence does not establish the superiority of Kinesio taping to other treatment approaches to reduce pain and disability for individuals with chronic musculoskeletal pain.

Conclusion:

1. Research is telling us that when used without other interventions, outcomes are good!
2. KT should be used as an adjunct for treatment

Choo Wyn Lim et al, BJSM, 2015 56

Treat it, tape it, train it

KT as an adjunct to exercise therapy

In contrast, the two trials which used KT as an adjunct to exercise reported a significant difference in pain and disability between groups, favouring the experimental group.³³⁻⁴² This is not surprising as exercise has been reported to garner good evidence of effectiveness as a standalone or adjunctive treatment for chronic musculoskeletal pain.^{4,5} Taken together, our review suggests that KT, when used in combination with conventional therapy, may be effective in reducing pain. Our clinical impression is that many clinicians use KT in this way—as an adjunct to exercise.

Conclusion: significant improvement when combining tape with corrective exercise interventions.

Choo Wyn Lim et al, BJSM, 2015 57

↓ Pain & ↑ ROM

Kinesio taping compared to physical therapy modalities for the treatment of shoulder impingement syndrome

Erkan Kaya · Murat Zinergil · Hakan Yagci

Received 9 March 2018; Revised 18 April 2018; Accepted 26 April 2018; Published online 30 April 2018
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Abstract The purpose of this study was to determine and compare the efficacy of kinesio tape and physical therapy modalities in patients with shoulder impingement syndrome. Patients (n=75) were treated with kinesio tape (n=38) three times by intervals of 1 hour or a daily program of total modalities (n=37) for 2 weeks. Responses to treatment were evaluated with the Disability of Arm, Shoulder, and Hand scale. Patients were questioned for the night pain, daily pain, and pain with motion. Outcome measures except for the Disability of Arm, Shoulder, and Hand scale were assessed at baseline, 1st, and second weeks of the treatment.

Disability of Arm, Shoulder, and Hand scale was evaluated only before and after the treatment. Disability of Arm, Shoulder, and Hand scale and visual analog scale scores decreased significantly in both treatment groups as compared with the baseline scores. The differences between the two groups were not statistically significant. The mean scores of the Visual Analog Scale (VAS) were 0.01, 0.01, and 0.00, respectively at the first week (baseline), second week, and third week of the first group (70, 70, and 70, respectively). However, there was no significant difference in the same parameters between two groups at the second week (0.00, 0.01, and 0.01 for the first, second, and third week, respectively). Disability of Arm, Shoulder, and Hand scale scores of the kinesio taping group were significantly lower at the second week as compared with the physical therapy group. No side effects were observed. Kinesio tape has been found to be more effective than the total modalities at the first week and was similarly effective at the second week of the treatment. Kinesio taping may be an alternative treatment option in the treatment of shoulder impingement syndrome especially when an immediate effect is needed.

Keywords: Kinesio tape; Physical therapy; Rehabilitation; Shoulder; Shoulder impingement syndrome

Introduction Shoulder impingement has been defined as compression and mechanical abrasion of the rotator cuff structures as they pass beneath the acromion and acromioclavicular joint.¹ Multiple theories have been proposed to explain the primary etiology of shoulder impingement, including anatomic abnormalities of the acromioclavicular joint, the rotator cuff tendons, and shoulder kinematics.

- Conclusion:**
1. Immediately reduce the threat of pain
 2. The therapeutic KT group showed immediate improvement in pain-free shoulder abduction
 3. These studies are small, but important to the consumer

↓ Pain & ↑ ROM

JAVIER GONZÁLEZ GILLESPIE, PT, PhD · CESAR FERNÁNDEZ DE LAS PEÑAS, PT, PhD · JOSHUA CLELAND, PT, PhD · PETER RICHMOND, PT, DSC, DPT, OCS, NASEPT, FRCPT · MARÍA DEL ROSARIO SUTERRELLA VEGA, PT

Short-Term Effects of Cervical Kinesio Taping on Pain and Cervical Range of Motion in Patients With Acute Whiplash Injury: A Randomized Clinical Trial

Whiplash injuries or whiplash-associated disorders (WADs) often occur with motor vehicle accidents. The Quebec Task Force adopted the following definition of whiplash: "Whiplash is an acceleration-deceleration mechanism of energy transfer to the neck. It may result from rear-end or side-impact motor vehicle collisions, but can also occur during diving or other mishaps. The impact may result in bony or soft tissue injuries (whiplash), which in turn may lead to a variety of clinical manifestations (whiplash-associated disorders)."¹ The incidence rate varies across different studies and countries, but it may be as high as 677 per 100,000 inhabitants.² While it has

- Conclusion:**
- Patients with acute WAD receiving KT exhibited statistically significant improvements immediately following application and at 24-hour follow-up.

↓ Pain and ↑ Position Sense

Isokinetics and Exercise Science 19 (2011) 135-142
DOI: 10.1259/1053-2011-0413
ISSN 1053-2011

Initial effects of kinesio® taping in patients with patellofemoral pain syndrome: A randomized, double-blind study

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*Department of Physical Therapy and Rehabilitation, Faculty of Health Sciences, Baskent University, Ankara, Turkey
†Department of Physical Medicine and Rehabilitation, Sinol/nted Health Clinic, Shanghai, China
‡Department of Physical Therapy and Rehabilitation, Faculty of Health Sciences, Hacettepe University, Ankara, Turkey
§Department of Physical Medicine and Rehabilitation, Baskent University Hospital, Ankara, Turkey

Abstract. The purpose of this randomized, double-blind study was to determine the acute effects of kinesio® taping on pain, strength, joint position sense and balance in patients with patellofemoral pain syndrome (PFPS). Twenty-two subjects with PFPS participated in the study. Subjects were separated into two groups: kinesio® taping (KT) and placebo kinesiotaping (PKT). All subjects were assessed before and 45-min after the applications. Muscle strength, joint position sense, static and dynamic balance and pain intensity were used as the main outcome measures. Among all outcome parameters significant differences were found between strength of quadriceps muscle at 60 and 180°/s, and static and dynamic balance scores before and 45-min after application of KT. There was also a significant difference between strength of quadriceps muscle at 60°/s and static balance scores before and 45 minutes after application of the PKT. Therefore KT application does seem to be an effective treatment method for both decreasing pain and improving joint position sense for patients with PFPS.

Keywords: Balance, isokinetics, joint position sense

- Conclusion:**
- The results showed there was significant difference between no tape and KT for PFP group during descending stairs.
- And there was significant difference between no tape and K taping conditions for PFP group

Compromised Population

PHYSIOTHERAPY THEORY
and PRACTICE

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informa
healthcare

RESEARCH REPORT

Efficacy of kinesio taping on isokinetic quadriceps torque in knee osteoarthritis: a double blinded randomized controlled study

Sudashan Anandkumar, MSc, PT, BPT, PGDST, C-DMPT, MAP, MMTSL, Shobhalakshmi Sudashan, MPT, MAP, and Pratima Nagpal, MSc, PT, MAP

Department of Physiotherapy, International School of Physiotherapy, Coventry University, Gokula Education Foundation, Bangalore, India

Abstract
Study design: Double blind pre-test post-test control group design. Objective: To compare the isokinetic quadriceps torque, standardised stair-climbing task (SSCT) and pain during SSCT between subjects diagnosed with knee osteoarthritis pre and post kinesio taping (KT) application with and without tension. Background: Strength of the quadriceps and torque producing capability is frequently found to be compromised in knee osteoarthritis. The efficacy of KT in improving isokinetic quadriceps torque in knee osteoarthritis is unknown, forming the basis for this study. Methods and measures: Forty subjects were randomly allocated to either the experimental (therapeutic KT with tension) or control group (Sham KT without tension) with the allocation being concealed. Pre and post test measurements of isokinetic quadriceps torque, SSCT and pain during SSCT were carried out by a blinded assessor. Results: A large effect size with significant improvements in the peak quadriceps torque (isometric and eccentric at angular velocities of 60° per second and 120° per second), SSCT and pain were obtained in the experimental group when compared to the control group. Conclusion: Application of therapeutic KT is effective in improving isokinetic quadriceps torque, SSCT and reducing pain in knee osteoarthritis.

Keywords
kinesio taping, kinesiotope, knee, muscle strength, osteoarthritis, torque

History
Received 3 June 2013
Revised 24 December 2013
Accepted 9 January 2014
Published online 13 March 2014

Conclusion:

Application of KT is effective in improving isokinetic quadriceps torque and reducing pain in knee osteoarthritis

61



The effects of kinesiology taping therapy on degenerative knee arthritis patients' pain, function, and joint range of motion

KWANNA LEE, PhD, PT¹, CHAO-WU YI, MSc, PT², SANGHVI LEE, PhD, PT³

¹ Department of Physical Therapy, Keq Hospital, Republic of Korea
² Department of Physical Therapy, College of Medical Science, Graduate School, Catholic University of Daegu, Republic of Korea
³ Department of Pediatric Physical Therapy, Hwaseon Hospital, Republic of Korea
⁴ Department of Physical Therapy, Yangming University, 103 Daehak-ro, Yangmimgong, Chungbuk 280, Republic of Korea

Abstract [Purpose] The purpose of the present study was to examine the effects of kinesiology taping therapy on degenerative knee arthritis patients' pain, function, and joint range of motion. [Subject] To conduct the experiment in the present study, 30 patients with degenerative knee arthritis were divided into a control group (the conservative treatment group) of 15 patients, who received conservative physical therapy, and an experimental group (the kinesiology taping group) of 15 patients, who received kinesiology taping therapy. [Methods] All patients received treatment three times per week for four weeks. The kinesiology taping group had elastic tapes applied to the hamstring muscles, anterior tibialis, quadriceps femoris, and gastrocnemius. The range of motion was measured using joint goniometers, pain was measured using visual analog scales, and functional evaluation was conducted using the Kansas Western Ontario and McMaster Universities Osteoarthritis Index. [Results] In intergroup comparisons of the kinesiology taping group and the conservative treatment group, the visual analog scale and Kansas Western Ontario and McMaster Universities Osteoarthritis Index scores significantly decreased, and the range of motion increased more than significantly. In intergroup comparisons, the kinesiology taping group showed significantly lower visual analog scale and Kansas Western Ontario and McMaster Universities Osteoarthritis Index scores and significantly larger ranges of motion than the conservative treatment group. [Conclusion] Kinesiology taping therapy is considered to be an effective non-pharmacological intervention method for pain relief, daily living activities, and range of motion of degenerative knee arthritis patients.

