

Taping for Function

Martin Meyer
Sports Physiotherapist

Uses and Principles

- Support anatomical structures
- Restrict range of movement
- Facilitate muscular activity
 - Taping parallel with muscle
- Inhibit muscular activity
 - Taping across muscle fibers



Basic guidelines

- **Serve your aim with the tape**
 - What is the anatomical structure in question
 - How will you achieve your aim
- **Skin sensitivity**
 - Fixomull?? Skin prep??
- **Neurovascular compromise**
 - Pins&needles
 - Blue limbs

● Train with tape before playing

- Can change bio-mechanics/technique
- Time to make it perfect

● Proper removal of tape

- Slow and supported
- Use tape solvent?
- Soak in oil?

● Skin care with repetitive taping

- Regular Vit D/E cream

Technique

- Use anchors
- Place joint into desired position then tape
- Avoid tendon/bone prominences and tape edge
- Use tape off roll
- Don't torque tendons unnecessarily
- Avoid wrinkles
- Lock off loose edges
- Re-ax with tape, look for improvement

Taping Practical

The background of the slide is a solid blue color. Overlaid on this is a 3D perspective grid of small, light blue spheres. The spheres are arranged in a regular, repeating pattern that recedes into the distance, creating a sense of depth. The grid lines are formed by the alignment of the spheres.

Foot/Ankle

Standard ankle

- quick run through- anchors, stirrups, sixes, ½ heel slings

LODYE

1. Anchor around 1st met head, splay toes
2. Start 5th toe to 1st
3. Start 5th end at 5th, hooking around calc x 2
4. Lock off as in 1
5. Start halfway along 5th met, go under arch and pull up
6. Same again ½ tapes width along, pulling up on Navicular
7. Lock off on top for adjustable roof



● Anterior tib-fib lig

1. Can do in sitting or standing
2. Fixomull first
3. Place tape around post achilles over malleoli to ant ankle
4. One person Squishes tib-fib other places tape down compressing joint x3



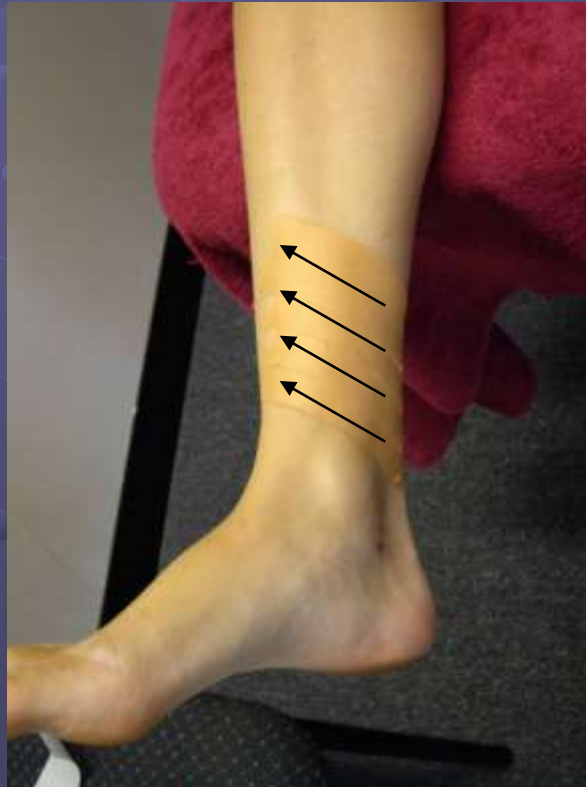
● Anterior tib-fib lig/syndesmosis

1. Anchor as in LODYE
2. Start at head of 5th met
3. Run up over ATFL and around post calf x 3
4. ½ donuts from anterior ankle joint pulling lat to med. Move upwards ½ overlapping last piece x4



Tib post periostitis

1. Combine with LODYE or standard ankle
2. Start behind postero-med tib border lower third
3. Pull up and across to tib margin
4. Pull tib post to tib border
5. Move upwards repeating $\frac{1}{2}$ overlapping last piece x4



The background is a dark blue gradient with a subtle, isometric grid pattern. The grid consists of thin, light blue lines forming a series of parallel planes that recede into the distance. At the intersections of these lines are small, light blue, three-dimensional-looking dots. The overall effect is a sense of depth and a modern, technological aesthetic.

