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Winter 2013

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# Editor's Letter

## RESEARCH CULTURE IN THE CLINICAL WORKPLACE: NOW MORE THAN EVER

A RECENT ISSUE OF THE JOURNAL "MANUAL THERAPY" TOUCHED ON THE ROLE OF CLINICIANS IN THE PURSUIT OF RESEARCH. LIKE MANY THERAPIES, KINESIO TAPING PRACTICE HAS SOMETIMES TENDED TO JUMP AHEAD OF THE AVAILABLE RESEARCH.

THE FOLLOWING IS EXCERPTED FROM THE EDITORIAL:

Increasingly, health professionals are determined and committed to fully populating their evidence base for practice and to increasing the percentage of the profession engaged in research on a regular basis....

The motivation for gathering evidence, conducting research and implementing findings has grown and continues to grow in the international musculoskeletal therapy workforce.

What is clear is that there are a number of barriers to research in primary care in both the clinical and academic workplaces....In many clinical settings, newly qualified clinicians are keen to carry on developing their research skills.... Sadly, they can be confronted with the absence of a research culture in clinical workplaces which is a huge barrier.

[Clinical work often carries] a strong focus on service delivery with no time being allocated to research activities of any kind....Knowledge of research outcomes, research relevance and its potential to improve patient care needs to be embraced.

Having a positive research culture in the workplace does not mean that every member of staff will spend hours/days collecting and analyzing data. This is not a viable goal. Rather a positive research culture means that:

- a) There should be a positive attitude towards relevant evidence.
- b) Mechanisms should be in place to share, discuss and implement relevant new research findings. Translation to the clinical interface is the most important aspect of research.
- c) A forum is in place for discussion of research questions which, if answered robustly, would contribute to effectiveness, efficiency and quality of practice.
- d) A positive research culture is present as this can be teambuilding and can improve/sustain/develop confidence in evidence based practice and the use of research processes.
- e) The clinical workplace presents an ideal setting for collaborative work between clinicians, academics, researchers, patients and students. The more involved in the activity, the less time is needed by each individual and the less isolated individual researchers will feel.
- f) Opportunities are taken for joint research grant development involving multidisciplinary expertise from other areas.

Other key factors which help sustain a positive research culture are clinicians' easy access to literature via information technology, computer access for data storage and information gathering. There is a wealth of highly relevant research questions which need to be and can be more ideally answered in a clinical setting, employing a variety of research approaches....Now is the time to engage and prepare for exciting times to come.

THE ANNUAL KINESIO TAPING® RESEARCH SYMPOSIUM IS A FANTASTIC OPPORTUNITY TO LEARN ABOUT THE STUDIES AND DISCUSS THE RESULTS OF CLINICAL, PROFESSIONAL AND ACADEMIC RESEARCH RELATED TO KINESIO TAPING. EARLY REGISTRATION DISCOUNTS ARE STILL AVAILABLE FOR THIS YEAR'S SYMPOSIUM AT STANFORD UNIVERSITY IN JUNE. FOR DETAILS AND TO REGISTER, GO TO THE KTAI WEBSITE [WWW.KINESIOTAPING.COM](http://WWW.KINESIOTAPING.COM) OR CONTACT THE KTAI OFFICE.

Until next issue,

  
Dorothy Cole  
Editor-In-Chief



# What's Inside

Winter 2013



## CKTI/CKTPs In Action

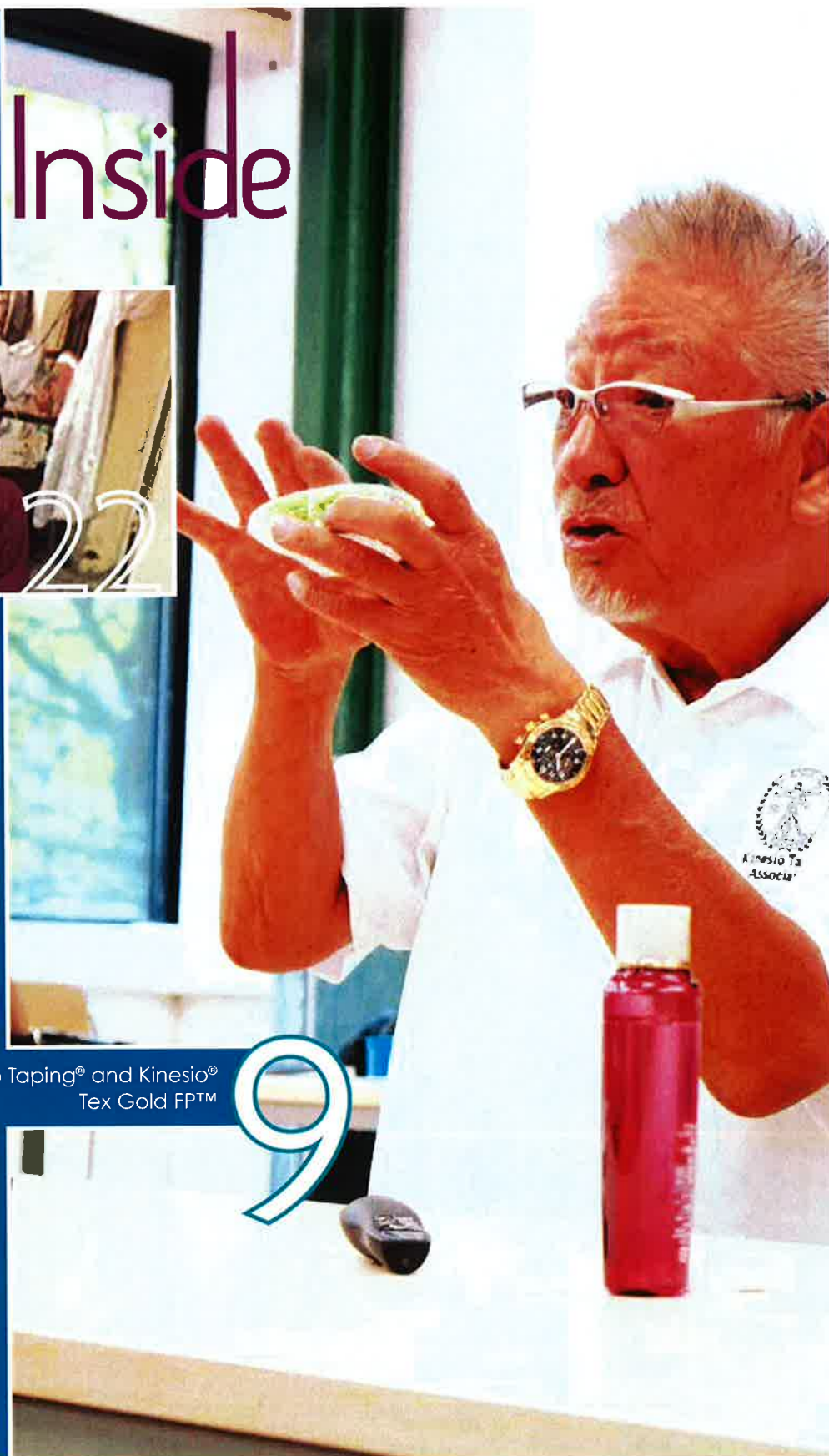
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# THE USE OF KINESIO TAPE IN LIEU OF SPLINTS TO MAINTAIN NEUTRAL WRIST POSITIONING WHILE STILL ALLOWING UPPER EXTREMITY BEDSIDE THERAPIES: A CASE REPORT