Key words: Kinesiology tape, Osteoarthritis, Knee joint

Conclusion:

VAS and WOMAC scores showed statistical change in pain mitigation.

Another option for daily pain control.

62

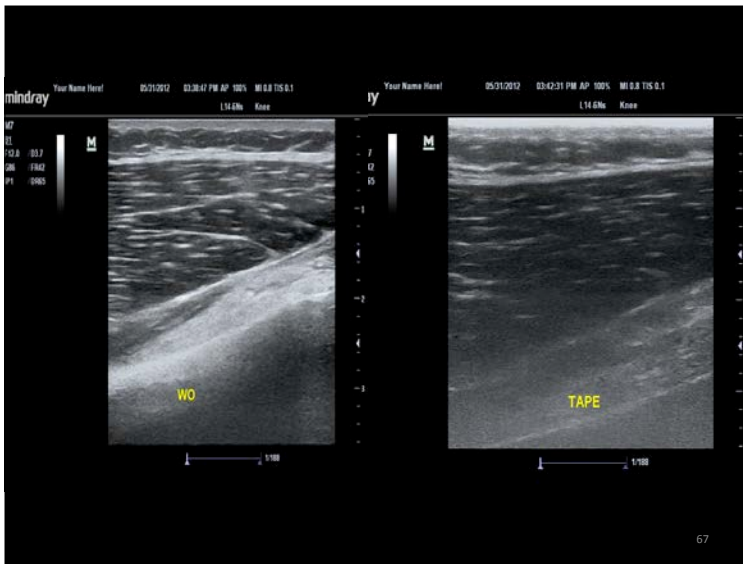
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Pain Mitigation
Decompression
Neurosensory Input

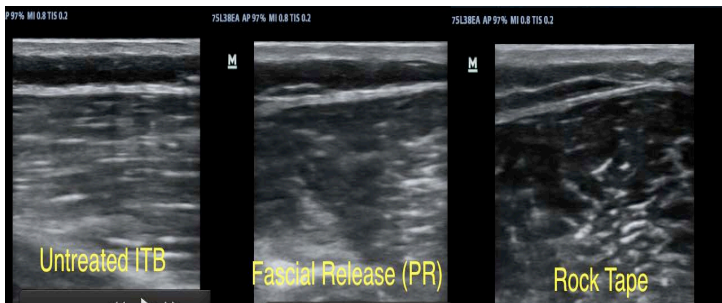
The most powerful weapon on earth is human on fire

ROCKTAPE

63



ITB Case Study



Fascial Compression

Fascial Decompression

↑ Space, ↓ Pain, Edema

PHYSIOTHERAPY THEORY and PRACTICE

Effects of kinesiotaping on epidermal-dermal distance, pain, edema and inflammation after experimentally induced soft tissue trauma

Nihan Kafa, PhD, PhD¹, Seydi Çakır, PhD, PhD², Sema Ömeroglu, MSc³, Tuncay Peker, MSc⁴, Nezihan Çakır, MSc⁵, and Seydi Dikar, PhD⁶

Abstract
 Purpose: In sports medicine, the use of kinesiotape has recently gained popularity. Although edema and pain occur in the days following the effects of edematous tissue after a contusion injury. The aim of this study was to examine the effects of kinesiotape on epidermal-dermal distance, pain, and inflammation after experimentally induced contusion injury. Methods: Twelve adult female Wistar albino rats were divided into two groups: (1) Sham group (n=6, weight range: 180.0-190.0 g) and (2) 6 rats (n=6, weight range: 180.0-190.0 g). After soft-tissue trauma, tape was applied to the right side of each rat. In one group, tape was applied for 30 days while 6h in the other. To assess the epidermal-dermal distance and inflammatory area, tissue sections were stained with hematoxylin and eosin and examined. Tissue sections were stained with hematoxylin and eosin and immunohistochemically to evaluate the effect of taping on pain and inflammation respectively. Results: Epidermal-dermal distance were found to be significantly higher than control in both groups (p<0.05). Inflammation decreases were seen in edematous areas in both groups (p<0.05). Pain and histological inflammation were decreased in all tape applied sites. Conclusions: After soft-tissue trauma, it was histologically shown that kinesiotape taping increases epidermal-dermal distance and may reduce the sensation of pain, edema and inflammation. For better results and comprehensive results more application of soft tissue integrity, kinesiotape taping may be a valuable treatment after contusion injury. However, these results should be supported by clinical studies.

Keywords: Contusion injury, histology, inflammation, pain, taping

History:
 Received 13 July 2014
 Revised 9 March 2015
 Accepted 22 March 2015
 Published online 9 October 2015

Conclusion:

After soft-tissue trauma, it was histologically shown that KT increases epidermal-dermal distance, and may reduce the sensation of pain, edema and inflammation

↑ Subacromial Space

Manual Therapy 38 (2015) 675–677

Contents lists available at ScienceDirect

Manual Therapy

journal homepage: www.elsevier.com/locate/jmpt

Original article

Short term effects of kinesiotaping on acromiohumeral distance in asymptomatic subjects: A randomised controlled trial

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^bDepartment of Health Sciences, University of La Rioja, La Rioja, Spain
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ARTICLE INFO

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 Kinesiotape
 Acromiohumeral distance
 Randomised controlled trial

ABSTRACT

Objective: The first aim of this study was to investigate whether kinesiotaping (KT) can increase the acromiohumeral distance (AHD) in asymptomatic subjects in the short term. The second aim was to investigate whether the direction of kinesiotaping application influences AHD.

Design: Randomised controlled trial. The aim of KT was to increase the range of acromiohumeral distance and to report injuries. To date, we are unaware of any research investigating the effect of kinesiotaping on AHD. Moreover, it is unknown whether the direction of kinesiotaping application to the shoulder is important.

Methods: Forty nine participants were randomly assigned to one of three groups: kinesiotaping group 1 (KT1), kinesiotaping group 2 (KT2) and sham kinesiotaping (KT3). AHD ultrasound measurements at 0° and 90° of shoulder rotation were collected at baseline and immediately after kinesiotaping application.

Results: The results showed significant improvements in AHD after kinesiotaping, compared with sham taping. The mean difference in AHD between KT1 and KT3 groups was 1.28 mm (95% CI: 0.15, 2.41), and between KT2 and KT3 was 0.98 mm (95% CI: 0.23, 1.74). Comparison of KT1 and KT2 groups, which was performed to identify whether the direction of taping influences the AHD, indicated there were no significant differences.

Conclusion: KT increases AHD in healthy individuals immediately following application, compared with sham kinesiotape. No differences were found with respect to the direction in which KT was applied.

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Conclusion:

KT increases AHD in healthy individuals immediately following application, compared with sham tape.

A. Luque-Suarez et al. Short term effects of kinesiotaping on acromiohumeral distance in asymptomatic subjects: A randomised controlled trial

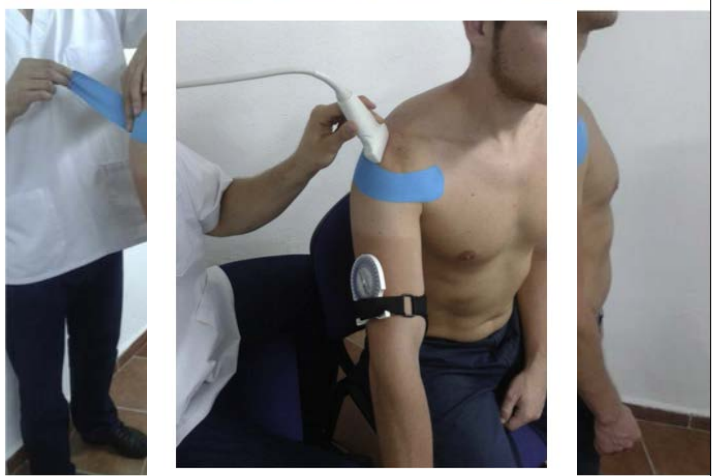
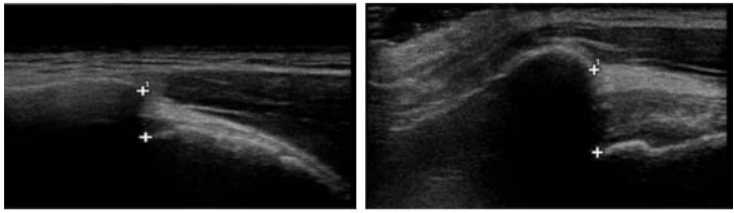


Fig. 3. Participant's position for AHD assessment with ultrasonography. (left), applied with 100% tension and in neutral rotation



Pre Tape Post Tape

consider skateboarding an art form and a sport.

6

Pain Mitigation
Decompression
Neurosensory Input

IT'S NOTHING YOU GET USED TO. IT'S NOTHING COMPARED TO WHAT IT FEELS LIKE TO QUIT.

The most powerful weapon on earth is human on fire

ROCKTAPE


73

#BrainGames

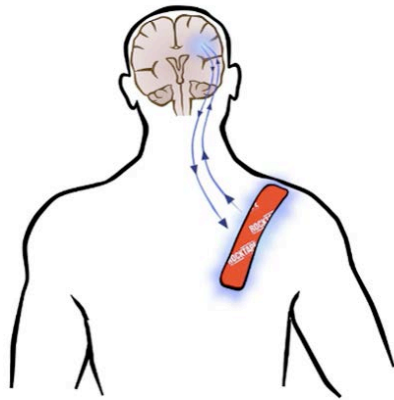
It's BioPlastic



The Experience



Tape the Brain (via the skin)

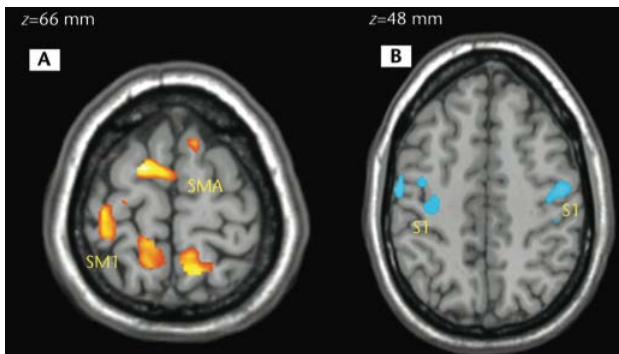


79



80

Effects of Tape on the Brain



Effects of Patellar Taping on Brain Activity during Knee Joint Proprioception Tests Using functional Magnetic Resonance Imaging

Michael J. Callaghan, Shane McKie, Paul Richardson, Jacqueline A. Oldham 81

Tape your brain

Effects of Patellar Taping on Brain Activity During Knee Joint Proprioception Tests Using Functional Magnetic Resonance Imaging

Michael J. Callaghan, Shane McKie, Paul Richardson, Jacqueline A. Gidam

Background: Patellar taping is a common treatment modality for physical therapists managing patellofemoral pain. However, the mechanism of action remains unclear, with much debate as to whether it works in due to a change in patellar alignment or an alteration in sensory input.