Knee

Standard knee stability- MCL, ACL, LCL

- Quick run through- anchors, crosses, elastic lock off, fig 8

Patella tendon

1. Place inch tape around post knee, below joint line
2. Meet ends at front on lat edge of mid patella tendon, with lateral part longer than medial
3. Stick medial edge of tape to lateral part
4. Pull lateral part of tape across pulling tendon medially x $\frac{2}{3}$



● Mulligan external tib rotation

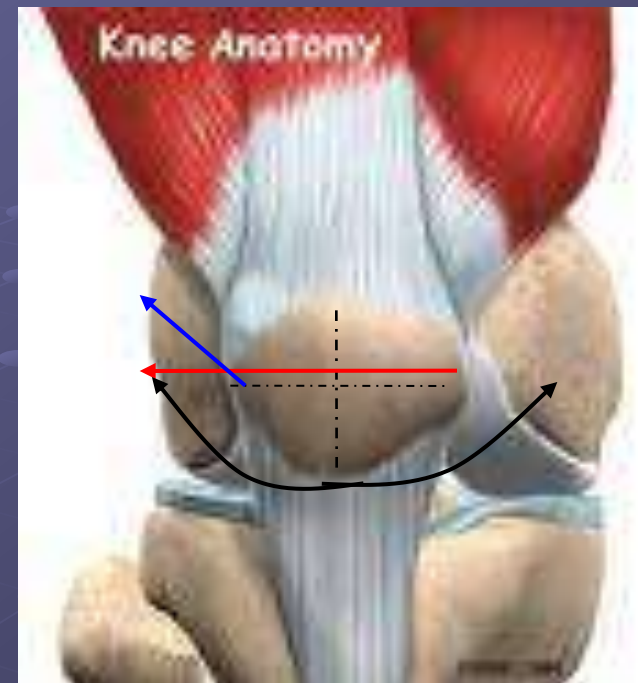
- Used for various pathologies- experimental
 1. Fixomull from mid tibia up and around to lateral leg
 2. Pull tape as hold tib into external rotation x 3



● Patello femoral

ASSESS

- Glide
 - Lateral/ medial glide
- Tilt
 - Medial/ lateral
- Rotation
 - Medial/ lateral rotation



- Tape for each and re-Ax functional movement
- Lock down with elastic fish-tails



Medial glide



Lateral tilt

Rotation



Fat pad

1. One tape over superior patella, push down to tilt inferior patella upwards.
2. One tape from tib tuberosity laterally up to superior tape. As pull up scoop soft tissue into middle x2
3. Second tape form tib tuberosity medially up to superior tape. As pull up scoop soft tissue into middle x2
4. Knee will now look puffy when in knee extension



The background is a dark blue gradient with a subtle, repeating pattern of light blue dots connected by thin lines, creating a grid-like effect that recedes into the distance.

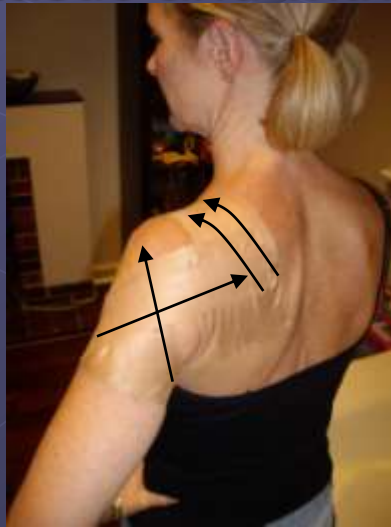
Shoulder

● Scapular stability

- Ax scapula;
 - Elevated/depressed
 - Upward/downward rotation
 - Anterior/posterior tilt
- Commonly depressed, down rot and ant tilted
- Use tape to facilitate scapula position
- Also use tape to inhibit overactivity- upper traps