Daun Chung, DO (Rush University Medical Center, Chicago, IL); Gerard Dysico, MD (John H. Stroger, Jr. Hospital of Cook County, Chicago, IL)

**Patient:** A 63 year-old Hispanic male with a central cord syndrome secondary to a mechanical fall.

**Case Description:** The patient presented with bilateral upper extremity weakness after a fall. MRI revealed a right C6 laminar fracture and C4-C7 spinal cord contusion. He underwent a C4-C7 laminectomy and a C4-T1 posterolateral fusion with instrumentation. Post-op, he continued to have significant weakness in his upper extremities, specifically in his wrist extensors and finger flexors, consistent with a central cord syndrome.

**Setting:** Tertiary Care Hospital

**Results:** On manual muscle testing, bilateral wrist extensors were 2/5 and bilateral finger flexors were 1/5. Kinesio tape was applied to his right forearm and wrist for a functional correction to maintain neutral wrist positioning and along the dorsal surface of digits 2-5 to facilitate muscle activity in his fingers. A resting hand splint was used for his left upper extremity, due to the need for an IV. On day 3, his right wrist extensors had improved to 3/5 and his right finger flexors digits 2-3 had improved to 2/5. No change was noted in his left upper extremity so his IV was removed and Kinesio tape was applied in the same fashion as the right. On day 8, his right finger flexors digits 4-5 had improved to 2/5 and his left wrist extensors had improved to 3/5.

**Discussion:** Kinesio Taping is a technique designed to assist in the body's natural healing process. According to manufacturing specifications, Kinesio tape has an inherent 10% tension/recoil. Using different tensions when applying the tape allows the tape to work in a variety of ways. "Functional correction" applications of the tape utilize 50-75% added tension to the tape help promote neutral positioning while "facilitation" applications use 15-35% applied-tape tension to assist underused muscles.

**Conclusion:** The patient was noted to have increased strength and active range of motion on the Kinesio taped side compared to the resting hand splint side. Using Kinesio tape can be as effective as a resting hand splint in maintaining neutral positioning, while still allowing the patient to work on range of motion and strengthening exercises.

**Key Words:** Central Cord Syndrome, Spinal Cord Injury, Orthotic Devices, Rehabilitation



Dr. Gerard Dysico, MD, CKTI.

# CKTI APPLIES CLINICAL FOCUS IN HOSPITAL TRAINING

**Gerard Dysico, MD, CKTI**, is an assistant professor at Rush University Medical Center and part of the faculty for the Department of Physical Medicine and Rehabilitation. He is also on staff for the Department of Trauma/Burns at Stroger Hospital of Cook County.

I supervise and teach resident physicians in training at both sites. Some of my interactions are particularly close with the PT/OTs of Stroger, especially for our trauma/burn patients. Together, PT/OTs and my resident physicians work toward addressing the therapeutic goals for our patients as Stroger's patient population is faced with many challenges (socially as well as clinically.)

*The John H. Stroger, Jr. Hospital of Cook County, Chicago, maintains a strong commitment to the healthcare needs of Cook County's underserved population, while also offering a full-range of specialized medical services for all segments of the community. It remains at the forefront of new therapies and innovations in healthcare while never neglecting those in need.*

*The 464-bed hospital is anchored by 228 medical/surgical beds, with dedicated units for obstetrics (40 beds), pediatrics (40 beds), intensive care (80 beds), neonatal intensive care (58 beds), and burns (18 beds). The hospital's adult emergency room treats over 110,000 patients annually, while the pediatrics emergency room treats 45,000 children and adolescents each year with a no wait policy. As a major teaching hospital, it has a staff of more than 300 attending physicians and more than 400 medical residents and fellows.<sup>1</sup>*

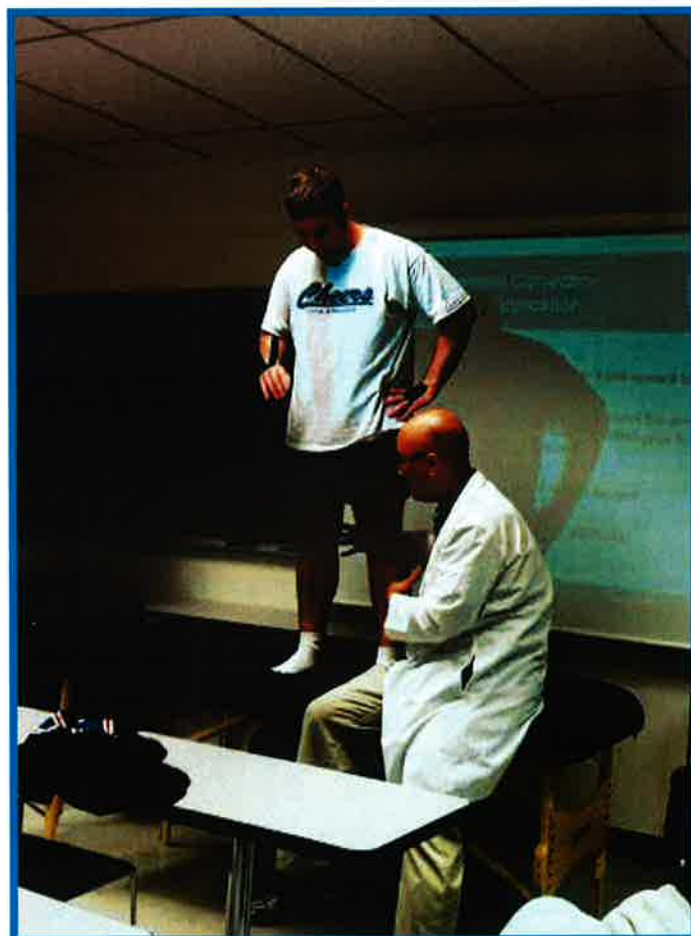
One of my goals since becoming a CKTI was to get our therapy staffs and my physician staff to continue working together closely. Teaching Kinesio Taping to both groups has been tremendous as far as ideas generated between clinicians on treating our inpatient and outpatient populations. When I teach my courses, I tend to apply a more clinical focus as my colleagues can see the applications more readily as opposed to just teaching technique. The courses have been a great method to introduce concepts of Vladimir Janda earlier to my junior residents.

