

KINESIOTAPING® LAB ASSIGNMENT #3:

Choose one of these applications. Videotape yourself applying the taping application on another person and email a link to the taping application to the instructor (alisontaylorcht@gmail.com). In the email, identify the taping application, and the problem you would use it to treat. For privacy concerns, please focus on the body part being taped, and do not show faces in your video.

TAPING FOR JOINT: DQ/Wrist Pain - Proximal Carpal Row

- Length: approximately 4-5 squares
 - Cut a piece 4-5 squares long and round the edges
 - Cut in the shape of a Y-strip or I-strip
 - With 0% tension, anchor the tape on the radial side of the wrist in neutral
 - Tape will cover the wrist crease
 - Stabilize the forearm and apply a lateral glide to the wrist, while taping across the carpal row with 50-75% Tension
 - End with 0% tension
 - Rub to activate the adhesive
 - Reassess

TAPING FOR JOINT: DQ/Wrist Pain - Pisiform

- Length: approximately 1-2 squares
 - Cut a piece 3 squares long and round the edges
 - Cut in the shape 1-2 inch-I strip
 - With 0% tension, anchor the tape on the pisiform in neutral or slight supination.
 - Apply a dorsal manual glide towards the ulna styloid, and firmly apply the tape with 75% tension to the dorsal wrist
 - End with 0% tension
 - Rub to activate the adhesive
 - Reassess

TAPING FOR JOINT CMC Joint

- Length: approximately 6-7 squares
 - 4x 1 Inch I strip
 - Mechanical correction at CMC Base. Inward and downward pressure to support and clear the joint space
 - 2x 1" I strip-Ligament correction at MP joint. Joint support provided with 75% tension- holding MP into flexion
 - 1" Lateral stabilization – Mechanical proprioception to trapezium/ scaphoid subluxation
 - See Alternative application -Sheet

KINESIOTAPING® LAB ASSIGNMENT #3: (continued)

TAPING FOR JOINT: MCP Joint

- Length: approximately 2-3 squares

- Cut approximately 2-3 blocks of tape. Fold the tape at 1 block
- Cut 1 or 2 two buttonholes in the tape on the fold
- Tear the backing of the tape on the fold and place the fingers through the tape
- Keeping the MCP joints in flexion, anchor the tape with 0% tension just on or beyond the MCP heads- volar surface
- Keep the hand in flexion, “Lift” the MCP head “UP” while pulling the tape dorsally-- with approximately 75% tension
- Lay down the tape with 0% tension over the dorsal part of the hand on a stretch
- Apply an extra piece from the side if additional “lift” is required