COURSE MANUAL Medical Taping Concept MTC II

Contents:

Presentation

Applications:
• Correction technique
• Fascia Technique
• Assist technique
• Cutaneous nerve application
• Dermatome application

Related Documents, PEDro Database, Systematic Reviews, Literature Reviews & Meta Analyses.

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It is the sole responsibility of the health professional, relying on independent expertise and knowledge of the patient and the disorder, to determine the best possible treatment and method of application.
Esther de Ru Instructor
info@tapeconcept.com
MTC 2 Taping course

Medical Taping Concept

Introduction TapeConcept

- Selling, marketing and distributing therapeutic medical tapes (innovative concepts).
- Core focus market: Middle East region
- Different nationalities within the company
- Company based in Cyprus (EU) and The Netherlands
- Technical and commercial department.
- Network of local/country distributors.
- Main target group: professionals related to the Health industry (physiotherapists, nurses, doctors, sports physician, physiatrist)

Introduction Instructor Team

Ahmad Musabeh
Amal Al-Shareef
Esther de Ru
Harry Pijnappel
Jochem van der Hoeven
Lilian Akiki
Maher Al Farhan
Mahmoud Saad
Omar Al-Tamimi
Saif Said Al-Riyami
Semir Bakija
Dr. Wael Shendy
Yousef Al Bukhari

What makes TC courses stand out?

Versatility is our strength. Diversity of courses in the TC Education System through incorporation of science and new evidence into all TC courses.

- MTC 1: 2 day course basic taping skills
- MTC 2: 2 day course for participants with MTC 1. Includes new taping techniques and applications.
- MTC Specialist courses: MTC 1 + 1 day courses for specialists
- MTC Custom-made courses: 1 or 2 day(s) courses on specific topics.

Certification programme:
After having followed a minimum of 3 course days an exam is taken to become a certified MTC practitioner (CMTC).

Structure Courses TapeConcept

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History

In 1973 Kinesio Tape® was developed by the Japanese Chiropractor dr. Kenzo Kase and produced by the Nitto Denko Company.

In 1998 Kinesio Tape was introduced to the Netherlands by Fysiotape BV and in 2001 Curetape® was developed and the Medical Taping Concept implemented.

In 2007, TapeConcept Ltd started with their Operations in the Middle East.
MTC 2 Course Objectives

They will be familiar with the various more specific applications. They will have obtained knowledge on how to use cross patches and Punch tape.

They will be familiar with tape applications according to various hypothetical models.

The participants will have been up-dated on new research and evidence.

Participants will attain more taping skills and feel even more confident to use these tape possibilities in the clinic.

Questions? Experience?

Muscle, Ligament & lymph techniques

Please share your experience with taping so far...

MTC-2 course contents


II. Specific tapes and applications
   • Cross patches
   • Punch tape
   • Correction technique – influencing joint or direction of movement
   • Assist technique
   • Organ dysfunction

III. Applications according to new hypotheses & treatment models
   • Fascia model (anatomy trains) and fascia technique
   • Skin model: Cutaneous nerve application, dermatomes & MEL’s
   • Energy model: Meridians
   • Combination mode

IV. Research and the evidence

Video The Skin Excursion

• Morphology skin
• Movement of skin and connective tissue
• How external forces are transmitted
• How structures reacts to these forces in 3D
• Biotensegrity model is the same everywhere
• Research Ulm University. More films on youtube...search ‘strolling under the skin’
• http://www.fasciaresearch.de/ & www.gilhedley.com

II. Specific tapes & applications

A. Punch® tape
B. Cross patches
C. Correction technique – influencing joint or direction of movement
D. Assist technique
E. Applications for organ dysfunction
II. A. Punch® Tape

Applying Punch tape

Stretch skin before applying tape
Do not use stretch tape when applying
Not many skin reactions
But some people do react with vasoconstriction

II. B. Cross Patch

Effectiveness of the Neuromuscular Taping application: A Case of Lymphoedema of the Superior Limb

X-patch is part of the Spiral Taping method
Prof. Nobutake: acupuncturist and osteopath Japan
Used for:
• Pain triggerpoints (TP’s)
• small joints
• small scars

Spiral taping, O-ring test and crosspatch

According to Prof. dr. S. Yoo (Korea)

In most people 95% the energy spirals from left under (feet) to right top (head) around the whole body.

