

# Taping

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# Taping

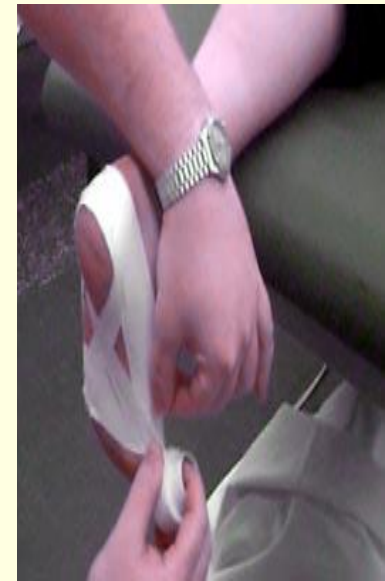
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- Historically an important part of athletic training profession
  - Becoming less important due to questions regarding its effectiveness
- Utilized in areas of...
  - Injury care
  - Injury protection

# Goals of taping



- **Prophylactic** (Athletic tape): adding support, stability and protect against acute injuries, limit unwanted joint movement
- **Treatment:** minimize bleeding, swelling & pain, limit range of motion, to hold dressings, and healing injuries
- **Rehabilitative:** Provide stabilization, optimal healing, and protect recurrent injuries



# Taping: Injury Protection

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- Used to prevent acute injuries
- Limits motion
- Secures special device
  - Brace
  - Splint
  - Soft Cast
  - Padding

# Non-Elastic White Tape

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- Great adaptability due to:
  - Adhesive mass
  - Adhering qualities
  - Lightness
  - Relative strength
- Available in varied sizes: 1", 1.5", 2"
- Utilized to...
  - Hold dressings in place
  - Provide support to a joint
  - Protect injured areas

# When purchasing non-elastic white tape, consider the following:

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## ■ Tape Grade

- Longitudinal and vertical fibers per inch
- $\uparrow$  cost =  $\uparrow$  fibers

## ■ Adhesive (sticky) Mass

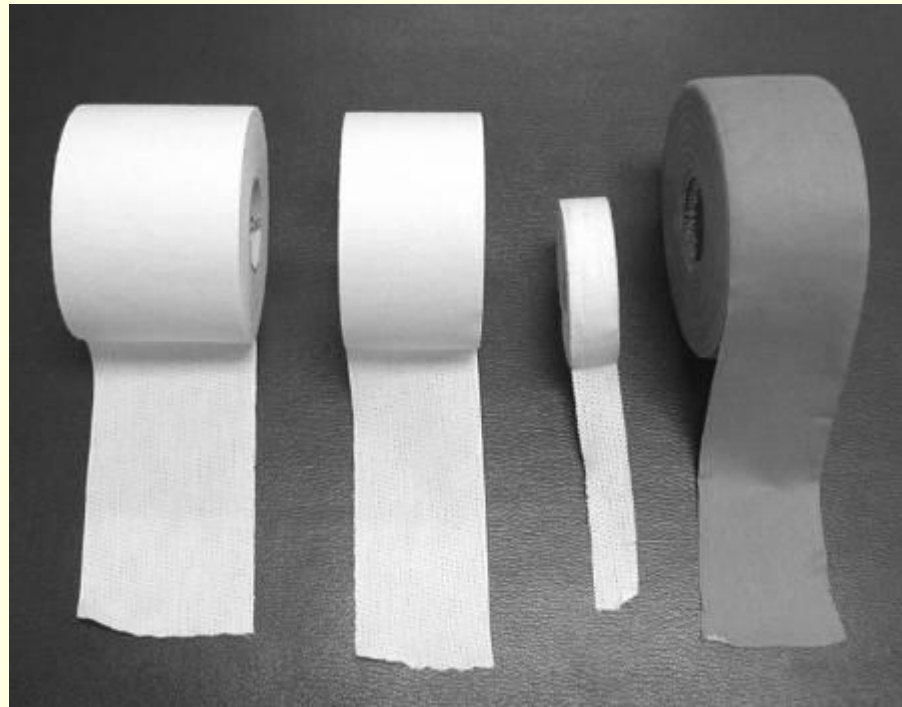
Should adhere evenly

- Should maintain adhesion with perspiration
- Should contain few skin irritants
- Should be easily removed without leaving residue and without removing superficial skin