Objective: The purpose of this study was to investigate the sensory input hypothesis using functional magnetic resonance imaging when taping was applied to the knee joint during a proprioception task.

Design: This was an observational study with patellar taping interventions.

Methods: Eight male volunteers who were healthy and righting dominant participated in a cross-block design study. Each participant performed 2 right knee extension proprioception movement tasks: one single and one proprioceptive. These tasks were performed with and without patellar taping and were randomly paired for 800 seconds at 72 hours (n = 2, 3, 3).

Results: The proprioception task without patellar taping caused a positive blood oxygenation level-dependent (BOLD) response bilaterally in the medial prepremotor cortex area, the cingulate motor area, the basal ganglia, and the thalamus and medial primary sensory motor cortex. For the proprioception task with patellar taping, there was a decreased BOLD response in these regions. In the lateral primary sensory cortex, there was a negative BOLD response with low activity for the proprioception task with taping.

Limitations: This study has been limited by the small sample size, a possible learning effect due to a nonrandom order of tasks, and use of a single right knee extension task.

Conclusions: This study demonstrated that patellar taping modulation leads to activity in several areas of the brain during a proprioceptive knee movement task.

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October 26, 2012
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January 4, 2013

Clinical Implications

Clinicians have developed a variety of complex taping techniques to alter patellar position, muscle activity, or pain. This study showed that the application of a simple patellar taping technique covering 50% of skin over the knee had effects on areas of the brain associated with sensation, coordination, decision making, and planning of complex coordination tasks and the coordination of the unconscious aspects of proprioception. Currently, there are no data to demonstrate whether using a simple or complex technique has a greater or lesser effect on activity in the proprioception areas of the brain.

82

Balance

Journal of Athletic Training 2013,31(1):16-21
doi:10.4085/1082-0933.2012.0010

original research

Extended Use of Kinesiology Tape and Balance in Participants With Chronic Ankle Instability

Kristen Jackson, MS, ATC¹; Janet E. Simon, PhD, ATC²; Carrie L. Docherty, PhD, ATC, FNATA²

¹Central Michigan University, Mount Pleasant; ²School of Applied Health Sciences and Wellness, Ohio University, Athens; ³School of Public Health, Indiana University, Bloomington

Context: Participants with chronic ankle instability (CAI) have been shown to have balance deficits related to decreased proprioception and neuromuscular control. Kinesiology tape (KT) has been proposed to have many benefits, including increased proprioception.

Objective: To determine if KT can help with balance deficits associated with CAI.

Design: Cohort study.

Setting: Research laboratory.

Patients or Other Participants: Thirty participants with CAI were recruited for this study.

Intervention(s): Balance was assessed using the Balance Error Scoring System (BESS). Participants were posttested and then randomly assigned to either the control or KT group. The participants in the KT group had 4 strips applied to the foot and lower leg and were instructed to leave the tape on until they returned for testing. All participants returned 48 hours later for another BESS assessment. The tape was then removed, and all participants returned 72 hours later to complete the final BESS assessment.

Main Outcome Measure(s): Total BESS errors.

Results: Differences between the groups occurred at 48 hours post-application of the tape (mean difference = 4.7 ± 1.4 errors, P = .01; 95% confidence interval = 2.0, 7.0) and at 72 hours post-removal of the tape (mean difference = 2.3 ± 1.1 errors, P = .04; 95% confidence interval = 0.1, 4.6).

Conclusions: The KT improved balance after it had been applied for 48 hours when compared with the pretest and with the control group. One of the most clinically important findings is that balance improvements were retained even after the tape had been removed for 72 hours.

Key Words: Balance Error Scoring System, ankle sprains, proprioception

Key Points

- Balance deficits improved in individuals with chronic ankle instability after kinesiology tape had been applied for 48 hours.
- The balance improvements were retained 72 hours after the kinesiology tape had been removed.

Conclusion:

Improved balance with chronic instability and for 72 hours after removal

83

Chronic Pain is a Cortical Dysfunction

Tactile thresholds are preserved yet complex sensory function is impaired over the lumbar spine of chronic non-specific low back pain patients: a preliminary investigation

Benedict M. Wand^{1,2}, Flavia Di Pietro³, Pamela George⁴, Neil E. O'Connell²

¹School of Health Sciences, The University of Western Australia, 19 Mount Street, Fremantle, WA 6155, Australia; ²School of Health Sciences, The University of Western Australia, 19 Mount Street, Fremantle, WA 6155, Australia; ³Centre for Research in Rehabilitation, School of Health Sciences and Social Care, Brunel University, Uxbridge, UK

Abstract

Objective: To investigate impairments in sensory function in chronic non-specific low back pain patients, and the relationship between any impairment and the clinical features of the condition.

Design: A cross-sectional case-control study.

Setting: Laboratory-based study.

Participants: Nineteen chronic non-specific low back pain patients and 19 healthy controls.

Main outcome measures: Tactile threshold, two-point discrimination distance and accuracy at a task involving recognizing letters drawn over the skin of the lower back (proprioception) were assessed over the lumbar spine in both groups. Post-detection, post-intensity, physical function, anxiety and depression were assessed by questionnaires in the back pain group.

Results: No difference was found in tactile threshold between the two groups (median difference 0.0mg, 95% confidence interval [CI] -0.04 to 0.04). There was a significant difference between controls and back pain patients for two-point discrimination (mean difference 17.7mm, 95% CI 9 to 26.5) and proprioception accuracy (mean difference 6.1, 95% CI 1.2 to 11.0). Low back pain patients had a larger lumbar two-point discrimination distance threshold and a greater letter recognition error rate. In the back pain group, no relationship was found between clinical profile and sensory function, and no relationship was found between the sensory tests.

Conclusions: These data support existing findings of perceptual abnormalities in chronic non-specific low back pain patients, and are suggestive of cortical rather than peripheral sensory dysfunction. Amelioration of these abnormalities may present a target for therapeutic intervention.

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Keywords: Low back pain; Body image; Neuroplasticity; Touch perception

Conclusion:

2 Pt. Discrimination (perceptual abnormalities) deficits in chronic lower back pain patients.

84

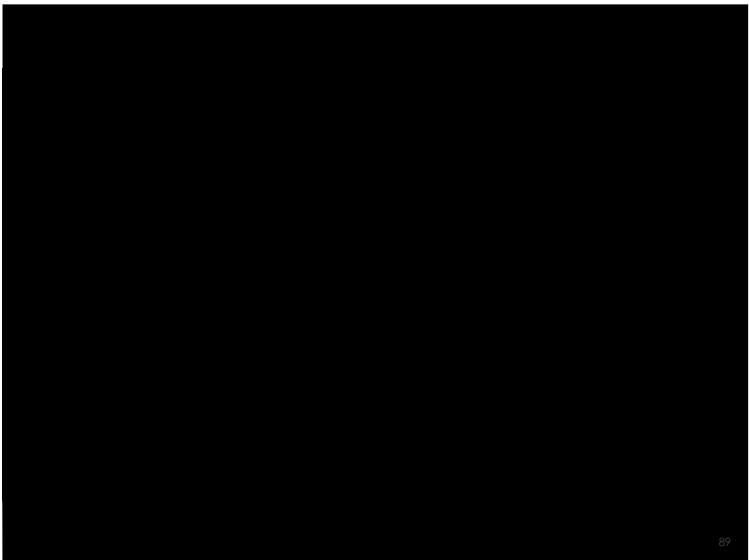
consider skateboarding an art form and a sport.

7

A movement company that dabbles in tape.

ROCKTAPE

88



How do we MOVE?

Muscle contracts (concentric contraction)

Movement

Muscle elongates (eccentric contraction)

Movement

What we thought.

90

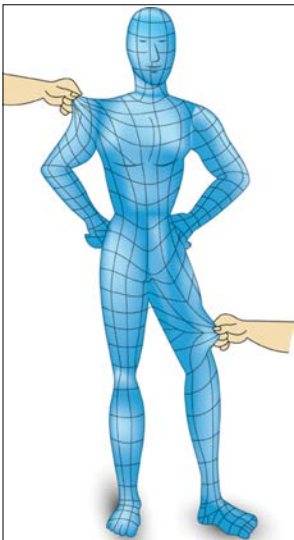
The Car Analogy



91

What we now know.

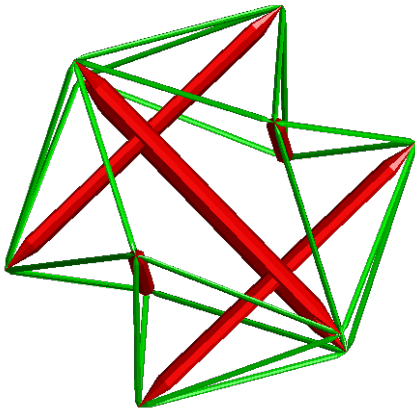




Fascia

A layer of fibrous tissue. Structure of connective tissue that surrounds muscles, groups of muscles, blood vessels and nerves. Binds some structures together while permitting others to slide smoothly over each other

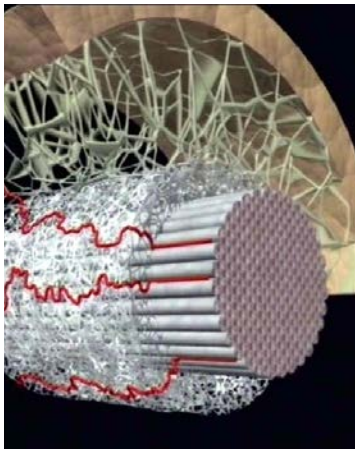
93



Tensegrity

Structures that maintain their integrity due to a balance of continuous tensile forces through the structure

94



A Sensory Organ

These layers are more densely populated with mechanoreceptors than tissues situated more internally

(Stecco et al, 2008).