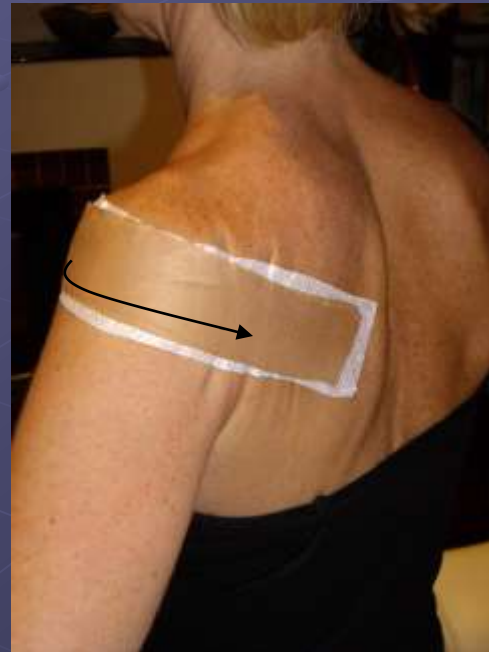
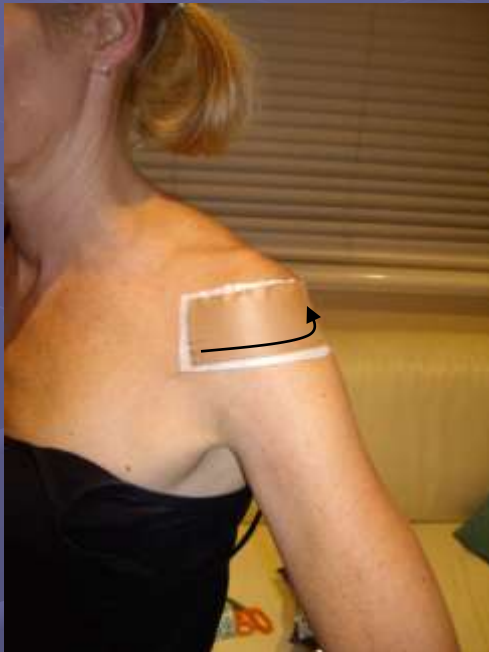
Instability (1)

1. Inferior anchor around superior bicep, with contraction
2. Superior anchor over AC joint x3
3. Hand on hip, start at posterior arm at inferior anchor, pull up and across over ant g/h joint to superior anchor x3-4 overlapping
4. Start ant arm at inferior anchor, pull up and post across to superior anchor x2
5. Lock off with elastic and with sling under arm



● Instability (2)

1. Start ant g/h joint and pull backwards around joint to post scapula x3
2. Use fingers to push ball posterior into socket



● Scapular tape(1)- upward rotation

■ Uses

1. alter scap position ie g/h impingement
2. Unload neural structures ie neural symptoms
3. Unload upper traps/lev scap ie headaches, fatigue ache

1. Run fixomull from mid deltoid laterally to just short of T2 spine, over upper traps
2. Position scap in upward rotation and elevation, ask pt to hold
3. Pull tape firmly upwards x3



● Scapular tape (2)- overactive upper traps

1. Fixomull over upper traps ant to post, across fiber
2. Place tape over upper traps, pushing down through mid belly upper traps x 2-3

● Scapular tape (3)- underactive low traps

1. Fixomull mid-point scap or posterior deltoid to T8, parallel to low traps
2. Set pt into down/back type position
3. Run tape over fixomull
4. Don't just depress scap, but get post tilt as well

● Combine 2 and 3

● Combine 1 and 3



Rest of Upper Limb

● Elbow

■ Hyper-extension

1. Anchors proximal above elbow and distal below elbow with elastic
2. Hold elbow 15° flex
3. Tape medial to lateral across anterior elbow joint, inferior to superior anchor x3
4. Tape lateral to medial across anterior elbow joint, inferior to superior anchor x3
5. lock off with elastic



Thumb

1. Anchor around wrist- elastic
2. Start at radial pulse around thumb and end at radial pulse each $\frac{1}{2}$ overlapping the previous x3
3. Start dorsal wrist just lateral to scaphoid, wrap around thumb and end at same place
4. Lock off



● Wrist- block wrist extension

1. Use a piece of padding, tissue or folder over tape and place over dorsal wrist joint
2. Lock down with tape to block extension