# When purchasing non-elastic white tape, consider the following:

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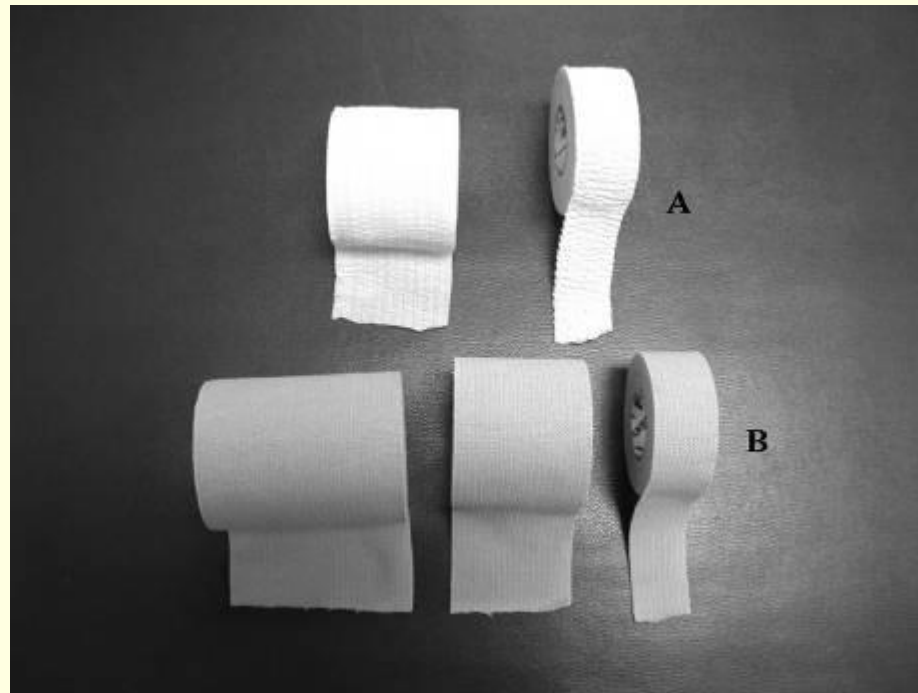
- Winding Tension
  - Critically important for even application
  - If applied for protection, tension must be even



# Elastic Tape

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- Used in combination with non-elastic tape
- Good for small, angular body parts
- Available in varied sizes: 1", 2", 3", 4"





# Preparation for Taping

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- Skin surface should be clean
  - No oil, perspiration, or dirt
- Hair should be removed
  - Prevents skin irritation upon tape removal
- Tape adherent (Colorless Tuf-skin Spray> Spray Can Helps Secure Tape, Prowrap and Elastic Wraps, Reducing Blister-causing Friction); is optional
- Foam and skin lubricant should be used to minimize blisters and skin irritation
  - Heel and lace pads

# Preparation for Taping

Clean: no dirt,  
sweat, oil, or lotion



Shave hair if  
taping to skin



Tape adherent (sticky  
spray) is an option



Heel and Lace pad  
to prevent blisters



1 layer of pre-wrap



Anchors: hold to skin  
and for tape to stick

# Taping Procedure

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- Tape directly to skin
- Prewrap may be used
  - Helps protect skin in cases where tape is used daily
- Only one layer of prewrap should be applied
  - Too much prewrap causes irritation and loosens the tape job
- Prewrap must be anchored proximally and distally

# Proper Taping Technique

- Always start taping with anchors
- Always finish taping with locking strips



# Terminology associated with prophylactic taping procedures

## Anchor –

- Provides a firm base to attach other tape ends.
- With an Ankle
  - Adhere 1-2 anchor strips at about one third of the way up the lower leg & also at approximately the mid point of the foot.