It is now believed that joints only provide joint feedback when at end of range movements and not during physiological motions

(Lu et al, 1985).

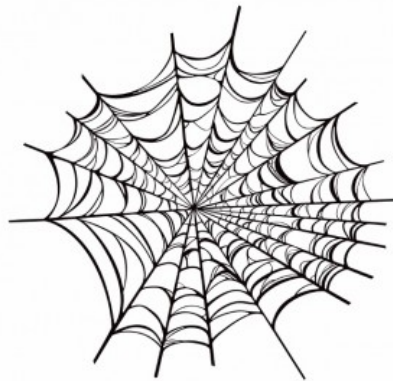
95

Fascia

It's alive.

It senses.

It transmits force globally.



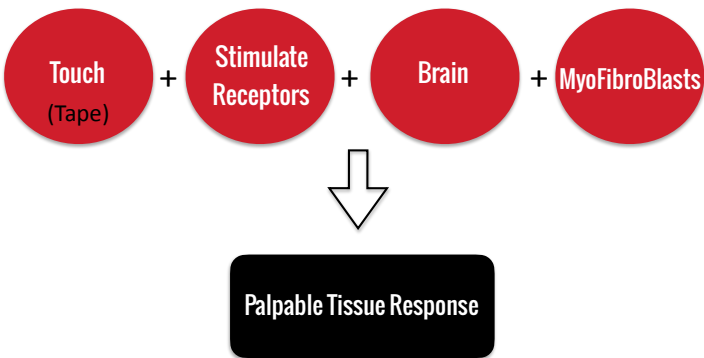
96

How Does Tape Effect it?



97

Reflexive Activation



Fascial plasticity – a new neurobiological explanation: Part 1
Schleip, Robert; Journal of Bodywork and Movement Therapies, Volume 7, Issue 1, 11 - 19

98 98

Does Direction of Tape Matter?

If there's more to say about the number above, then this is the best place to put it. Be concise though!

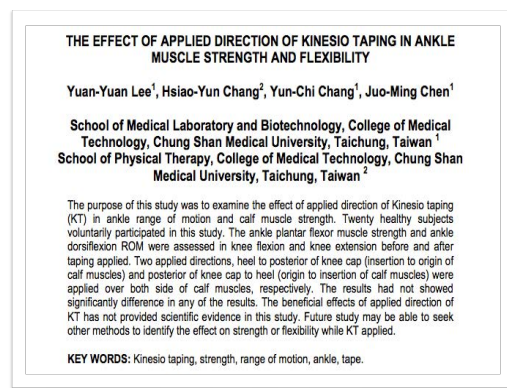
99

No.



Conclusion - Statistically significant concentric elbow peak torque improvement between no tape group and kinesiology tape group - opposite of what was supposed to happen.

No.



Conclusion:
According to this study, there is NO evidence to support directional taping.

No.



Conclusion:
NO evidence to support inhibitory nor facilitatory taping in healthy subjects.

Does amount of tape stretch matter?

If there's more to say about the number above, then this is the best place to put it. Be concise though!

No.

J Physiother. 2014 Jun;86(2):95-6. doi: 10.1016/j.jphys.2014.05.003. Epub 2014 Jun 10.

Kinesio taping to generate skin convolutions is not better than sham taping for people with chronic non-specific low back pain: a randomised trial.

Pimenta-Pelo C¹, Costa-Lima C¹, Takahashi S², Hessemerot-Junior LC², Luc-Junior MA³, Silva TM⁴, Costa LC⁴.

© Author information

Abstract

QUESTION: For people with chronic low back pain, does Kinesio Taping, applied according to the treatment manual to create skin convolutions, reduce pain and disability more than a simple application without convolutions?

DESIGN: Randomised trial with concealed allocation, intention-to-treat analysis and blinded assessment of some outcomes.

PARTICIPANTS: 148 participants with chronic non-specific low back pain.

INTERVENTION: Experimental group participants received eight sessions (over four weeks) of Kinesio Taping applied according to the Kinesio Taping Method treatment manual (ie, 10 to 15% tension applied in flexion to create skin convolutions in neutral). Control group participants received eight sessions (over four weeks) of Kinesio Taping with no tension, creating no convolutions.

OUTCOME MEASURES: The primary outcome measures were pain intensity and disability after the four-week intervention. Secondary outcomes were pain intensity and disability 12 weeks after randomisation, and global perceived effect at both four and 12 weeks after randomisation.

RESULTS: Applying Kinesio Tape to create convolutions in the skin did not significantly change its effect on pain (MD-0.4 points, 95% CI-1.3 to 0.4) or disability (MD-0.3 points, 95% CI-1.9 to 1.3) at four weeks. There was a small difference in favour of the experimental group for the secondary outcome of global perceived effect (MD 1.4 points, 95% CI 0.3 to 2.5) at four weeks. No significant between-group differences were observed for the other secondary outcomes.

CONCLUSION: Kinesio Taping applied with stretch to generate convolutions in the skin was no more effective than simple application of the tape without tension for the outcomes measured. These results challenge the proposed mechanism of action of this therapy.

Conclusion - Tape applied with stretch was NO more effective than simple application of tape without tension

Minimally Effective Dose



The smallest dose that will produce a desired outcome.



Less is More.

consider skateboarding an art form and a sport.

8

The Tape

IT'S NOT WHETHER YOU GET DOWN. IT'S WHETHER YOU GET UP.

Pain is nothing compared to what it feels like to quit.

The most powerful weapon earth has is human on fire.

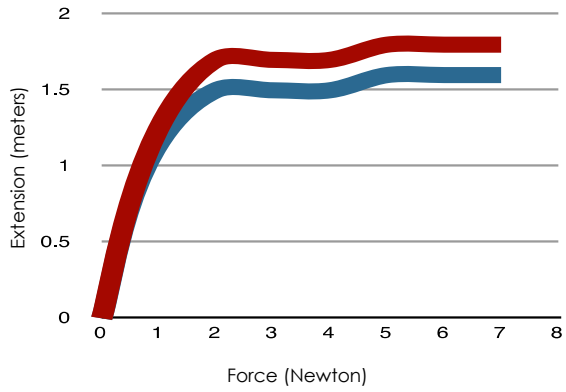
ROCKTAPE

107

The Tape

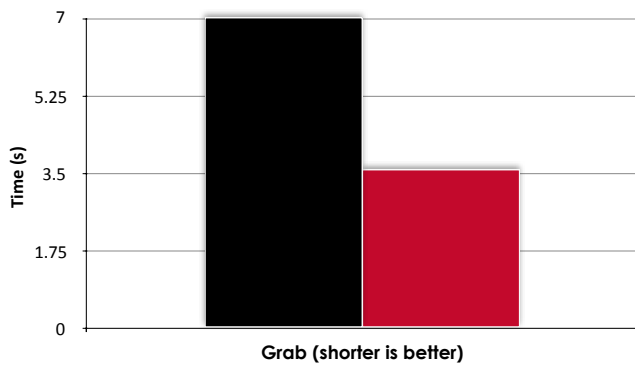


Has More Stretch...



109

Has Greater Adherence...



110

24 hrs/day
3 - 5 days

111

Skin Prep Basics

- Clean Skin (skin free of oils/lotions)
- Alcohol wipes
- Apply on light body hair or trimmed hair



115

Application Basics

- Stretch the body area if you can
- Round the Corners
- Avoid Handling Glue as much as possible
- Do not stretch ends of tape
- Minimal Stretch on center of tape (already has 15-20%)
- Apply 2 hours before activity
- No wrinkles in the tape
- End Tape on Skin
- Rub in adhesive



116

Round your edges

1.



2.



#Good

Removal Basics

Parallel to skin while holding skin adjacent to tape edge



Alternate Removal Method



Credit: Rick Daigle

#Bad

Removal Basics

So, you've chosen to divide your presentation in different sections. Well done.



Too Much Stretch



**blister/traction
non uniform**



Allergic Reaction



uniform



125

Advanced Skin Care



126

All Negotiable

- Direction
- Where it starts
- Where it stops
- How long, how short
- Order of pieces
- Number of pieces



Non Negotiable

COMFORT
SAFETY
PRACTICAL

128

Not a Protocol-Based Technique



129



It's a Framework. You Rule the Tool.

130



Open source is a philosophy or pragmatic methodology that promotes free redistribution and access to an end product's design and implementation details.

You learn from us, we learn from you.

131

3 main effects

Pain Mitigation
Decompression
Neurosensory Input

132

10

Pain Taping

133

11

Pain Taping - Spine

134

Pain Mitigation Taping - 3 Steps

1. Stretch Skin
2. Stabilization Tape (1-2 Strips)
3. Decompression Tape (Pain Site)



3.

Decompression Strip



Increases biomechanical lifting effect on skin and superficial fascia (over focal point area)

Adds to increased mechanical disruption of local receptors

139

3.

Decompression Strip

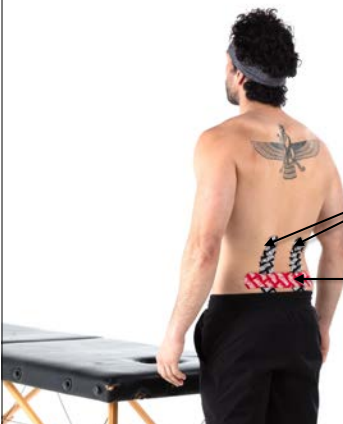


Increases biomechanical lifting effect on skin and superficial fascia (over focal point area)

Adds to increased mechanical disruption of local receptors

140

Low Back Application



Stabilization Strips

Decompression Strip

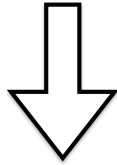
141

How Much Stretch?