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Lumbar spine/ SIJ



Postural

- Used for typical passive posture sway back standing position
 1. Fixomull from midway between umbilicus and pubic crest up around belly to T12- L and R
 2. Re-position into correct standing posture and run tape from inferior to superior- L and R x3



● SIJ

- Use ASLR as test
- What type of compression makes test easier:
 - i) bilateral PSIS
 - ii) bilateral ASIS or
 - iii) PSIS and opposite ASIS

- Use tape according to result:

- Posterior compression for PSIS

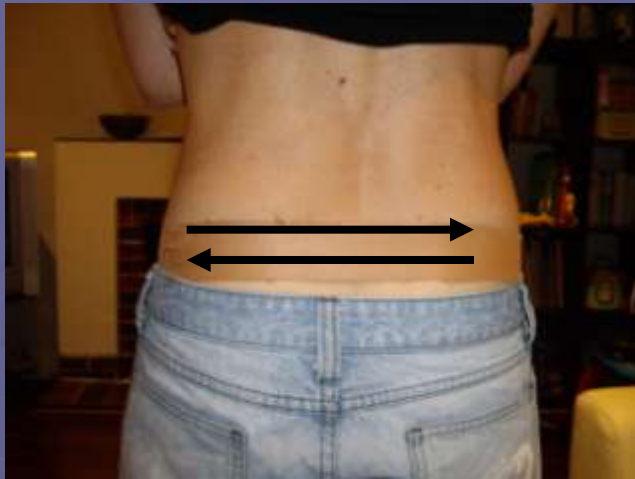
1. Fixomull across PSIS
2. Pull firmly lateral to medial across L and R PSIS

- Anterior compression for ASIS

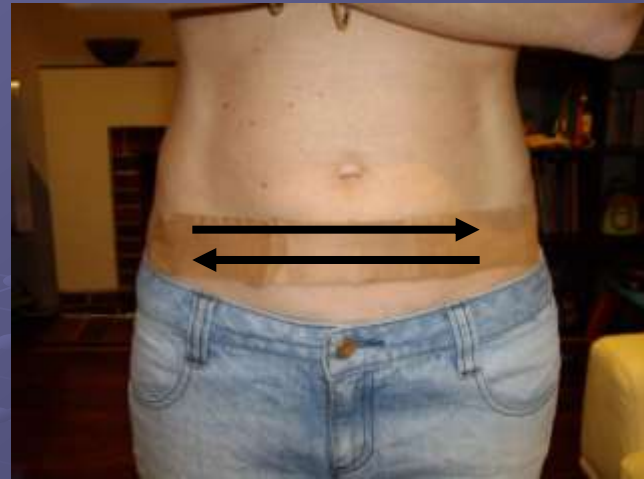
1. Fixomull across ASIS
2. Pull lateral to medial across L and R ASIS

- Combo

1. Fixomull ASIS to mid line and opposite PSIS to midline
2. Pull tape lateral to medial over both fixomull



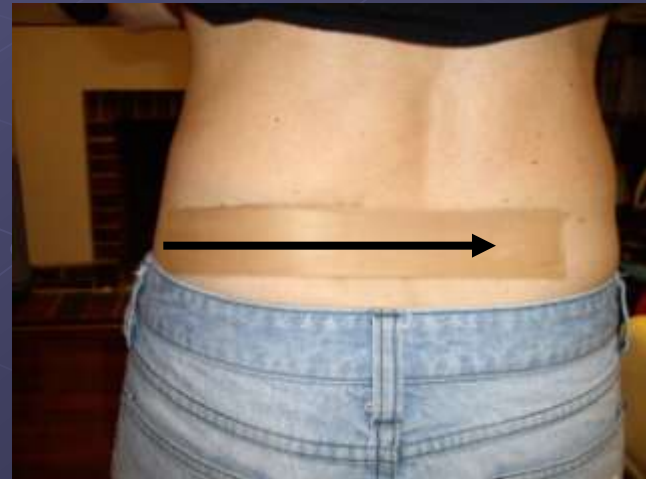
Bilateral PSIS compression



Bilateral ASIS compression



Unilateral ASIS compression



Unilateral PSIS compression