*Dr. Janda was a key figure in the 20th Century rehabilitation movement. An accomplished neurologist,*

*he founded the rehabilitation department at Charles University Hospital in Prague, Czechoslovakia. His observations regarding muscle imbalances, faulty posture and gait, and their association with chronic pain syndromes, etiologically, diagnostically, and therapeutically, influenced the rehabilitation world.<sup>2</sup>*

The tape has also helped my D.O. residents "rediscover" their manual skills as the tape complements osteopathic manual medicine in clinics nicely. My residents can address inpatient issues effectively with the use of the Kinesio Taping. Eventually, when they complete their residencies and become attending physicians, they can take their Kinesio Taping skills and apply them in whatever clinical scenario their careers present.

Overall, I have been pleased with the goals we have achieved thus far as a program and as a department. Since training all the residents and therapists, we have published a case report on the early use of Kinesio Taping in a spinal cord injured patient. We have started another study with the use of the Kinesio Precut applications for our inpatient rehabilitation population. I am working with my

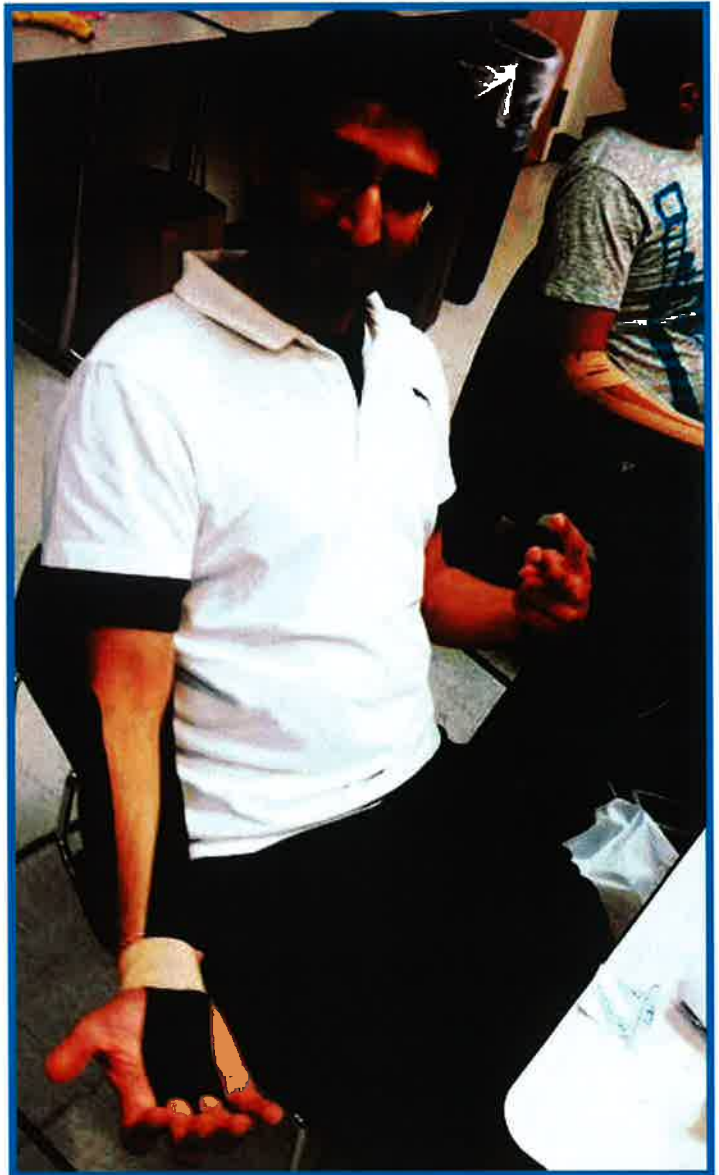




Burn colleagues to begin protocols for taping patients with stable grafts with possible publication or presentation of our findings in the future.

*Dr. Dysico graduated from Rush Medical College in Chicago, Illinois, and completed his residency at Rush University Medical Center. There he served as Chief Resident. He is a Fellow of the American Academy of Physical Medicine & Rehabilitation. His clinical interests include manual medicine/osteopathic manipulative therapy, exercise prescription, traumatic brain injury, and the inpatient uses of Kinesio Taping.*

1. Website: Cook County Health & Hospitals System. <http://www.cookcountyhhs.org>
2. Morris CE, Greenman PE, Bullock MI, Basmajian JV, Kobesova A. Vladimir Janda, MD, DSc: tribute to a master of rehabilitation. *Spine (Phila Pa 1976)*. 2006 Apr 20;31(9):1060-4.



# Talking about KINESIO Taping® and Kinesio® Tex Gold FP™

A visit with Kinesio  
Taping® developer and  
KTAI founder  
Dr. Kenzo Kase along  
with product engineer  
Yukari Takeda.



## 1. What does the "FP" stand for?

FP stands for FingerPrint. To understand the reasons and advancements of Kinesio® Tex Gold FP™ (FingerPrint) it is important to recall how Dr. Kenzo Kase originally got the idea to invent the Kinesio Taping® Method.

Dr. Kase invented and developed the Kinesio Taping® Method to enhance manual treatment with his "Tape as Hand" concept. Sensory inputs through touch reduce pain or optimize performance. The hand can feel and use the sense of touch to provide therapeutic effects.

When a therapist begins to heal any part of the body, the first thing they normally do is to touch the skin's surface where there is pain or a feeling of something not quite right. It is a natural impulse to touch the skin; you do this without thinking. Therapists employ hands of healing to palpate, feel and test what parts of the body need treatment. This is explained scientifically in "Gate Control Theory," which explains the sensations of painful and non-painful

touch based on the actions and reactions of large and small nerve fibers.

## 2. How does this follow from the original innovations of the Kinesio Taping® Method?

When he began to develop a specific tape for the Kinesio Taping® Method, Dr. Kase knew he would need a tape that could be applied to skin for long periods of time for maximum therapeutic effect. This is why he created Kinesio® Tex Tape.

His training is as a chiropractic physician, and his first interest has always been in patient care. During the 1970s, he was treating patients in the US and Japan. He treated both acute and immediate injuries and conditions, as well as long term and chronic complaints. He found that many patients would come to him after enduring their symptoms for years and even after pursuing other unsuccessful treatments. Once they reached that chronic stage the healing process would normally take longer and be more difficult to attain. In addition, Dr.

Kase sought to help them develop habits and treatments for prevention of further pain and dysfunction.

This was the main focus to why he developed the Kinesio Taping® Method, to help patients get better and feel better. Dr. Kase developed the taping method because he wanted continuous preventative treatment for the period between clinic visits. In this way the healing could continue outside the clinic and help each patient to heal as soon as possible.

## 3. Can you explain the EDF™ Taping concept?

Epidermis, Dermis and Fascia layers – E, D and F – each has unique ways reacting to injury or stress. These reactions are interconnected.

When tissues are injured, there are certain immediate reactions. If the skin is injured, for instance, the area will be immediately painful, and may show visible bleeding or bruising. This may be followed by swelling



such as hematoma or lymphedema, and even scarring. If the injury is to the fascia there may be less initial pain and gradual pain perception, followed by symptoms that may become chronic, such as lymphedema. Injured muscles may have immediate pain, swelling and hematoma.