0%

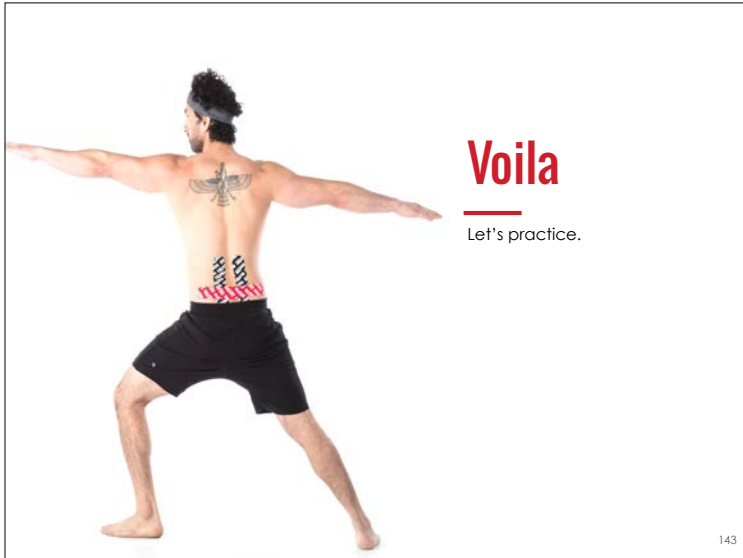
Initial Stretch



50%

Stretch

142



Voila

Let's practice.

143

I consider skateboarding an art form and a sport.

3 main effects

- Pain Mitigation
- Decompression
- Neurosensory Input

The most powerful weapon on earth is human on fire

ROCKTAPE

144

consider skateboarding an art form and a sport.

3 main steps

- Stretch the Skin
- Stabilization Strips
- Decompression Strip

The most powerful weapon earth is human on fire

ROCKTAPE

145



Negotiables

- Where to start
- Order of strips
- How many strips
- Length of strips

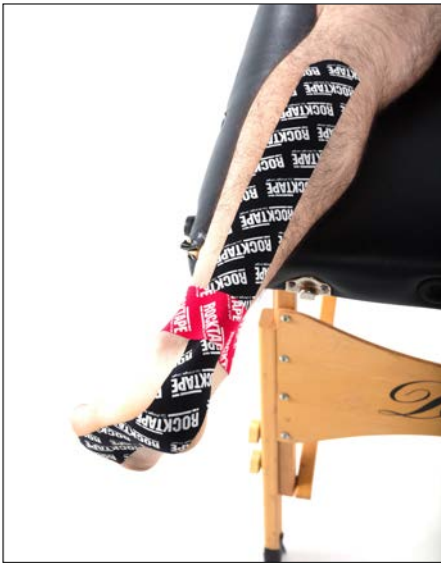
146



Direction?

- Common Sense
- Comfort

147



Length of Strips

Depends on the need of the tissue

151

C-Spine

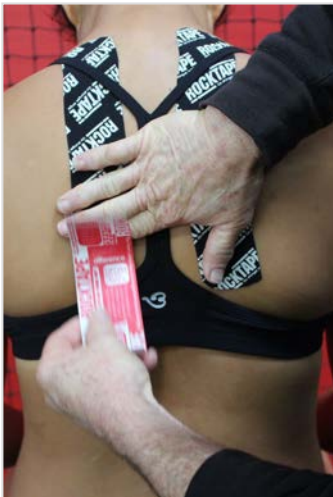
1. Stretch

2. Stabilize

3. Decompress



52



Paper Feed

153

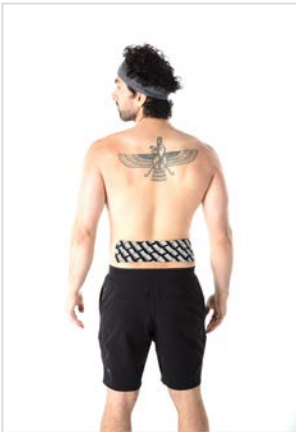
Direction?

Common Sense
Comfort



154

Big Daddy - Greater Stimulus



155

3 main steps

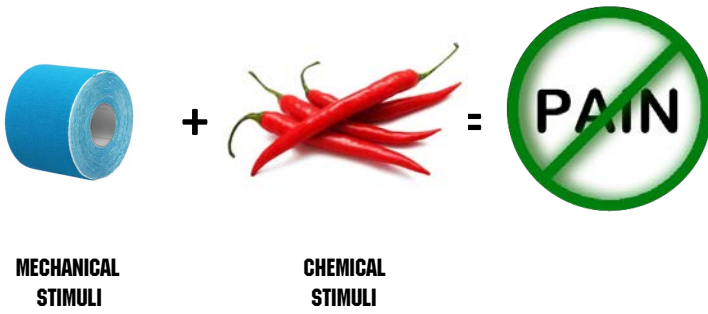
Stretch

Stabilize

Decompress
(4" Big Daddy)



Tape + Capsaicin = Pain Relief



Laing RJ, Dhaka A. ThermoTRPs and Pain. *The Neuroscientist: a review journal bringing neurobiology, neurology and psychiatry*. 2016;22(2):171-187.

157

12

Pain Taping - Knee

ROCKTAPE

158

3 Steps

1. Stretch



2. Stabilize



3. Decompress



159



Turning Corners

160



Knee Variation

161



Knee Variation

X-Marks the Spot
(Medial Knee Pain)

162



Knee Variation

Decompression prior to Stabilization

163



Don't judge a knee by its convolutions

164



Big Daddy Knee Variation

165



Pain Taping Framework

Stabilization: supports an area - can be one or more strips, no specific direction
Decompression: can be more than one or none at all
Tape on skin helps with pain reduction, fluid dynamics and neurosensory input

166

consider skateboarding an art form and a sport.

13

Pain Taping - Lower Extremity

IT'S NOT WHETHER YOU GET WICKED DOWN OR NOT.

Pain is nothing compared to what it feels like to quit.

The most powerful weapon on earth is human on fire.

ROCKTAPE

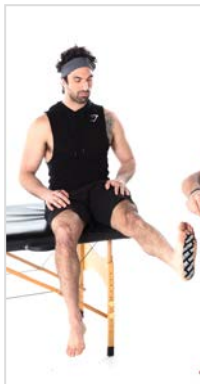
167

Foot Pain

1. Stretch

2. Stabilize

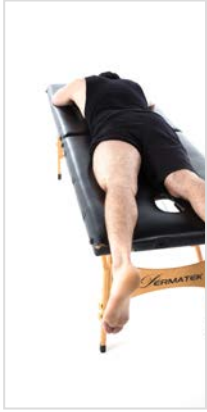
3. Decompress



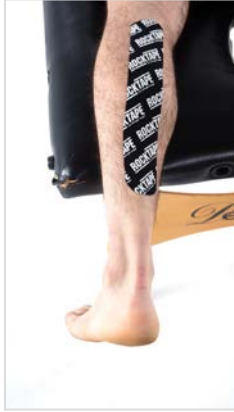
168

Calf Pain

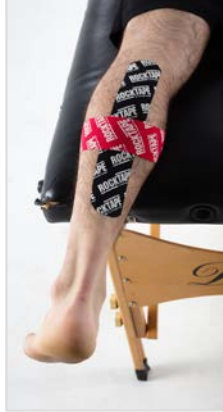
1. Stretch



2. Stabilize



3. Decompress



Anterior Shin Splints

1. Stretch



2. Stabilize



3. Decompress



Medial Tibial Border Pain

1. Stretch



2. Stabilize

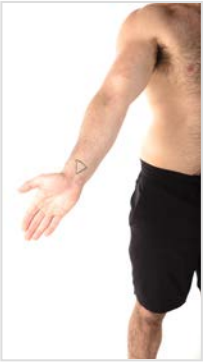


3. Decompress



Wrist Pain

1. Stretch



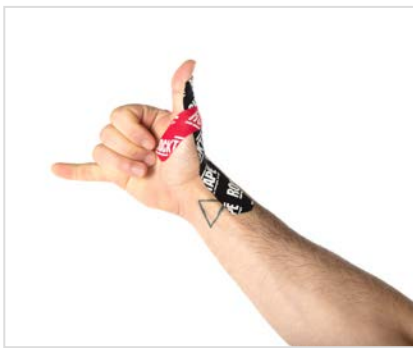
2. Stabilize



3. Decompress



More.....



179

15

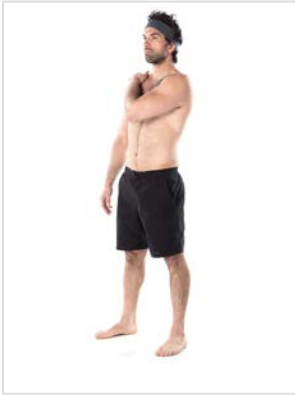
Pain Taping - Shoulder

ROCKTAPE

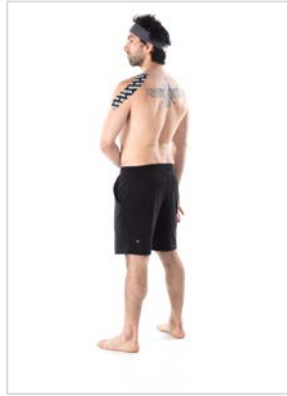
180

Shoulder Application

1. Stretch



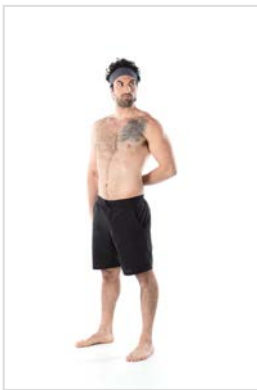
2. Stabilize



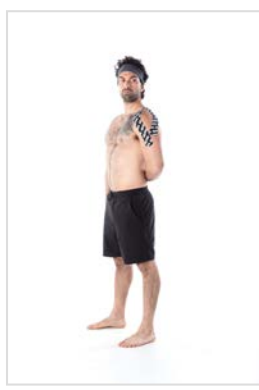
181

Shoulder Application

1. Stretch



2. Stabilize



182

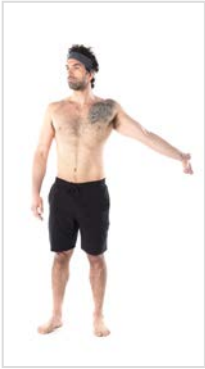
Stabilization + Decompression



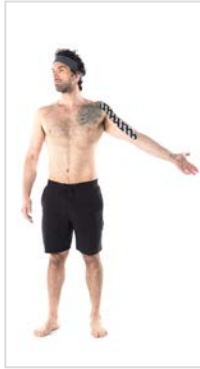
183

Shoulder Variation

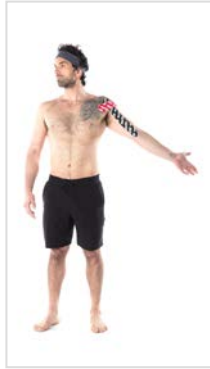
1. Stretch



2. Stabilize

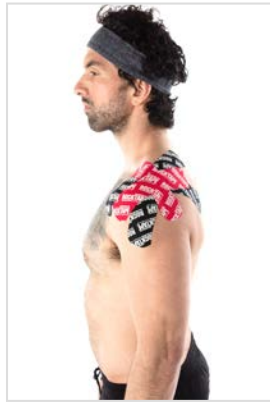


3. Decompress



184

AC Joint Pain



Multiple Decompression Strips

185



Pain Taping Framework

Stabilization: supports an area - can be one or more strips, no specific direction
Decompression: can be more than one or none at all
Tape on skin helps with pain reduction, fluid dynamics and neurosensory input

