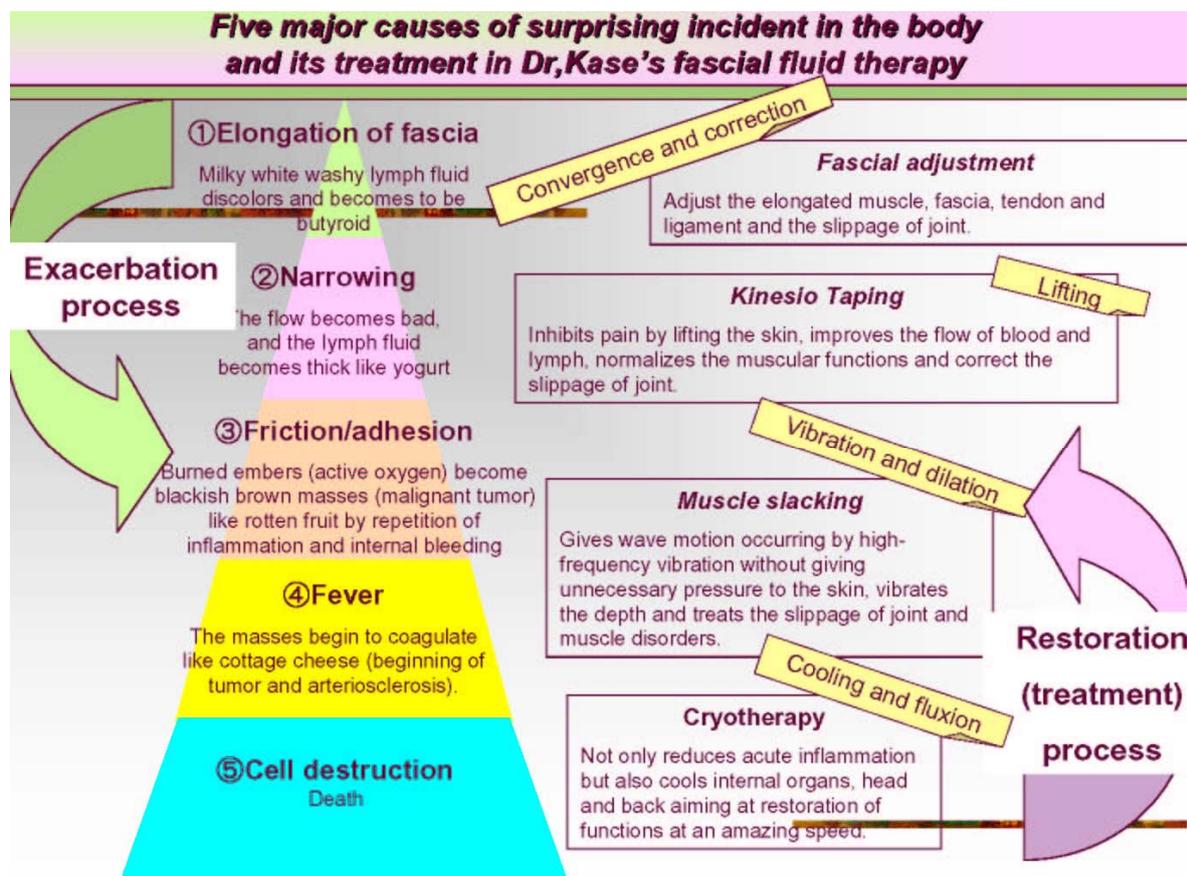


Adjunctive therapy to increase the effects of Kinesio Taping

Four major effects of Kinesio Taping

1. Relieves pain or abnormal feeling on the skin & fascia.
2. Supports the muscle in movement. (Expanding effects)
3. Removes congestion of lymphatic fluid or hemorrhages under the skin.
4. Corrects misalignment of the muscle, fascia and joint.



Adjunctive therapy to increase four effects of Kinesio Taping

Analgesic effect

With **Kinesio Taping**, the uncomfortable feeling at the nerve endings in the dermal layer can be quickly relieved by mechanically making a subcutaneous space. This is accomplished when the Kinesio Tape lifts the skin as the stretched tape returns to its original length. The uncomfortable feeling corresponds to the symptoms occurring with touch, pressure, heat and cold sensations. Since these four sensations become pain sensation after exceeding a certain threshold and the receptors of the pain sensation are scattered about, an analgesic effect inhibiting pain is obtained. No quick relief can, however, be expected on pain originating from the middle to deep layer, such as muscle fibers and deep fascia.

Normalization of muscular function

By using Kinesio Tape on the skin, the stimuli are more easily conducted to the motor areas of the brain (somatic sensation-induced brain wave). In this respect, Kinesio Tape normalizes muscular functions. However, since the effects of Kinesio Tape on muscle strength could not be demonstrated by past experiments, it is considered that Kinesio Taping does not increase muscle strength. In the fields of sports and rehabilitation, Kinesio Tape and kinesiotherapy are very important for normalization of muscular functions.