Through the years we have found that it is possible to provide treatment to even deeper layers with taping applied to the surface of the epidermis. The skin is our largest sensory organ, and is connected to the brain system: spinal, nerves, and brain stem. EDF™ Taping provides a technique to stimulate the body's neurological abilities by stimulating the surface of the skin.

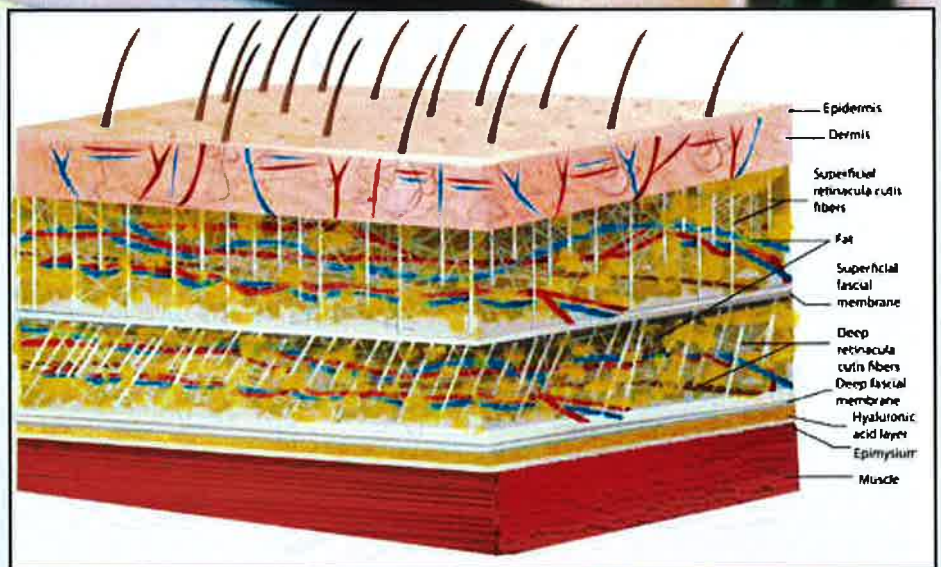
This is a very promising area of Kinesio Taping® which will utilize the FingerPrint sensitivity of Kinesio® Tex Gold FPT™.

#### 4. Does this mean you are getting rid of Kinesio® Tex Classic?

Absolutely not. Kinesio Tex Classic will continue to be available in 2" rolls, but for many medical purposes Kinesio Tex Gold FP will become the more effective option. Research and practice have extended to constantly new and different symptoms, conditions and patient populations. Dr. Kenzo Kase continues to work to advance treatment for the most modern and perplexing medical syndromes.

Kinesio Taping has always been applied to the upper surface of the skin, the epidermis, to provide beneficial effects not only to the epidermis but also to the dermis and tissue layers beneath. By its very nature this is a time released process. Dr. Kase and the engineering team were looking for a more advanced tape for a gradual, soft lifting affect. They wanted a tape to go even farther and deeper in lifting each tissue layer. To do this they found that they needed a lighter, finer fabric but at the same time it would need to stick on the skin even better – not harder, more like a second skin.

Thus came the advancement of Kinesio Tex Gold FP, which still utilizes the same properties of traditional Kinesio Tex Classic that have always been important to the



Kinesio Taping Method.

#### 5. What is Micro-stimulation?

To achieve the lighter, gentler, but more lasting adhesive we were able to combine a special fabric content and manufacturing process. This proprietary process involves many different factors, including the temperature and how the glue is applied to the fabric. Using this manufacturing process we don't just have a stronger adhesive but the fabric and adhesive become integrated together. This "Deep Set Adhesive" process is one element to provide Micro-stimulation™ to the epidermis area.

The qualities of Nano-touch and Micro-stimulation were developed in recognition that modern medical care requires more specifically targeted affects for the sensitive cells near the skin's surface. If you put too much pressure you can damage and even kill cells; they are also very vulnerable to heat. Kinesio® Tex Gold FPT™ allows the therapist to apply the tape with a gentler pressure but still reaching to into the cellular level.

Kinesio Tex Tape has always been designed to affect the muscles and joints. Kinesio Tex Gold FP uses Nano-touch technology to reach the tissues beneath the epidermis by stimulating the stem cells between the epidermis and dermis, thus providing more precise stimulation and avoiding overstimulation.

#### 6. What do you mean by Nano-



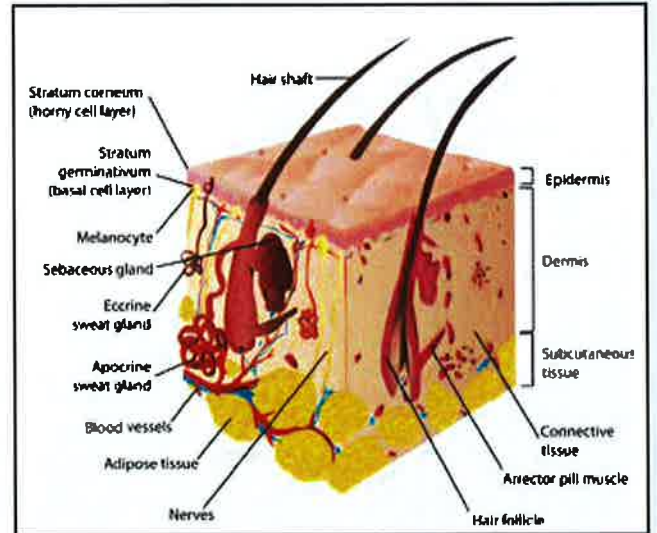
#### touch?

It is like you lift a bit of the skin with your fingers very lightly. Your touch is acting on the epidermis and into the fluid layer beneath. Kinesio Tex Gold FP performs a very fine, precise lifting action on skin, from the superficial surface to the moist layers underneath. From there, precisely targeted micro-stimulation can penetrate into the internal regions of the body. In addition, Kinesio Tex Gold FP is able to form an ectodermic bond with the skin's surface without causing irritation.

The soothing touch effects more than the skin. It has been proven to have a benefit to the tissues under the skin as well. For this reason Dr. Kase invented elastic therapeutic tape for continuity of care. After leaving the clinic, the patient would have a lasting therapeutic effect to keep healing.

In developing the taping method Dr. Kase





used his understanding of ergonomics. Skin and muscles stretch and contract, so that the direction and tension of the taping make a huge difference. The therapy may be used for strengthening or for relaxation, depending on how they are taped. Many practitioners and even patients are now familiar with the concept of taping from origin to insertion for facilitation and from insertion to origin for inhibition.

Kinesio Tex Gold FP responds to flexion, rotation and other natural movements of the body's structure and tissues. The design utilizes a complex and specific fingerprint-like pattern to provide a gentle lifting effect that allows a more precise pressure to the cells which lie between the epidermis and dermis and form the foundation of the human body.

### 7. Why is this important?

The Nano-touch system makes the Kinesio Tex Gold FP tape follow the convolutions and natural irregularities of the skin's surface even more closely. This reduces any patient discomfort and feels natural on the skin. Nano-touch may allow cells to be affected in more different treatments, such as complaints of the lymphatic system, neurological conditions, or other diseases that are resistant to treatment.

