



ADVANCED SPORTS TAPING



Types of Skin Reactions to Tape

- Physical Irritation
- Chemical Reaction
- Allergic Response



Who is at Risk From Tape Reactions?

- Red hair/ fair skin.
- Soft skin areas.
- Commonly allergic people.
- Prolonged exposure to tape.
- Sunburnt skin.
- Elderly skin.
- Infant/ juvenile skin.
- Medication induced skin, hyper-sensitive.
- Around recent scar sites.



Preventing Skin Reaction to Tape

- Limit exposure to tape e.g. ½ day only.
- White (less adhesive) tape.
- Cover any open skin areas.
- Avoid shaving just prior to application.
- Frequently re-assess the skin.
- Avoid recycling techniques



Preventing Skin Reaction to Tape

- Use Hypo-allergenic tape under brown tape e.g. Elastowrap.
- Use Hypo-allergenic rigid tape e.g. Elastoplast.
- Barrier skin preparation.
- Remove all tape residue off skin.
- Use of liquid tape remover e.g. Elasto

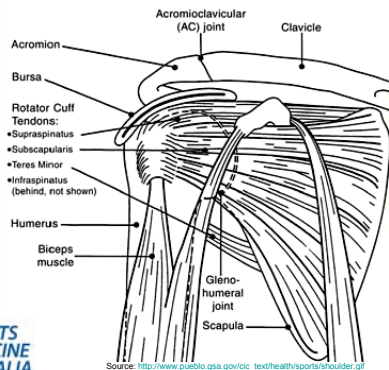


Managing an Allergic Reaction

- Remove all tape and residue.
- Referral to a Medical Practitioner.
- Apply a topical corticosteroid.
- Use of oral antibiotics if infected.
- Avoid use of topical drying agents such as Betadine.
- Gradual re-introduction to tape following resolution of reaction.
- Use as many of the preventative measures as required.



Acromioclavicular (A/C) Joint Sprain



Shoulder - Acromioclavicular (A/C) Joint Sprain

Preparation: Position the shoulder at a 45 degree angle by resting the forearm on a bed or table.

- A. Apply Elastowrap stretch (5 or 10cm) as skin protection. Leukofoam pads are cut (Circle and Rectangle) to protect the nipple and bony prominence of the AC joint.
- B. Two vertical anchors of Elastoplast rigid tape are applied over the shoulder girdle.

Shoulder Acromioclavicular (A/C) Joint Sprain (continued)

- C. Two transverse (horizontal) anchors around the chest below nipple.
 - D. Two anchors are applied on the humerus at the level of the Deltoid insertion.
 - E. Two diagonal strips in one direction are then applied from the shoulder anchor to the Deltoid anchor.
- Note: Larger shoulders may need three strips

Shoulder Acromioclavicular (A/C) Joint Sprain (continued)

- F. Two diagonal strips are repeated in the opposite direction. Extra diagonal strips can also be applied alternately for added support.
- G. Locking strips on the anchors reinforce and complete the procedure by covering the ends of the diagonal strips.

Anterior Shoulder Dislocation Prevention

- A. Prepare skin. Prepare shoulder with Fixomull, nipple Orthopaedic Leukofoam Pad and vertical and transverse anchors, as directed for A/C joint taping.
- B. Position shoulder/ arm at the end of range of desired movement. This position will most probably be 90 degrees abduction (or just short of), horizontal flexion and internal rotation.

Anterior Shoulder Dislocation Prevention (continued)

- C. Apply desired number of strips of sports tape starting from the deltoid anchor, anteriorly and down, around the arm to the back of the upper arm, over the top and front of shoulder finishing at the vertical anchors. At 90 degree abduction the taping should limit/ prevent external rotation and horizontal extension, that is "putting the arm in a coat position".
- D. Lock off.

Foot Taping (Medial Longitudinal Arch)

Applications:

Pronation correction, plantar fasciitis, shin soreness and hallux valgus (adapted).

Technique:

Anchor (proximal to metatarsal heads)
Stirrups (Along medial forefoot, around heel, cut under cuboid to support the arch and finish on dorsum to forefoot).

Tape: Rigid (38mm) and +/- Fixomull



Elbow Epicondylar Tendonitis Unloading

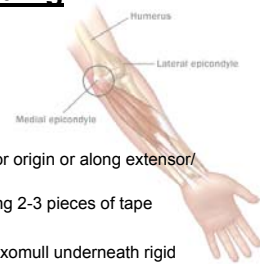
Applications:

Lateral epicondylitis=Tennis elbow,
Medial epicondylitis=Golfers elbow

Technique:

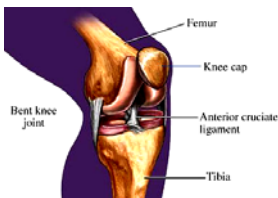
Unload common wrist extensor/ flex or origin or along extensor/ flex or muscle bellies.
Unload lateral to medial direction using 2-3 pieces of tape

Tape: Rigid (38mm) or smaller, +/- Fixomull underneath rigid



Knee - Anterior Cruciate Ligament (ACL)

- Maintain the knee joint in 5-10 degrees of flexion. Protect the popliteal space (back of knee) with a sponge or felt pad.



Knee Anterior Cruciate Ligament (ACL) (continued)

- Apply 4 spiral tapes of 38mm Elastoplast Sports Tape from calf to mid-thigh
- Tape 1: From the posteromedial aspect of the upper calf over the tibial tubercle to the lateral aspect of the knee, across the popliteal space and around the thigh.



Knee Anterior Cruciate Ligament (ACL) (continued)

- Tape 2: Spiral on the opposite side from the posterolateral aspect of the calf to posteromedial thigh.
- Tape 3: Take the same course as Tape 1 overlapping by half.
- Tape 4: Take the same course as Tape 2 overlapping by half.
- Complete the strapping with transverse locking tapes covering the thigh and calf components.



Scenarios to Think About...

1. IRB (Rubber Ducky) NSW SLSA Championships.

IRB Operator dislocates Right Shoulder in competition, which is reduced on site and iced. Devise a shoulder strapping that will enable the operator to resume competition that day.



Scenarios to Think About...

2. Basketball player has minor hairline fracture over the anterior angle of his Right 9th rib. He needs to play to stay in State qualifiers. Devise a padded rib strapping that will support the area and allow him to compete that day.

