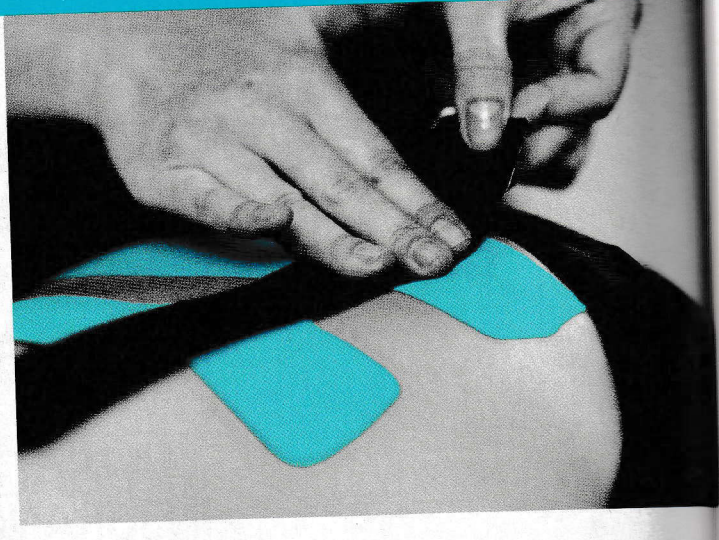




Taping & Massage

By Adam Wolf, PT, LMT



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EARLY IN MY CAREER, I had the idea that kinesiology tape had no efficacy, a belief that was reinforced via the educational literature of the time, which talked about taping one direction to facilitate and another direction to inhibit a muscle. This information was contrary to how I learned about tissue and movement, because I learned that combinations of tissue work together to control forces and that oftentimes musculoskeletal injuries occur when forces are presented to the body that it can't handle efficiently.

It didn't make sense for me to try and facilitate or inhibit a muscle because I didn't believe in it, and therefore didn't use this approach. However, my beliefs changed about utilizing adhesive-elastic tape, often known as kinesiology tape, with a few conversations that shifted my perspective and made me recognize that kinesiology tape is in actuality a fantastic addition to the manual work I perform.

It was pointed out to me that it's all about how one applies the research, which shifted my lens to recognize that the tape can, from a neurocentric perspective, make a huge difference in helping people move and feel better.

I tape for three primary reasons, all of which also encompass a manual therapy paradigm, and include:

1. Pain
2. Decompression
3. Neurological re-education

Anchoring to principles,

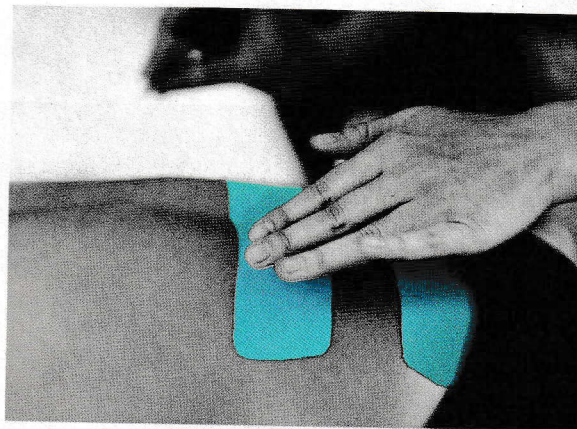
it's recognized that pain produces less representation in the somatosensory cortex to the painful region. Also, oftentimes people in pain have a behavior that contributes to the pain, which can result in tissue overload. It's also recognized that pain is an output.

In practice, I often tape to both change the sensory input to a certain region, such as the low back, and also for behavior change. Taping to change input is as simple as placing a piece of the kinesiology tape over the region that has pain, because the skin is linked directly to the brain due to embryonic development. In other words, as soon as the client's brain starts developing in utero, their skin does too.

Therefore, it's possible to utilize kinesiology tape on the largest organ in the body—the skin—to change sensory input into the brain (remember, they're linked), changing output. At the same time, I might choose to also, or instead of, run a tape longitudinally along the skin over the thoracic spine and link it via education to behavior change because oftentimes those with back pain have a forward head/kyphotic position.

In addition, most times these people don't realize they're not in a great position. In these situations, kinesiology tape can provide neurofeedback to let someone know when they're in a less-than-desirable position.

For example, the person who sits at a desk for extended periods of time with a forward-head/kyphotic position and has low-back or neck pain might benefit from a couple of different taping applications. The application to the low back may include strips with slightly more tension in order to stimulate the skin



receptors responsible for tension or compression. This application can simultaneously decompress a region by changing the pressure, promoting blood flow. It also changes input into the brain, bringing more representation to the brain to the painful region and helping to change output. Remember, pain is an output, so we want to change the input.

The client with low-back or neck pain who sits at their desk for extended periods also needs to learn the new behavior of taking breaks

or sitting in a better position. A longitudinal strip along the skin over the thoracic spine can easily provide feedback when people are in a forward head/kyphotic position, because the kinesiology tape I use has 30% tension when it's applied with paper-off tension. Therefore, theoretically, when someone has a forward head the tape will increase its tension, providing feedback about position. In other words, the tape can be used to trigger behavior change.

For instance, I say to the person when I'm applying the tape something along the lines of, "When you feel the tape in the middle of your back, I want you to ask yourself what position you're in." Most times, people will find themselves in a position that contributes to their dysfunction.

Another population that can benefit greatly from use of kinesiology tape are those with inflammation conditions, such as a sprained ankle, contusion or bruise. The very nature of adhesive elastic tape means that when it's applied it lifts the superficial skin, changing the pressure of what's underneath it versus what's around it, as evidenced in numerous ultrasound imaging studies.

While there are many strategies to edema taping, the one I prefer is a fan application where the tape is cut into thin strips and placed over the inflamed region in a fan-like manner. When this is performed, there are pieces of skin that hold zero, one and two pieces of tape, creating a nice pressure differential in the tissue that helps promote fluid removal and healing.

The above examples are but a few of the numerous applications and populations that can benefit from kinesiology tape, and while it's a relatively safe modality for most populations, it is contraindicated for some populations, including those with kidney and heart failure, cancer, those whose skin irritates easily and more. (Please check for a full list.)

I'm often asked how to get started with taping if you've never taped before. The advice I like to give is to start simply and remember that less is more. Personally, I think you can't go wrong with taping as a reminder to the brain by linking it to behavior change and trying to change the output.


When placing the tape on the skin, remember that less is more, meaning a lot of tension in the tape isn't necessary and that the skin can easily get irritated with too much tension in the tape.

In addition, because the tape is a fixed end point, it's important to ensure there is *no* tension at the ends of the tape. I teach to keep at least a finger's worth of tape that's paper-off tension, ensuring the ends of the tape won't pull the skin and cause a blister or tear, and that if the tape is uncomfortable to the client to simply take it off. I also encourage those interested in this powerful tool to seek out education about the various applications, because there are so many.

In conclusion, kinesiology tape can be a powerful adjunct when working with people to help lock in changes. This is especially true when applying the concepts that the tape can help those in pain by changing input, decompressing tissue and providing neurological re-education. **M**

Adam Wolf, PT, LMT, FAFS, is co-owner of REAL pt in Chicago, Illinois, and founder of The Movement Guild. He is the author of two books, including the most recently published "Foundations of Movement: A Brain Based Musculoskeletal Approach." Wolf is also a Master Instructor on the ROCKTAPE Education Team (rocktape.com) for the past seven years, and also teaches his own material.


Read "Why You Need to be Taping Movement, Not Muscles," by Adam Wolf, at massagemag.com.




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