For instance, peripheral neuropathy is a very difficult condition to treat. The therapist will try but frankly in many cases they will fail to alleviate the symptoms or to address the underlying condition. This often leads to an over reliance on

medications, pain pills and tranquilizers. This does not address and may even worsen neural damage that causes sympathetic reaction to show skin very hypersensitive to pain. To provide satisfactory treatment to this sort of problem we can use thin fan cut tape for application to the exact area of complaint.

Generally in the medical field, in manual therapy the assumption has been that a great deal of pain is located around the joint area. The focus has been on joints, ligaments and tendons and with dynamic movement. We know that the more severe pain is not necessarily down in the deep area. For example, when someone burns themselves or cuts the skin that will create very sharp pain. This is not deep pain, this is pain associated in the epidermis layer.

For 30 years Dr. Kase has been teaching how to palpate the tissues to reach epidermis, dermis, fascia layers. Using the Kinesio Tex Classic tape we have been a little limited in how long or how deep we can get a response. To stimulate a little bit deeper area (muscles, deep fascia) we have been looking for a more specific micro-stimulation to the epidermis. This targets at the semi-cellular level.

### 8. Can you give us more insight into why Kinesio Taping was developed in the first place?

After practicing in the US and continuing on to practice in Japan, Dr. Kase as a physician felt a responsibility to heal all the patients that came through the door.





However, there were many challenges from chronic injuries and abnormal function to those suffering with acute pain. Many times the patients would feel great relief after visiting the clinic and receiving treatment, but often they would come back later still suffering the same symptoms.

He also recognized the importance of using the body's own healing process, since anti-inflammatory or pain medications were not an option. Considering these two problems and frustrations he faced as a doctor, he realized that something was needed: a "missing link," if you will, in the chain of treatment taking the patient from the clinic, to home, back to the clinic.

#### 9. Did he think of this all at once?

As a student in chiropractic college Dr. Kase had been fascinated by the possibilities in using positive pressure on the skin and how it could have long term physiological benefits. One of the treatments used rigid white medical tape and orthopedic taping procedures. In 1973 he became intrigued with the progress of a particular patient he was treating for rheumatoid arthritis using traditional taping – wrapping – to combat inflammation and stiffness.

Dr. Kase was stunned to see that the tape was able to move fluid and provide temporary relief. At the same time, he knew that the technique would not be conducive for long periods of treatment.

This was the beginning of the Kinesio Taping Method.

From this point over the next five years or so, Dr. Kase performed hundreds of clinical trials, tracking the outcomes, taking note of how he used the tape and of each patient's results. It was in 1979 that he founded the Kinesio Taping Method and began writing his first book.

#### 10. So this is a confirmation of the original concept?

Exactly. He saw that tape might be used to provide an exterior pressure on the skin's surface just like the laying on of hands, palpation and other manual therapy techniques. This hands-on approach and the affect tape had on the body led him to create Kinesio Tex Tape, because the tape could be applied on skin with the goal of stimulating and acting on the symptoms.

In similar fashion to the skin he always felt that a fingerprint pattern would be the most effective. The finger print, the actual tip of the finger, is an area of great sensory input and subtle grip capability. What better engineering than this could we develop for the purposes of manual therapy than to mimic this precise quality. Unfortunately when the first version of the tape was made there was no adhesive pattern available. By 1986, the first attempt at approximating the fingerprint touch was created with the classic wave pattern.



Since then there have been numerous large and small advancements, including the addition of water resistance and the introduction of color therapy.

**11. Is this for the same conditions that have responded so well to Kinesio Taping for all these years?**

It is for those conditions and more. Kinesio Tex Gold FP will work efficiently through the capillary system, encouraging the effects of Space between the tissues, which allows more Movement and creates Cooling. The area of FP tape application creates space and begins the "washing machine" movement effect to remove congestion beneath the skin's surface. As this space

is created, excess heat is dispersed and less heat -- cooling -- allows for healing throughout the tissue. We call this effect the capillary effect, and the 3-D effect.

Kinesio Tex Gold FP will provide gentler, more targeted effect to the capillary system. This means it may also reduce nervousness and stress. Other anticipated uses may be for people who experience peripheral nerve syndromes often associated with psychiatric and perceptual disorders. These are only a few examples of the continued therapeutic effects and new treatments that may be to come.

Now that we have more than 30 years of clinical practice, research and interaction between Dr. Kase, the hundreds of CKTs and the thousands of clinicians that have been trained through the Kinesio Taping Association International the sky is the limit. What Dr Kase started on his own has been repeated successfully by hundreds of thousands of trained practitioners worldwide.

At this point Kinesio Tape is seen visually every week in use by athletes on TV and heard about verbally from patients who can't wait to tell about how much relief they've received. The recognition is both public and personal, particularly for therapists who rely on the Kinesio Taping Method. The evidence has accumulated greatly through clinical practice and research, allowing Kinesio Taping to advance and improve based on his original concepts. The "FingerPrint" touch was part of that original concept.





# WHY TAKE A SEMINAR? KEEPING D-1 ATHLETES IN FIGHTING FORM

By Erin Pettinger, ATC

I became interested in Kinesio Taping in 2008 after seeing athletes wearing it during the Olympics. After discussing continuing education with my boss, I was able to take the first course -- KT1 & KT2 -- in 2009. I then took KT3 and my exam in 2010. From 2008 to 2011 I was an Assistant Athletic Trainer at the University of South Carolina. None of my coworkers really knew much about it. I began to use Kinesio on most of my volleyball and softball players there. Everyone who was taped got great relief from the tape and it became more and more part of my routine with my athletes. I had girls who couldn't do arm swings a full practice, last for 2 hours. I had a softball pitcher, who was one year post op shoulder surgery, get significant relief from a biceps tendon tape. At USC I was primarily taping shoulders, IT bands, hamstrings and post-surgical swelling. Once my coworkers saw the results that I was getting, I began taping other sports at USC like women's soccer, men's soccer, baseball, and track. A lot of my coworkers and team physicians began believing in Kinesio Taping and seeing great results. In 2011 I took the Associate Athletic Trainer position at Georgetown University. Here I work with men's

lacrosse. No one on staff here at GU really has had any hands on experience with Kinesio. Some have seen it, but never really used it. Once I started, I had a few lacrosse athletes with hamstring or IT band problems and they let me try Kinesio on them. They were frustrated since they couldn't fully "feel right." Once they were taped, they were able to do things that they had not done in quite some time. Guys were able to complete full practices, not be sore after practices, walk around campus pain free and even feel stronger in the weight room. One huge benefit from Kinesio for lacrosse came from lymphatic taping for contusions from collisions and direct hits from lacrosse balls.