186

Case Study

1. **Group 1** - Hamstring Pn and SI Jt Pn
2. **Group 2** - Ant. Lat. Rib Pn and Sternal Pn
3. **Group 3** - IT Band Prox. and Distal and Ankle injury
4. **Group 4** - Dequervains Syndrome and Med. Epi Condylitis/osis
5. **Group 5** - MTSS bilateral and TFCC pn

187

16

Fluid Dynamics

188

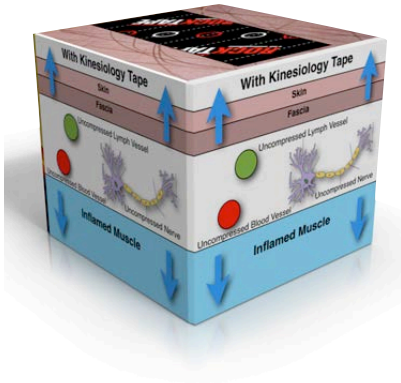
3 main effects

- Pain Mitigation
- Decompression
- Neurosensory Input

189

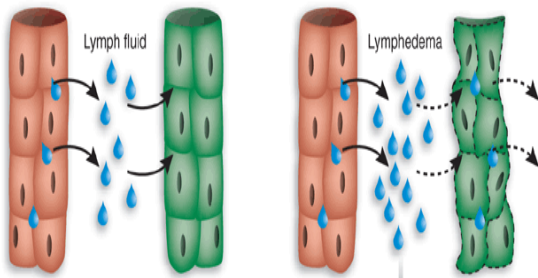
Assist Fluid Dynamics

Lifting effect of tape decompresses the affected area, assisting fluid dynamics



190

Theoretical Mechanism



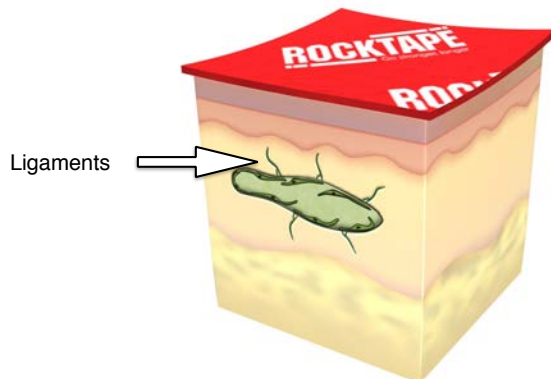
Blood Vessels Leak Lymph

Lymph Vessels Drain Lymph

Abnormal Lymph Vessels Fail to Drain Lymph

191

External Pump

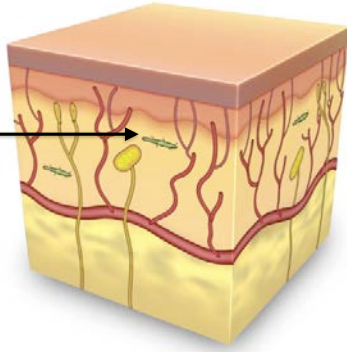


Ligaments

192

Decompression of Vessels

Decompression of
Lymphatic Vessels



193

Fluid Dynamics



194

Speed Recovery



195

Fluid Dynamic Taping - 2 Steps

1. Fan Strips - Over Epicenter of Swelling
2. Create Multiple X's with Strips

196

Fan Method



Acute Low Back



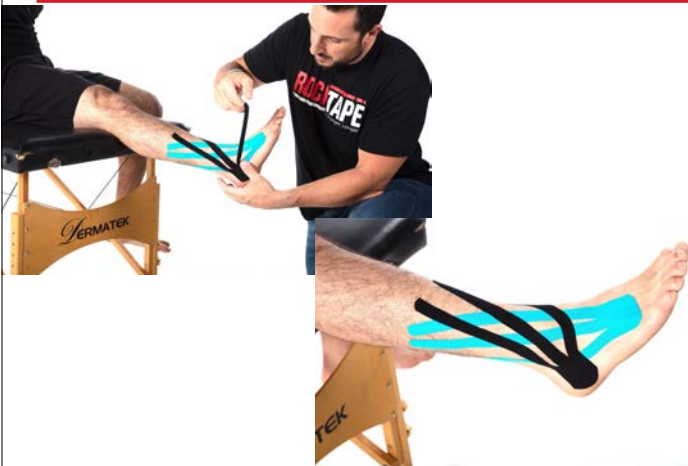
198

Acute Shoulder

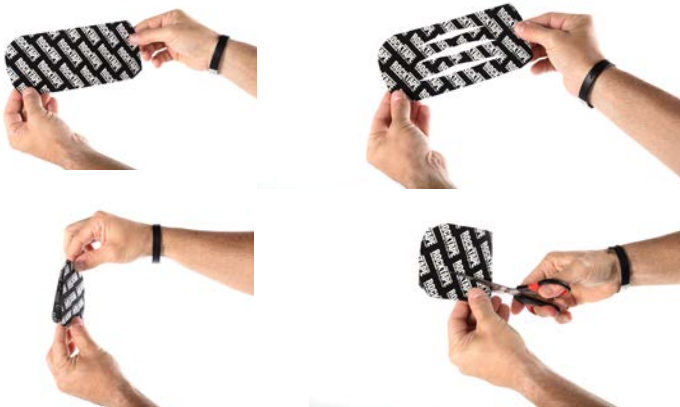


199

Acute Ankle Injury



Closed End Variation



Closed End Variation



202

Tape and Lymphedema

Could Kinesio tape replace the bandage in decongestive lymphatic therapy for breast-cancer-related lymphedema? A pilot study

Hao Xu, Hai-Hai Chen, Hong-Jing Luo, Yan-Yan Wang, Chun-Hong Sheng, Jian-Yin Xiao

Received: 14 November 2018 / Accepted: 26 January 2019 / Published online: 1 February 2019
© Springer-Verlag GmbH

Abstract
Objective The purpose of this study is to compare the efficacy of manual therapy (MT) combined with decongestive lymphatic therapy (DLT) combined with pneumatic compression (PC) or manual DLT in which the use of a chest-stretch bandage is replaced with the use of Kinesio tape (KT) combined with PC.

Methods Forty-one patients with unilateral breast-cancer-related lymphedema for at least 1 month were randomly grouped into the DLT group (bandage group, n = 21) or the manual DLT group (no bandage group, n = 20). Data were collected on limb volume, lymphatic flow, patient compliance, and quality of life.

Results The manual DLT group showed significantly better compliance and quality of life than the bandage group. The manual DLT group showed significantly better compliance and quality of life than the bandage group.

Conclusion The study results suggest that KT tape could replace the bandage in DLT, and it could be an alternative choice for the breast-cancer-related lymphedema patient with poor chest-stretch bandage compliance after a month treatment. If the manual DLT group was prolonged, we might get different conclusions. However, for the breast cancer patients who suffer from arm edema, the manual DLT treatment protocol is suitable for clinical practice.

Keywords Breast cancer-related lymphedema · Bandage · Taping · Decongestive lymphatic therapy

Conclusion:

1. this paper does not say bandages or tape is better, it talks about compliance
3. Very important to understand pt compliance is important to outcomes
5. Tape is a great adjunct to treat swelling as stay on for days

203



When comparing bandage vs. kinesiology taping in breast cancer-related lymphedema, this study suggests that bandaging could be replaced with taping and have better compliance

204

Upper Extremity Lymphedema



205

Upper Extremity Lymphedema



Post Surgical



207



Fluid Dynamics Framework

Create a "basket" around the area to improve fluid dynamics and speed the healing process

208

consider skateboarding an art form and a sport.

17

Posture

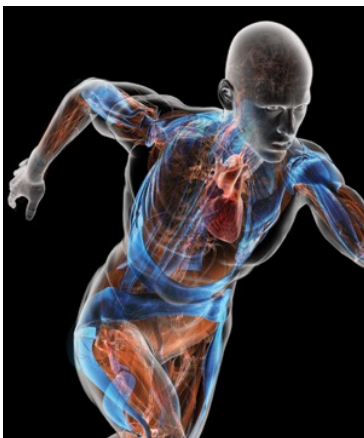
IT'S NOT WHETHER YOU GET KNOCKED DOWN. IT'S WHETHER YOU GET UP.

Pain is nothing compared to what it feels like to quit.

The most powerful weapon earth has is humanity on fire.

ROCKTAPE

209

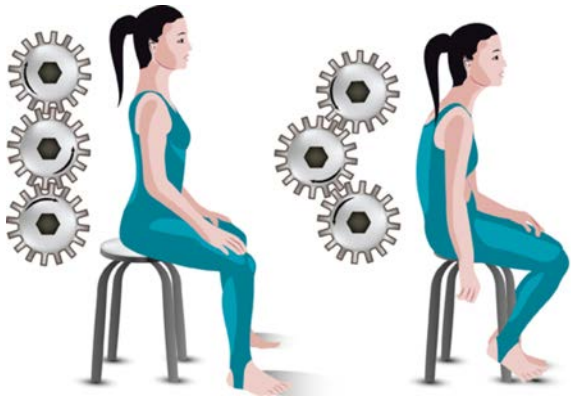


Movement becomes habit, which becomes posture, which becomes structure.

