

## TAPING GUIDELINES

### Contraindications to Taping

- Allergy to taping materials
- Open wounds, active infection or irritation of area of skin to be taped
- History of hyper-sensitive skin or pre-existing skin conditions e.g.; psoriasis, eczema, dermatitis
- Circulation compromised in area
- Sensation compromised in area
- No-one available at home to remove tape if it causes irritation or discomfort

### Prior to Application

- Check the skin is clean and dry and free from any creams or lotions
- Explain the purpose and function of the tape to the patient.

### Application – General method

- Taping can be carried out a maximum of 3 times and each set of tape can be left in place for up to 3 days at a time.
- Apply the tape with the person standing in their usual best posture.
- Start with the hypoallergenic tape layer. Apply without tension.
- Apply each layer of tape smoothly – taking care not to cause any creases or wrinkles which can be uncomfortable, cause pressure and skin irritation.
- Apply the rigid tape on top of the hypoallergenic tape. The tape should conform to the body with even pressure.
- The rigid tape should not extend beyond the hypoallergenic tape thus avoiding possible skin irritation
- Once applied check the area. Check surrounding skin circulation. If skin excessively cold, bluish or if lack of sensation reported then the tape is too tight and should be removed.

- On completion the patient should be comfortable and able to function. Gentle skin traction should be felt when the person moves into a flexed posture but this should not be painful.

#### Tape Removal

- Remove the tape if skin irritation or redness occurs.
- Never rip or pull off tape forcefully.
- Advise the patient it can be helpful to remove the tape when wet e.g.; after a shower.
- Remove the hypoallergenic tape layer with rigid tape on top carefully by peeling back on itself and pushing the tape away from the skin.
- Check for redness and skin irritation
- Apply moisturiser if required

#### Application – Technique 1 (see Fig. 1)

- Ask patient to stand in their usual best posture
- ‘Stand tall – look forward and keep head level, gently draw shoulder blades down and together’
- Apply hypoallergenic tape from anterior aspect of the acromio-clavicular joint over the muscle bulk of upper trapezius, and then diagonally towards the spinous process of T6.
- Apply bilaterally so there is an intersection at T6.
- Apply rigid therapeutic tape with even pressure from the anterior aspect of the acromio-clavicular joint over the muscle bulk of upper trapezius, and then diagonally towards the spinous process of T6.
- Apply bilaterally so there is an intersection at T6.



Fig.1

**Technique 2** (see Fig.2)

- Ask patient to stand in their usual best posture  
‘Stand tall – look forward and keep your head level. Now gently draw your shoulder blades down and together’
- Apply hypoallergenic tape starting 3cm lateral to T1 spinous process over fibres of upper trapezius and erector spinae and then vertically down parallel to the spine to finish level with T12 spinous process
- Apply bilaterally from T1 to T12

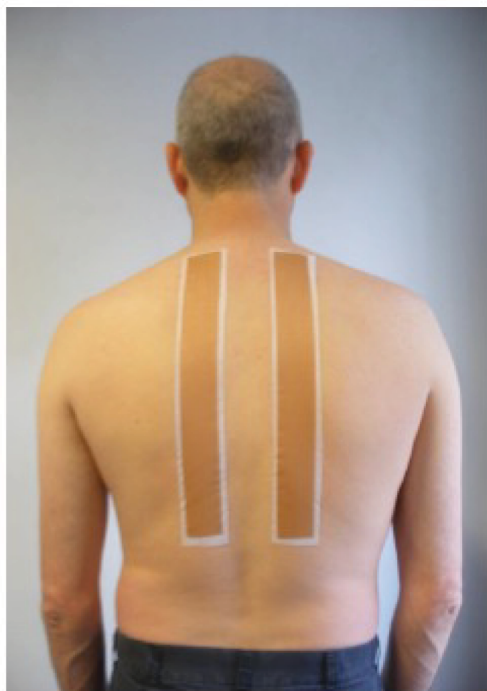


Fig.2