The summer of 2011 I went back home to Nebraska to work a NCAA YES clinic for the baseball College World Series. Luckily enough, USC baseball made it again as well. Once I arrived to Omaha, former colleague and mentor Brainard Cooper, ATC, asked if I was able to assist his athletes with some Kinesio Taping. Since I had previously taped some of his athletes with success, he knew Kinesio could aid in their quest for their 3rd national championship. ESPN aired each game, so when USC's star senior pitcher had a





lymphatic drainage tape on his forearm from getting hit with a line drive, ESPN jumped on him to know what this crazy pattern on his arm was. Prior to taping, I informed the athlete what exactly the tape was doing. He repeated it word for word to ESPN's Jen Brown who was very impressed by Kinesio. Another individual who got a lot of attention was the catcher who 3 weeks prior had an orthopedic procedure in his knee. With the lymphatic taping he had minimal swelling or increased tissue temperature. He was able to catch and bat during the entire CWS. Although USC was unable to win a 3rd national title, Kinesio Tape helped the Gamecocks get through the grueling schedule in Omaha. I have had nothing but good results with Kinesio Tape while using it in my Division I athletic training experiences. I am always excited to teach others about it as well as to use it frequently on my athletes.



## SEATTLE BASEBALL MAY HAVE A NEW SECRET WEAPON.

Dr. Masahiro Takakura, DC, ND, LAc, CKTI, has joined the full-time staff with the Seattle Mariners. He will be traveling with the team to provide onsite care during Spring Training and the regular MLB season. Usually there is a team doctor at home and an athletic training staff that travels to away games. Dr. Takakura notes that "My job will be literally in between the trainers and the doctors. I will be able to utilize my training in chiropractic and naturopathic medicine and in acupuncture to assist in player care. Including Kinesio Taping of course!" This is a unique situation in professional sports, as teams have usually retained experts in all these specialties on a contract basis. "My job is mixed," he tells us. "They are allowing me to bring all these skills to assist in health maintenance, prevention, acute injury care and any health needs that arise for the players."

# Taping Relieves in Pregnancy

"I COULDN'T BELIEVE HOW MUCH RELIEF IT GAVE ME," SAYS JENNIE: STEVE SAYS THE DIFFERENCE IN ME SHUFFLING INTO THE CLINIC AND THEN WALKING OUT AGAIN WAS AMAZING.



By Kate Slater  
Kinesio UK

Since the London Olympics everybody seems to be used to see high profile footballers and athletes sporting brightly-coloured Kinesio Taping on their injuries. But there is another group that provides a really rewarding feeling of success for therapists! They use Kinesio Tape for a different "high performing" group: pregnant women!

In 2011, Jennie Franks was 24 weeks pregnant with her second son Harry (now 15 months old) and could barely walk or sleep with sciatica and pain in her back, pelvis and legs. Although she was referred to an NHS physiotherapist, there was a waiting list of some weeks and Jennie decided she needed help more quickly. She visited physiotherapist Angela Petrocchi at Swissphysio, Physiotherapy and Sports Injury Clinic in Tynemouth, who suggested using Kinesio Taping on the affected areas. Jennie admits she and her husband Steve were highly skeptical. "We wondered how on earth some strips of coloured tape could make any difference, but I was in so much pain I was willing to try anything," she says.

Certified Kinesio Taping Instructor and Practitioner Angela applied Kinesio Taping in a way that would support Jennie's pelvis, abdomen and legs. "Jennie was in real bad pain, she wasn't able to lift the feet off the floor, couldn't

sit or lie down and it was virtually impossible to assess her properly. It was clear that she was suffering with Pubis Symphysis Dysfunction; the whole stability of the pelvic girdle was affected and so she was also suffering SIJ pain and sciatic pain.

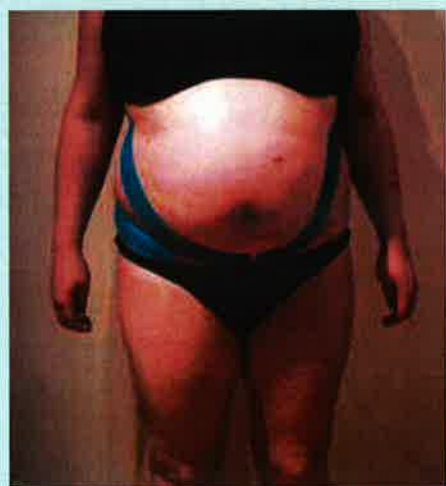
"Also, through the hormonal changes the arches of her feet dropped. This caused an increase of muscular/fascial tension on the inside of the legs, increasing even more the tension on the pubic area," Angela explains.

"Firstly I tried to ease the pressure of her bump on the pelvis supporting the oblique muscles bilaterally. This immediately gave Jennie a relief from the pain. I then used a mechanical correction on the SIJ bilaterally with the aim to increase a ventral compression and 'free up' the dorsal part. I then worked on the medial thighs and taped the adductors for inhibition and the ankle for support of the arches.

At the first session this was already very successful."

"I couldn't believe how much relief it gave me," says Jennie. "Steve says the difference in me shuffling into the clinic and then walking out again was amazing."

Angela added, "In the follow up sessions I then added some muscular application





# Pain



Photo by Linda Shoenberger, LMT, CKTP.



to balance the activity of the gluteal muscles, adductors, sacrospinalis and neck muscles."

Because Kinesio Taping is fully waterproof, Jennie could wear it for about five days before having to re-apply it. It was so effective that she eventually bought a roll herself and Angela taught Steve how to apply it on Jennie in the most effective way to relieve her pain.

Angela Petrocchi says, "I treat around four to five pregnant women per week who have aches and pains in their back, neck, pelvis, pubic area, legs and even feet and wrist (carpal tunnel problems are common during pregnancy) and in nearly every case Kinesio Taping works very well.

"Kinesio Tape is paradoxically gentle, yet strong, and depending on the way it is applied, it creates a lifting effect on skin that improves circulation, relieves pain and supports muscles and joints. It is latex-free, has the durability to remain effective for four or five days and you can shower, bathe, exercise and get a good night's sleep whilst wearing it. I see scores of patients a year with a variety of injuries and carry out a number of different treatments including massage, acupuncture, and holistic therapies. I combine Kinesio Tape with almost all of these treatments and find it speeds up recovery time dramatically and gives immediate pain relief. Patients also love it."

Angela Petrocchi

# QUAD CITIES MARATHON

Matt DeWild, RN, ART, CKTP, of Advanced Soft Tissue Health Solutions in Davenport, Iowa, manned the Kinesio Taping booth at the 2012 Quad Cities Marathon this past fall. It was a huge success. Matt was joined by Dr. Mark Kalarovich, EMT-B, LPN-II, BSc, DC, CKTP, from Maximum Wellness Center in nearby Wheatland. They were assisted by local staffers Katy Barrett, RN, and Beth Bryant, PT.

"We estimate we taped a little over 300 people," Matt reports, "with lines all day long. Went through almost all of the tape that we brought." They got a few pictures. "We were blitzed early on, and remained busy throughout, so we did not get many pictures." Even so, here are a few shots.