Normalization of lymph flow

It has been shown that lymph flow correction with Kinesio Taping is much more effective than techniques such as lymph massage, medication and pressure stockings. Some people may fear that the effect of Kinesio Tape on the lymph flow may cause metastasis in patients with cancer, but Kinesio Tape acts on the capillary lymph and does not affect the main flow of lymph directly. Therefore, there is no risk. Kinesio Tape also takes into consideration air permeability and allergy. If the skin temperature increases abnormally due to inflammation, however, Kinesio Taping cannot be used for emergency treatment. In such a case, **cryotherapy** is effective. In this therapy, it is necessary to select the method according to the purpose of treatment, including air, water, ice and packing.

Correction of subluxation of a joint

An effect in the deep tissue can be achieved by increasing the stretch rate of Kinesio Tape. In this way, Kinesio Tape can influence the ligaments, tendons and joint, and the effect can be doubled by adjusting muscles and fascias (**muscle slacking therapy and adjustment of fascia**). This method is, however, still insufficient compared with conventional techniques

Learn actual treatment from the VIDEO

For a knee disorder accompanied by swelling, the quadriceps tape and a shredded lymph tape of the lateral vastus muscle and medial vastus muscle should be applied. In order to reduce swelling and to increase the strength of the tensor fascia lata muscle and lateral vastus muscle, the injured part should be faced up, and CDV done. Next, using ET (percussion vibrator) and Kinesio slacker, MUT should be added to the tensor fascia lata muscle to increase the range of motion. **The degree of swelling should always be confirmed, and it should be confirmed that the decreased muscle/fascia increased.** Then the injured part should be faced down, and the adductor muscle should be slacked with ET and Kinesio slacker.

While contracting the quadriceps in a supine position, muscle slacking of the peroneal muscle should be done from the planta pedis to move the swelling in the deep joint. The injured part should be faced up again, the slippage of the joint muscle in the area surrounding knee joint should be confirmed, and the slippage of the joint should be corrected while contracting the slightly stretched tendon. The muscles at the origin of quadriceps (groin) and the abdomen should be contracted again. The stretched tendon at the origin of the quadriceps (spina iliaca anterior inferior) should be improved with contraction of the abdominal muscle. Abducens and slippage of the knee joint and hip joint should be corrected while confirming the range of motion of the knee and contracting the stretched muscle.

Concerning the hamstring in a bending position of the knee and the overstretched gluteal muscle, the middle gluteal muscle/gluteus maximus muscle should be adjusted with the greater trochanter facing up. Fascial adjustment of the tensor fascia lata muscle and quadriceps should be done so that the femur may be compressed from the head of the knee into the hip joint cavity. At that time, the patient should contract the muscles by his/her own ability. The gastrocnemial muscle tape and hamstring tape should be added. The fascia of the gastrocnemial muscle and the Achilles aponeurosis should be adjusted in a prone position, and the hamstring and gluteal muscle should be adjusted toward the head while bending the knee. **The antigravity muscle should be intensified while acting as second so that the antigravity muscle may be intensified from the planta pedis while applying gravity.**

Frozen shoulder

Stiff shoulder due to age is accompanied by limited range of motion and pain when trying to increase the range of motion, caused by the imbalance of the muscles. Since inflammatory substances stay in the deep fascia of the clavicle, scapula and humeral bones, spontaneous pain and irradiating pain can occur, often resulting in sleep disorder. In the examination of the range of motion, acute pain occurs with rotation and elevation of the arm, the lateral posterior displacement of the scapula should be confirmed in a sitting position. The injured part should be faced up, and a cushion should be placed between the arm and trunk so that the arm is stabilized. Kinesio Tape should be quartered and attached to the anterior and middle parts of the shoulder and the middle and posterior parts of the shoulder so that it overlaps. The quartered tape should be attached to the infrascapular muscle by moving the arm while paying attention to the forearm. A forearm stiffened due to pain induced by Kinesio slacker should be loosened by grasping and opening the hand while applying Cryofive. The muscles in the upper arm should be loosened while bending and stretching the elbow. The tension on the surface of the deltoid muscle should be loosened with ET while rotating the wrist. The posterior extroversion of the scapula should be adjusted while bending the elbow and confirming the rotation of the humeral bone. The inflammatory substances should be pushed out while contracting the supraspinatus muscle and supratrapezial muscle with Kinesio slacker. The fascia of the deltoid muscle should be adjusted upward at the same time as contraction by the patient. The adhesion of the brachium should be confirmed again in the range of motion, without inducing pain. Therapeutic effects in the patient should not be confirmed by moving the arm. It should also be suggested that the patient sleep in a position that does not cause pain.