Use the modified O-ring test to see in which direction the energy flows before/after applying tape.

O-ring test

Application TMJoint

- TMJ dysfunction
- TMJ Rheumatoid Arthritis R.A.

Fibromyalgia TP’s

Case: TP 72 yrs old male patient

Painful spot for many years, nothing had ever helped before. With X-patch the pain disappeared (check Chi ). Pain reappears when removed. 😊

II. C. Correction technique

Influencing position joint
- Shoulder instability (anterior)
- Hemiplegic shoulder
- Hyperextended knees
- Hallux valgus
- Case example instability knee

Influence movement
- Influence external rotation hip
Many shoulders are unstable once they have dislocated. Over 95% of shoulder dislocation cases are anterior. Most anterior dislocations are sub-coracoid.

Many patients can actually dislocate their shoulder

Therapy: tape is a good aid as a 24 hours a day cutaneous stimulus

Always apply tape’s base without stretch

Pull 15-20% on tape whilst bringen it forward. Tape’s base 0% stretch.

Influencing position joint
Shoulder instability

Influencing position joint
Painful hemiplegic shoulder

Influencing position joint
Hyperextended knees

Influencing position joint
Hallux valgus

Case: 56 yr old female patient

Internal rotational instability (post surgery) during extension in stance.
Influencing movement
external rotation mini tape

II. D. Assist Technique

Drop foot: assist technique

II. E. Organ dysfunction

A number of tape choices are possible:
1. Paravertebral taping: influence on nervous system
dr. K. Gwang Won
2. Taping organ zones:* dr. Teilrich Leube & E. Dicke
   example: menstrual pain & constipation
3. Local taping: constipation
4. Taping dermatomes: example constipation

*Knowledge of Osteopathy or German CTM is necessary

Thumb in palm deformity

E1. Sympathetic nerve system

According to dr. Kim Gwang Won
Taping along spine influences the autonomic ganglia

Handbook on Orthopaedic Medicine Taping Treatment
Korea 2004
### E2. Taping Organzones

**Bindegewebsmassage**
**Dicke/dr.Teilrich Leube 1950’s**

More information on this massage and organzones:
Evidence Based Therapeutic Massage 2nd edition

Authors: E. Holey & E. Cook

### E2. Orgzone tape for Menstrual pain


### E3. Application for organ dysfunction using classic colon tape

### E4. dermatome applications

**Javier Merino Andres**

### III. Application using other models

- Fascia model: fascia technique & anatomy trains
- Skin model: cutaneous nerve application, dermatomes & MEL’s
- Energy model: Meridians
- Combination model: McConnell application with Curetape

### 1. Fascia Model

- Taping with fascia technique (locally)
- Taping ‘part of’ whole chain/anatomy train
  1. Study Perth Ian Wee
  2. Study Dan Lent-Koop Performance chain fatigue protocol in the clinic
Fascia technique: local application

Fascia model: anatomy train
- Performance Front Chain met fatique protocol study: Dan Lent -Koop
- Research: soccer players ladies & youth Ian Wee Goh Perth

Taping Frontal line in PFPS

2. Cutaneous nerve technique
Skin/brain model:
Peripheral branches femoral & sapheneus nerves
Diana Jacobs DNM therapy

3. Tape dermatome PFPS

Tape dermatome for phantom pain
Skin/brain model:
Gonzalez Baidez R & Ayllon Montoya G (2011)
- 54 yr old diabetic male patient amputation both legs (15 yrs ago, 1 4 mos ago)
Pain both legs 4/5 x day VAS 8
- After 10 days tape in L5.S1.S2 area VAS
**4. Scars on meridians**

*Energy model:*
Taping on a scar that is on/on top of a meridian can influence the possible dysbalance.