*Matt had a big line of people waiting to be taped.*



*Dr. Mark taped backs...*



*...and feet, and whatever was hurting.*



*The questions kept coming. Matt and Katy kept supplying answers.*



# RUSSIA

Russia is always a force in the Winter Olympics. Next year as the host in Sochi they will have help from Kinesio's Russian partner Eaglesports.



Mikhail Kaganovich, CKTI



Mikhail Kasatkin, CKTI





# Missouri CKTP Brings Healing Skills to Haiti

**D**r. Dan Bachler, DC, CKTP, traveled from Lee's Summit, Missouri, to Haiti in September 2012 as part of a mission trip sponsored by One Heart Ministries International (OHMI.) While in Port-au-Prince, he treated more than 500 patients over the course of seven days. Kinesio Taping was a big part of his treatment strategy. "The Kinesio Tape was a HUGE hit," he told us, "and they loved the colors."

A 2012 graduate of Cleveland Chiropractic College, Dr. Bachler was the only chiropractic

physician in the mission team. "Literally, 99.9 percent of the people I encountered had never heard of chiropractic," Bachler told the press office at Cleveland. "I found out through my interpreter that they called me the 'Bone Doctor!' I saw patients come in with extreme pain and severely restricted range of motion, limping, grimacing, some walking with canes. Then, after treatment, they were smiling, laughing and no longer in pain. The proof was that they would return the next day with their friends and neighbors wanting the Bone Doctor. They waited in line hours to see me. I was, and still am, very humbled by this show of support."

The most memorable moment of the trip for Bachler came when he was treating a three-year-old girl named Nancy. She was six months old when the catastrophic magnitude 7.0 earthquake hit in

Nancy: "Mama my legs don't hurt!"



The Haitians loved the colors.



January 2010. Debris had fallen on her, causing severe injuries to her ankles.

"She had a noticeable limp when she came in, and I was told she had had constant pain since the earthquake," Bachler said. "I adjusted both ankles and taped them. I asked her to walk around the table. As she got to the other side, she said something to her Mom in Creole and her Mom started crying. She then ran around to me and hugged my leg, saying, 'Mesi, Mesi!' ('Thank You, Thank You!'). The translator said that Nancy had told her mom: 'It doesn't hurt anymore!' At that point, I was overtaken with emotion and started crying too."

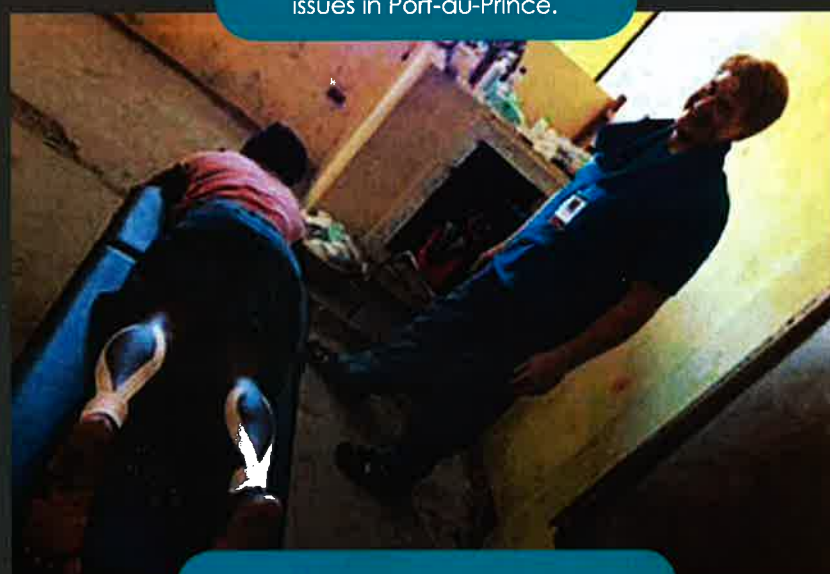
"The average Haitian earns less than a dollar a day," Bachler explained. "Despite this, the people were awesome! They were very happy and extremely hospitable. Most of them had such a sense of humor and the vast majority had a positive attitude."



Francois had fallen off a ladder the day before and could barely lift his arm. After taping his ROM was dramatically improved so much so that he came back the next day with two injured friends to get treated and taped.



There were a lot of knee issues in Port-au-Prince.



Many lower extremities were taped.



I gave the little baby a bit of tape to match mom.



# KINESIO TAPING AFTER A DIAGNOSTIC ARTHROSCOPY OF LEFT KNEE MEDIAL MENISCAL TEARS. CASE REPORT.

By Ezzat Moghazy, MPT, CKTI

Dubai, UAE

## Abstract

Management after the diagnostic Arthroscopy of left knee medial meniscal tears using only Kinesio Taping. Patient received 3 days of treatment with 2 applications – including Mechanical and Muscle Facilitation techniques. No other Physiotherapy Modalities followed except active exercise at home and walking on his own.

The purpose of this successful case report is to explain the amazing effect of Kinesio Taping techniques after a diagnostic Arthroscopy of left knee medial meniscal tears.

The subject is a man of 47 years who experienced left knee medial meniscal tear 10 months previous. He traveled abroad to several different countries and medical centers around the world to treat his knee. At each consultation the answer had always been that he would need a surgical intervention to repair his left knee meniscal tear so to be able to extend your left knee fully. Patient was committed to finding another conservative intervention without surgery.

By October, 2012, he was referred for Physiotherapy Management in our Physiotherapy Department in Hatta Hospital, Dubai, UAE. As a first assessment to his condition, we evaluated his previous investigations. As he reported, all mentioned that he needs a surgical intervention to regain his last 30 degree of left knee extension and to get his ADL activity back, the goal being to achieve Muslim Prayer Position (on the floor with knee in full flexion without pain.)

As the patient was adamantly opposed to surgery I believed that the Kinesio Taping Technique could be the alternative "magic" way to help this patient in his condition and to save him from the surgeon's knife with full recovery.

I videotaped him before and after the application of the Kinesio Taping.

### First Session (See photo #1. #2)

VAS = 8/10

As shown, subject has lost the last 30 degrees of extension and requires his other leg to assist himself to complete the lost 30 degree extension with pain.



Image 1



Image 2



Left quadriceps power at 3/5.

During the first visit I decided to treat this patient only with Kinesio Taping technique. I applied Knee Stabilization Technique to assist and support knee joint ROM.

**A 2 inch "I" Tape Mechanical Correction Technique (Red Tape) (see photo #3)**

- Place the patient in supine position with knee extended
- Tear the tape backing at the center and fold back the edges
- Apply full tension (100%) from the center of the tape, as it is applied between the distal patella and the tibial tuberosity.
- Have patient flex the knee 45 degrees, and apply the

Image 3



Image 4



tape with moderate tension (50-75%) medial and lateral to patella.

- Use the heel of your hands along the tape, to direct the tape.
- With the knee in 90 degree flexion, apply the tape with paper off tension (0%) along the medial and lateral border of quadriceps to proximal thigh.
- No tension is applied at the end of the tape.