Thomas Myers, author of Anatomy Trains

210

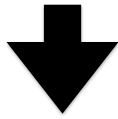
Optimal Congruent Joint Position



211

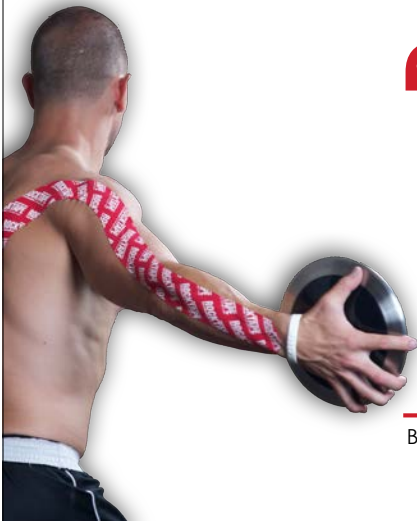
Why Tape for Posture?

1. Improve length-tension relationships
2. Improve force couple relationships
3. Improve neuromuscular efficiency



All via cutaneous stimulation

212



Kinesthetic guidance translates to behavior 30x faster than visual guidance and many thousands of times faster than auditory guidance

Birdwhistell, 1971

213

Taping for Proprioception

J. Neurosci. 2016 Feb 1;36(2):711-6. doi: 10.1523/JNEUROSCI.00148-2015. Epub 2015 Dec 9.

Increasing cutaneous afferent feedback improves proprioceptive accuracy at the knee in patients with sensory ataxia.

Maceofield VG¹, Nordhoff-Kaufmann L², Goulding N², Palma JA², Ewertte Mora C², Kaufmann H².

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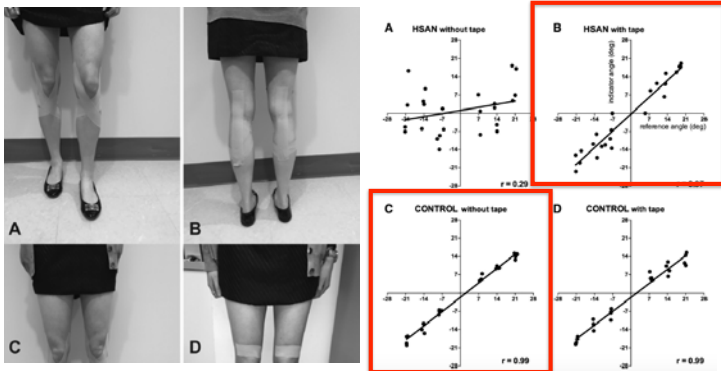
Abstract

Hereditary sensory and autonomic neuropathy type III (HSAN III) features disturbed proprioception and a marked ataxic gait. We recently showed that joint angle matching error at the knee is positively correlated with the degree of ataxia. Using intraneural microelectrodes, we also documented that these patients lack functional muscle spindle afferents but have preserved large-diameter cutaneous afferents, suggesting that patients with better proprioception may be relying more on proprioceptive cues provided by tactile afferents. We tested the hypothesis that enhancing cutaneous sensory feedback by stretching the skin at the knee joint using unidirectional elasticity tape could improve proprioceptive accuracy in patients with a congenital absence of functional muscle spindles. Passive joint angle matching at the knee was used to assess proprioceptive accuracy in 25 patients with HSAN III and 9 age-matched control subjects, with and without taping. Angles of the reference and indicator knees were recorded with digital inclinometers and the absolute error, gradient, and correlation coefficient between the two sides calculated. Patients with HSAN III performed poorly on the joint angle matching test (mean matching error $8.0 \pm 0.8^\circ$ (\pm SE); controls $3.0 \pm 0.3^\circ$). Following application of tape bilaterally to the knee in an X-shaped pattern, proprioceptive performance improved significantly in the patients (mean error $5.4 \pm 0.7^\circ$) but not in the controls ($3.0 \pm 0.2^\circ$). Across patients, but not controls, significant increases in gradient and correlation coefficient were also apparent following taping. We conclude that taping improves proprioception at the knee in HSAN III, presumably via enhanced sensory feedback from the skin.

Copyright © 2016 the American Physiological Society.

214

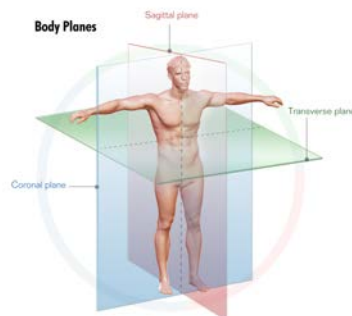
Taping for Proprioception



Study source 215

Everything moves in 3 planes

- Sagittal Plan
- Coronal/Frontal Plane
- Transverse Plane



Tape Patterns, Not Muscles



217

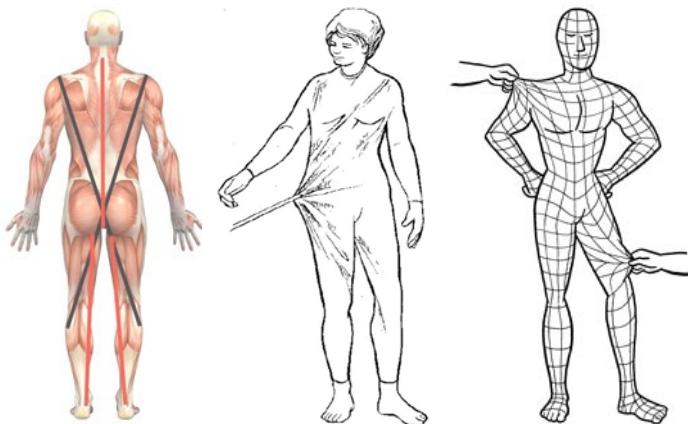


Myofascial Lines

Muscular strain is applied along traceable "myofascial lines." - Thomas Myers, Anatomy Trains

218

Skin/Fascial Strain Vectors



How To Find “Good Posture”

- Posture is dynamic
- Posture is generated by habit
- Where you think it is, it ain't

223

Foot Position



Short Foot and Balance

J Phys Ther Sci. 2014 Jan; 26(1): 117-119.
Published online 2014 Feb 6. doi: 10.1589/jpts.26.117

PMCID: PMC3927021

Immediate Effect of Short-foot Exercise on Dynamic Balance of Subjects with Excessively Pronated Feet

Dong-chul Moon, PT, MS,¹ Kyoung Kim, PT, PhD,^{1,*} and Su-kyoung Lee, PT, PhD²

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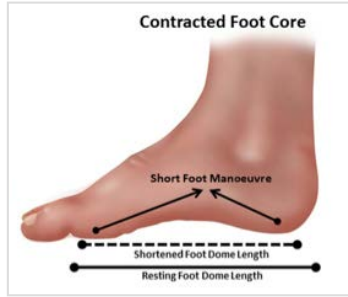
Abstract

Go to: ☺

[Purpose] The aim of this study was to determine the immediate effect of short-foot exercise (SFE) on the dynamic balance of subjects with excessively pronated feet. [Subjects] This study included 18 subjects with excessively pronated feet (navicular drop ≥ 10 mm) selected using the navicular drop test. [Methods] The limit of stability (LOS) was measured to determine the changes in the dynamic balance from before and after SFE in the standing and sitting positions. [Result] After the SFE, LOS increased significantly in all areas, namely, the left, right, front, back, and overall. [Conclusion] SFE immediately improved the dynamic balance of subjects with excessively pronated feet. Subsequent studies will be conducted to examine the effects of SFE performed over the long term on postural stability.

225

Corrected Foot Position



Short Foot Modeling - Pre Tape

226

Foot Variation - Tape Tab



227

Foot Variation - Tape Tab



Tab



228

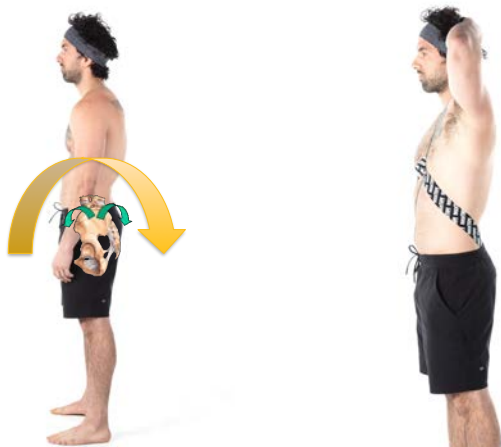
Lower Cross - Anterior Pelvis



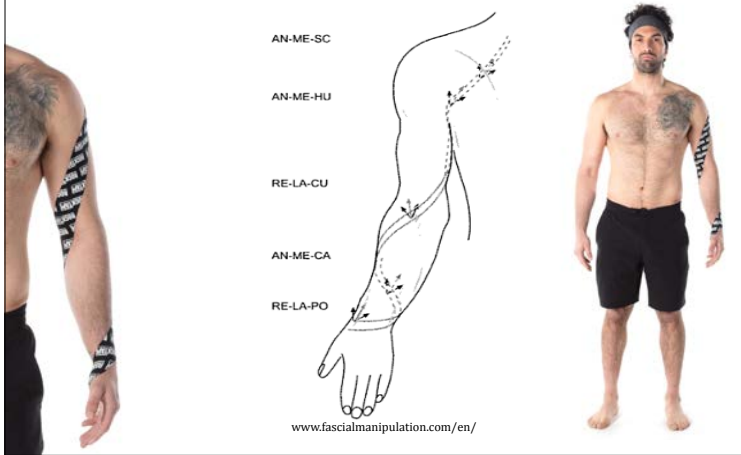
Anterior Variation



Posterior Pelvis



Helical Taping



Upper Extremity Helix





Posture Framework

Put the patient in the intended posture and apply tape **with no stretch**. When the patient goes into the undesired posture, the tape will stimulate the mechanoreceptors in the skin to aid in proprioception and positioning, without restricting motion

Theoretical Construct

Decrease pressure
(decompression effect)