**Case: meridian & lymph taping**

Thanking Helma Kaspers pictures

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**5. Combination model**

Dyanna Haley-Rezac & Scott Rezac
Adapted McConnell medial glide and added a medial ‘proprioceptive tape strip’.
Evidence based: research and functional assessment

**6. MEL’s David Blow**

Book Neuromuscular taping: from theory to practice

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**IV. Research and the evidence**

*Course manual:*

PEDro: 25 articles rated, 2 rating ongoing

Systematic Reviews, Literature synthesis & Meta Analysis

**Last taping tip:**

Remove tape by soaking them in oil for at least 15 minutes in the following cases:
- very hairy skins
- Very sensitive skins

After extra heat has been applied to tape to make it stick on more (hot water bottle or sun) DO NOT REMOVE TAPE. Wait for the tape to start falling off by itself or wait for mother nature to renew skin.
Many thanks go to

- TapeConcept for the organisation and management of this course
- Patients: for the permission to use their images
- Virginia Cantarella for use of images and Tom Meijers and dr.J.C. Guimberteau for the use of the images and films
- Colleague instructors and the AEVN for their assistance and permission to use their images, slides and citations.
- Every participant for your attention and input
Correction Technique

General rule of thumb is to use \( \frac{1}{3} \) of the tape as base, use \( \frac{1}{3} \) as the part to be stretched and \( \frac{1}{3} \) for the anchor.

Notes:

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Assist Technique

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Cutaneous nerve application

Photos: of knee with leg outstretched and drawings of the peripheral branches of the femoral and saphenous nerves and their point of entry into the skin. Arrow shows direction of pull that gives pain relief.

Location: frontal area knee and thigh.

Notes

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Dermatome application

**Remark:** In this case tape has been applied to dermatome C4.
Related documents

Anatomy Train
Goh I & Wee Ian The use of Kinesthetic taping to increase strength output in the lower limbs and enhance reaction times in soccer players. Perth Integrated Health Clinic. accessed 02-05-2012

Constipation
Merino Andres J. (2013 Aplicación del vendaje neuromuscular para el tratamiento del estreñimiento en neuropediatría. 1st Jornada AEVNM Madrid 06-04-2013

Dermatome taping

Fascia studies

Organ zones

Spiral Taping
PEDro Physiotherapy Evidence Database www.pedro.org.au


- **Aguilar-Ferrandiz ME et al** (2013) A randomized controlled trial of a mixed kinesiotaping-compression technique on venous symptoms, pain, peripheral venous flow, clinical severity and overall health status in postmenopausal women with chronic venous insufficiency (with consumer summary) Cl.Reh.2013 Feb 20: PEDro score 9

- **Aguilar-Ferrandiz ME et al** (2013) Effects of Kinesio Taping on venous symptoms, bioelectrical activity of the gastrocnemius muscle, range of ankle motion, and quality of life in postmenopausal women with chronic venous insufficiency: a randomized controlled trial. Archives of Physical Medicine and Rehabilitation 2013 Dec;94(12):2315-2328 PEDro score 9


- **Briem K et al** (2011) Effect of Kinesio tape compared with nonelastic sports tape and the untaped ankle during a sudden inversion perturbation in male athletes. JOSPT may 2011, vol 41; nr 5:328-333 PEDro score 4


- **da Cunha Filoh IT** (2002) Gait outcomes after acute stroke rehabilitation with supported treadmill ambulation training: a randomized controlled pilot study Archives of Physical Medicine and Rehabilitation 2002 Sep;83(9):1258-1265 PEDro score 4


PEDro trails being rated at this moment:

- **Chang H-Y et al** (2013) The effectiveness of kinesiotaping in athletes with medial epicondylar tendinopathy. Int.JSports.Med 2013;34:1003-1006 GLUE PEDro rating is ongoing. The tape being used is tape without a wavelike pattern in the glue. This tape is effective as well. Result: The pattern of the glue is most probably not important.

Systematic Reviews. Literature review & Meta Analysis

- **Bronner S** (2008) Kinesio Tape research chair APTA sept 2008 PASIG Special Interest Group
- **Krausse C** (unknown) Elastisches tapes bei schmerzen und funktionellen Störungen des bewegungsapparates aus der Sicht eines
Physiotherapeuten (German) Thesis
http://tapingbase.nl/sites/default/files/costa_bcs_arbeit_han_2010_0.pdf


**Ongoing RCT on the possible effects of convolutions in taping.**