



What is the difference between the various "TAPING" techniques

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25 March 2023

The NeuroMuscular Taping Institute encourages article publication as an attempt to clarify terminology and methodology when referring to “taping” techniques used in rehabilitation for both the professional treatment area and the public suffering with low back pain, Parkinson’s, MS, phantom pain, post surgery and many other conditions. Over the last twenty years, the treatment of many common musculoskeletal disorders with brightly coloured adhesive tapes has become popular with the consequent mystifications and myths. The uncertainty of the methodology leads to foreseeable errors of interpretation regarding names, theoretical foundations, indications and technical aspects of these physiotherapeutic tools.

Even simply from a descriptive point of view, the argument is penalised by substantial ambiguity: the terms cited, often used as synonyms, actually refer to uses of taping that are completely different both conceptually, practically and through differing processes of their application.

In summary, taping application methods implies a “compression” technique while another a “decompression” technique which lead to differing mechanisms of action and function. The use of “taping” is frequent in rehabilitation all over the world but clear application methodology is often operator dependent creating excessive variables for a clear and comprehensive scientific model. The word “taping” itself has developed as an approximation for unknown application methodology creating consequent articles showing little or no efficacy.

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NeuroMuscular Taping Institute is an activity of Savà Rehabilitation LINK.



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WHAT IS THE DIFFERENCE BETWEEN THE VARIOUS "TAPING" TECHNIQUES

As stated, when referring to taping we are uncovering 2 different spheres of application techniques. The first one called by many names such as kinesio taping, functional taping or medical taping and they all use a specific compression or stretched/concentric application methodology that may also be called neuromuscular bandage. This method implies the application of an elastic tape being stretched with variable percentages, covering paper-off tension, 25, 50 and 100% and so forth. Techniques that were created in the 1980–90's and have been studied and reported over the years. There are various meta analysis publications indicating various levels of results together with unsupported scientific methodology due to operator perception of stretch levels.

In recent years a second technique, called Neuromuscular Taping, uses a different tape application methodology: a non-stretched tape applied over the skin overlying the target area (whether muscle, ligament, joint, nerve plexus, vascular fluid exchange and lymphatic areas) in an extended position resulting in a decompressive and eccentric taping action and definition. This decompressive taping application method, even though operator dependent, is completely reproducible and therefore laying down foundations for a scientific methodology. A definition, we may say, not in common use but differing completely from bandage or stretched applications in that this method is characterised by resulting skin wrinkling, skin folds or skin undulations accentuated through body flexion and extension movements. This is the method that is under investigation and evaluated in research articles.

Clinically, this therapeutic method is used as a treatment option for many different conditions notwithstanding the lack of quantitative and qualitative scientific publications supporting results. Our scope with this article is to evaluate possible non pharmacological treatment options and how they can be inserted into short and long term rehabilitation programs, assisting in increasing and maintaining mobility and improving quality of life issues.