Axonal transport



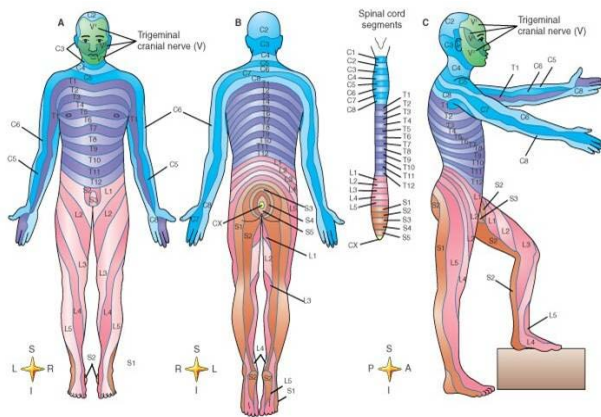
Nerve conduction



Reduction of pain/neuro symptoms

250

Dermatomal Pathways



251

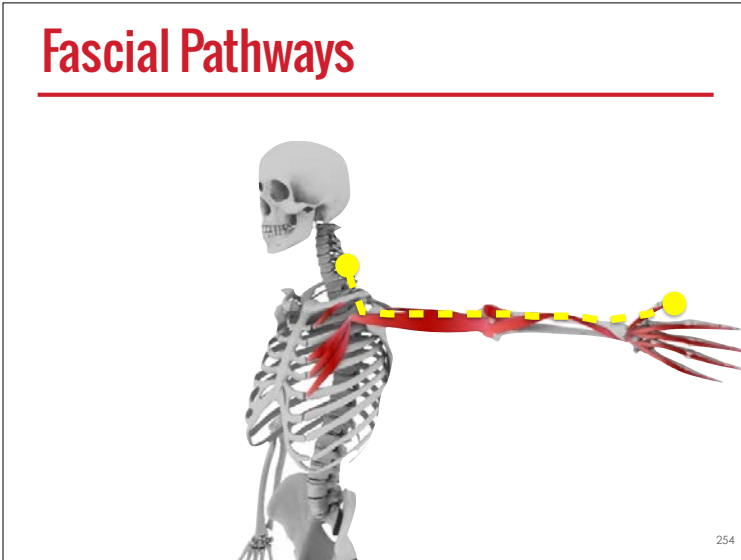
Nerve Symptom Pathways



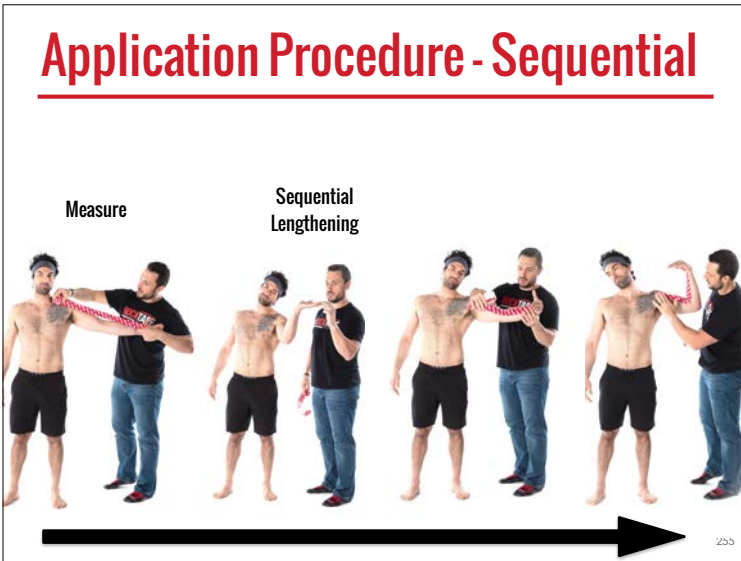
Median Nerve



Fascial Pathways



Application Procedure - Sequential



Combination Therapy



Neuromobilization
+
Entrapment Taping

256

Entrapment Site Application



Short strips of tape over site of entrapment

257

Radial Nerve



258

Fascial Pathways



259



Ulnar Nerve

260

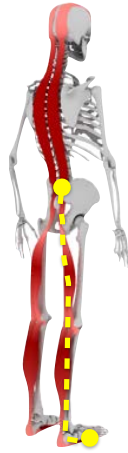
Sciatic Nerve



Longitudinal App

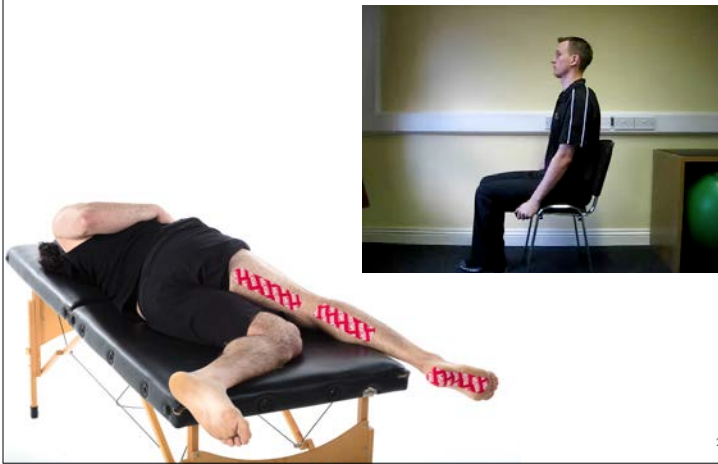
Entrapment Sites

Fascial Pathways



262

Tape + Neuromobilization



263

Femoral Nerve



Longitudinal App

Entrapment Sites

Fascial Pathways



265

19

Scar Taping



266

Scar Taping Goals



Improving mobility and flexibility of post surgical incisions

Created via the biomechanical lifting effect (similar to skin rolling) and skin shear effect (micro-massage mechanism).

267

Types of Scars



HYPERTROPHIC SCAR



KELOID SCAR



CONTRACTURE SCAR



ATROPHIC SCAR

268

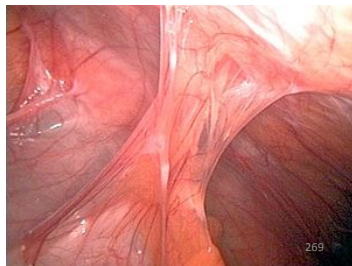
CESAREAN DELIVERY RATE (US)

32%



UP TO 90% OCCURRENCE RATE OF
INTRA-ABDOMINAL ADHESIONS

ADHESIONS FREQUENTLY MIMIC
MUSCULOSKELETAL PAIN



CDC National Vital Statistics Report, Volume 64, Number 12, 2015

269

Significance of Scars

CLINICAL IMPORTANCE OF ACTIVE SCARS: ABNORMAL SCARS AS A CAUSE OF MYOFASCIAL PAIN

Karel Lewit, MD,* and Sarka Otánska[†]

ABSTRACT

Background: Active scars are a model of soft tissue lesions. Soft tissues surround the locomotor system everywhere. These tissues shift and stretch in harmony with joints and muscles. Active scars interfere with this type of movement, thus disturbing the function of the entire motor system.

Objective: The purpose of this article is to show the importance of such scars, their diagnosis, and the importance of manipulative therapy.

Methods: After discussing the diagnosis, 51 cases are presented, the majority being scars after operation. The patients suffered from various types of myofascial pain from all sections of the locomotor system. The type of operation and the clinical symptoms are given. The method of treatment is soft tissue manipulation, making use mainly of the haptic phenomenon.

Results: In 36 of the cases, treatment of scars proved highly relevant, giving striking results at first treatment and in the course of therapy. In 13 further cases, the scar was partly relevant, ie, one of several pathogenic lesions. It proved irrelevant in 3 cases.

Conclusion: The treatment of active scars can be of importance in a great number of cases; untreated, active scars are an important cause of therapeutic failure. Treatment also widens the scope of manipulative therapy. (J Manipulative Physiol Ther 2004;27:309-402)

Key Indexing Terms: Myofascial Pain, Soft Tissue, Chiropractic Manipulation

Conclusion:

Treatment of active scars is important in the care of myofascial pain.



www.guimberteau-jc-md.com/en/videos.php

271



Caution

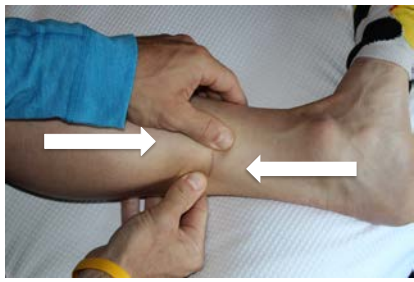
- Only apply over incisions/ wounds when they are CLOSED
- Diabetics
- Venous insufficiency
- Peripheral neuropathy

272

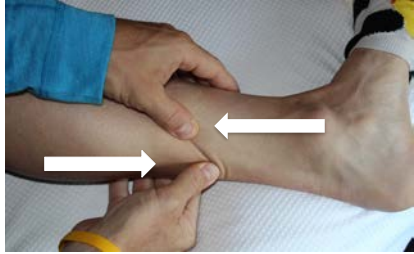
Early Intervention



273

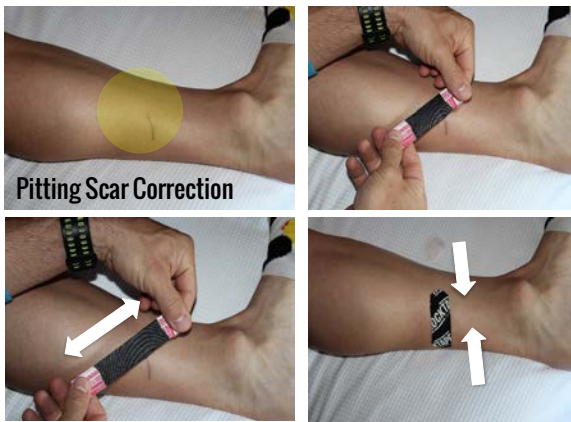


Skin Glide



277

Pitting Scar - Multiple Decompression Strips



278

Pitting (atrophic) Scar



279

Alternating Vectors



280

FMT Performance



1. Fascial Anatomy
2. Joint by Joint Concept
3. Tape for Motor Control
4. Movement Screening
5. RockFloss Techniques
6. Sport Specific Apps

281

Summary

Skin is the outside of the Brain

Tape can:

- Mitigate Pain
- Effects Fluid Dynamics (inflammation)
- Improves Cortical Representation
- Complements Neuromobilization Techniques
- Manipulates Scars



282



Be the Pig.

Capo



283



I consider skateboarding an art form and a sport.

Thank you



285
