Are All Kinesiology Tapes The Same?
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In October 2013, I was presenting at the Iron-Man Triathlon Sports Medicine Conference and was asked about the differences between the various Kinesiology Tapes (K-Tapes) on the market. A common misconception is that all tapes ‘are about the same’. Clinicians have preferences for which tape they use. Some clinicians will use tape that is pre-cut, while others say certain K-tape brands have better adhesion - or maybe cooler colors and prints. That is all well and good. For me, the biggest difference is the education and protocols associated with the brand. I want to use products that are ‘open source’ and use the best scientific evidence to drive their education in addition to being the best product. I want to work with companies that are willing to change their stance on protocols and education based on new findings and outcomes.

Taping Movement, Not Muscles
The injured area is not necessarily the dysfunctional or weak tissue or joint. The injured area might be overused because the synergists are not functioning correctly and the injured tissue has to pick up the slack (i.e. overuse syndrome). This is common in patients that I see complaining of a piriformis problem. In these patients they complain the piriformis is always tight no matter how much they stretch, foam roll, or massage the area. The real issue is the poor little piriformis is being asked to contribute to hip stability because the glutes are inhibited. If I hear the magic words, “it was better for a couple of days but just goes right back to being tight” I know that there is a stability issue that needs to be addressed. So in this case I work to strengthen or activate the patients glutes. The result is less stress on the piriformis and the tightness goes away. Sometimes the injured area is displaying symptoms because of dysfunction in a different part of the body places more stress on the symptomatic tissue. This concept is coined Regional Interdependence.

Regional Interdependence (RI) is a term used in physical therapy but not often heard in chiropractic circles. RI describes treatment directed at one area of the body to elicit changes in another. Certain areas of the body may influence other areas throughout the kinetic chain but have different impacts based on how far away the two areas are. Tom Myers popularized this concept with his book Anatomy Trains.

Anatomy trains describes the myofascial (or connective tissue) connections within the body. In one example, Myers describes the “Superficial Back Arm Line” as originating at the occipital ridge, running along the spine of the scapula, and extending to the deltoid tubercle of the humerus. The Superficial Back Arm Line continues to the lateral epicondyle of the humerus and extends to the dorsal surface of the fingers. In other words, there is a continuous structural link from the back of the hand to the neck and medial scapula border/spine.

Treating the Cause, Not the Symptoms
There are many conditions that are particularly difficult to get patients over. One of those is the dreaded lateral epicondylitis (LE). How many of us have treated LE with laser, ART, Graston, etc., but it didn’t fully recover? Perhaps lateral epicondylitis pain is actually just a symptom and not the source of dysfunction. Perhaps the source of dysfunction is at the neck, shoulder blade, or wrist. This may help explain why current literature has validated the regional interdependence model. For example:

- One randomized pilot study and one randomized clinical trial have shown that cervical and thoracic manipulation is beneficial in those with lateral epicondylalgia.1,2
- One pilot clinical trial has shown that cervico-thoracic mobilization is beneficial in those with lateral epicondylalgia.3
- One randomized pilot study has shown wrist manipulation is beneficial in those with lateral epicondylalgia.4

Where Does Kinesiology Tape Fit In?:
As part of a treatment plan, I not only evaluate the injured area but also use the Anatomy Trains model to trace areas that may be contributing to the symptoms. After identifying areas of dysfunction and treating with soft tissue and manipulation
techniques, I then tape along the train. After the tape application, I prescribe the exercises required to fix the dysfunctional area. The tape not only helps facilitate the whole train but also reminds the patient of the involved areas and keeps them focused on their home exercises by providing a reminder that lasts as long as the tape stays on. If I do my job correctly, the kinesiology tape application usually lasts at least 3-5 days.

References