This technique is combined with a facilitation technique to the (Quadriceps Muscles) to give increased medial rotation of the knee joint so as to lock it and enhance its stability and flexibility on the same time:

**A 2 inch "I" Tape Quadriceps Muscles Facilitation Technique (Blue Tape) (see photo #3)**

- Patient is in supine position.
- Measure the tape from the proximal thigh to the distal knee.
- Tape "I" strip just distal to the groin on anterior surface of thigh, paper off (0%) tension.
- Apply the tape (15-25%) tension along the belly of quadriceps muscles.
- To assist with sit to stand transition (during his Muslim Prayer) and end of knee extension, minimal knee flexion is indicated.
- Apply the medial tail end with paper off tension.
- Use (15-25%) tension placed near the end of the tails under the patella to assist in alignment of the patella as patellar tendonitis was present, and for additional patellar proprioceptive input and support.
- No tension is applied at the end of the tape tail.

I asked the patient to do the same range of motion test of the left knee from the same sitting position at edge of the bed.

As shown, he was able to achieve the full extension of the left knee joint without assistance of the other leg in the same session with VAS=4/10.

I asked the patient to continue Quadriceps Set exercises from home (20 repetitions, 3 sets a day for three days with ice application at home to control pain threshold and swelling) and to see him again after three days.

**The second and final session (the surprise!) (see photo #4)**

Subject has Full & Complete Range of motion --full extension of the left knee joint from sitting at edge of bed -- without pain.

Left Quadriceps power was 4/5.

ADL activity achieved; he can sit on the floor for Muslim Prayer position without pain.



# RESEARCH 2012

--a partial listing of academic and medical publications in Kinesio Taping--

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Justyna Karwacińska, Wojciech Kiebzak, Beata Stepanek-Finda, Ireneusz M. Kowalski, Halina Protasiewicz-Fałdowska, Robert Trybulski, Małgorzata Starczyńska. **Effectiveness of Kinesio Taping on hypertrophic scars, keloids and scar contractures.** Polish Annals of Medicine. Volume 19, Issue 1, January–July 2012, 50–57.

José Maria González Ruiz. **Kinesio Taping After ACL Surgery: The Acute Phase.** Advance Healing, Spring 2012

Christina Jelenik, Danielle Dreyfus, Barbara J. Stygles. **Functional Use of Kinesio® Taping After a Brain Injury.** 2012 BIA-MA Conference

Seda Bicici, Nihan Karatas, and Gul Baltaci. **Effect of Athletic Taping and Kinesio Taping® on Measurements of Functional Performance in Basketball Players with Chronic Inversion Ankle Sprains.** Int J Sports Phys Ther. 2012 April; 7(2): 154–166.

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Roshanak Keshavarz, Amir Massoud Arab, Hassan Shakeri, Farhad Tabatabai Ghomshe, Ahmad Raeissadat. **Effects Of Kinesio Tape On Pain And 3-D Scapular Kinematics in Patients With Shoulder Impingement Syndrome During Scaption: A Randomized, Double Blinded, Placebo-Controlled Study.** Eur Jnl Phys Rehab Med. 18th European Congress of Physical and Rehabilitation Medicine, June 2012 Abstract Book.

Olivera C. Djordjevic, Danijela Vukicevic, Ljiljana Katunac, Stevan Jovic. **Mobilization With Movement and Kinesio Taping Compared With a Supervised Exercise Program for Painful Shoulder: Results of a Clinical Trial.** Journal of Manipulative and Physiological Therapeutics, Volume 35, Issue 6, Pages 454-463, July 2012

Chang, Hsiao-Yun, Wang, Chun-Hou, Chou, Kun-Yu, Cheng, Shih-Chung. **Could Forearm Kinesio Taping Improve Strength, Force Sense, and Pain in Baseball Pitchers With Medial Epicondylitis?** Clinical Journal of Sport Medicine: July 2012 - Volume 22 - Issue 4 - p 327–333

Fernández Román, M.; Castro Méndez, A.; Albornoz Cabello, M. **Effects of treatment with Kinesio tape for flat feet.** Fisioterapia. 2012; 34:11-5. - vol. 34 núm 01. [in Spanish]



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Giancarlo Fratocchi, Francesco Di Mattia, Renato Rossi, Massimiliano Mangone, Valter Santilli, Marco Paoloni. **Influence of Kinesio Taping applied over biceps brachii on isokinetic elbow peak torque. A placebo controlled study in a population of young healthy subjects.** Article in Press. Journal of Science and Medicine in Sport. Online July 2012

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## Kase's Corner

Like the rest of the Kinesio Taping community, I have more and more opportunities as time goes on to collaborate with medical educators and researchers. The clinical evidence has always been there, but at this point we must all be aware of the data we can contribute without straying from our primary focus on patient care. This is an effort that all CKTPs and CKTIs can help with.

In my own case I have been able to follow up with the valuable connections KTAI has forged with Kinesio Taping educators such as Gustavo Adolfo Mendoza Orta, who teaches at medical school, and university professors like Gul Baltaci. These and other CKTIs and CKTPs are active academics. Other Kinesio Taping experts have opportunities to cooperate with local universities and research facilities on high level research.

KTAI can help in organizing research projects for our practitioners to contribute data. At the institutional level, KTAI can help everyone to meet IRB requirements and adhere to international research standards. Developing and maintaining communication and cooperation between clinicians and corresponding academic departments will help us to show the world – through outlets such as peer-reviewed journals-- the scientific reality behind Kinesio Taping practice.

I try to maintain these connections myself. That's why I've recently traveled to Hawaii, Mexico and several other places to cooperate with clinical and academic researchers. But as always, this is an advantage KTAI has in the many countries and locations where our trained people are practicing.

Fortunately, in Japan, the Society for Kinesio Taping Therapy has been active in research for many years. They hold a congress in Japan every year, which keeps research at the forefront there. Other regional congresses are catching on. In 2012, Kinesio Mexico hosted the first Latin American Congress, and research events are coming up in Norway and in Brazil in 2013. Our experts are also in demand to present at related congresses in physical therapy, chiropractic, fascia research and other professional meetings.

For the past five years we have seen efforts in Kinesio Taping research mature and develop into respected areas. Year by year we are able to demonstrate the increase in expertise among our trained CKTIs and CKTPs. We have the tools to stay far ahead in this effort, by cooperating and sharing our findings.

Sincerely yours,

Dr. Kenzo Kase

January 16, 2013



# AdvanceHealing

**ADVANCE HEALING MAGAZINE** IS A PUBLICATION DEDICATED TO IMPROVING THE EVERYDAY QUALITY OF LIFE FOR ALL THOSE WHO READ IT. THROUGH REAL SCIENCE WE SEEK THE TRUTH ABOUT THE HUMAN BODY FROM ALL ASPECTS. WITH REAL RESEARCH WE FIND THE ANSWERS TO LIFE'S QUESTIONS CONCERNING HEALTH AND HAPPINESS, AND WITH REAL RESULTS WE CAN PROVE THAT WITH TIME AND EFFORT PEOPLE CAN FEEL BETTER AND GET MORE FROM LIFE.