## Stirrup –

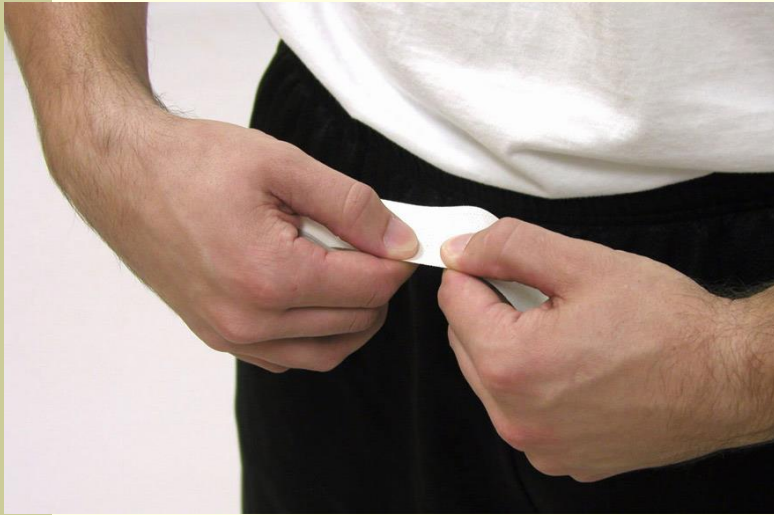
- A vertical "U" piece of tape to support either side of the ankle.
- With an Ankle
  - Adhere a strip of tape to the inside (Medial) upper (Proximal) anchor, flowing down (Distal) the inside ankle, under the foot & up & over the outer (Lateral) edge of the ankle.



# Proper Taping Technique

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- Select tape width based on area to be taped
  - Acute angles require narrower tape
- Tearing tape
  - Should always hold on to roll of tape
  - Do not bend, twist, or wrinkle tape
  - Tear a straight edge with no loose strands
  - Some tapes may require cutting agents



# Proper Taping Technique

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- Tape joint in proper position
  - Position for stabilization
- Overlap the tape by half
- Avoid continuous taping
- Keep tape roll in hand whenever possible
- Allow tape to follow contours of the skin
  - Smooth and mold tape as it is laid down on skin



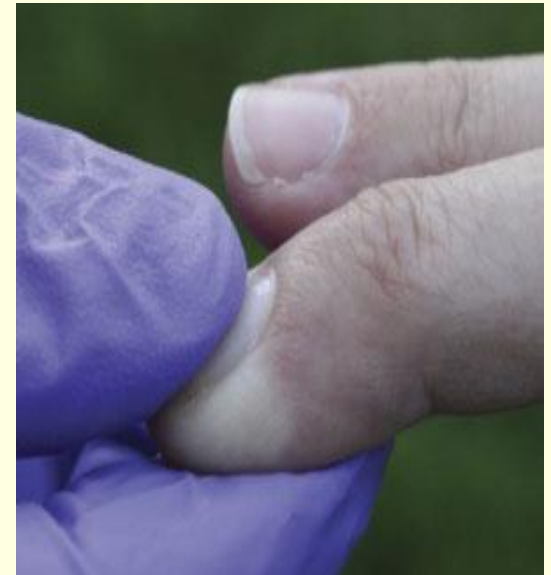
# Proper Taping Technique

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- Always start taping with anchors
- Always finish taping with locking strips
- Where maximum support is desired, tape directly to the skin
- Do not apply tape if skin is hot or cold from treatments
  - Altered sensation
  - Altered circulation

# After Taping

- Check for comfort as well as signs of impaired circulation.
  - Numbness
  - Tingling
  - Discoloration
  - Loss of pulse
  - Loss of function



# Tape Removal

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- Tape may be removed by hand
  - Always pull tape in direct line with body
  - One hand pulls tape while other hand presses skin in opposite direction
- Tape scissors/cutters may be required
  - Be sure not to aggravate injured area with cutting device
- Tape may also be removed with chemical solvents