Taping Case Study

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| Injured StructureThe patient has previously injured her lateral ankle ligaments (Posterior Talofibular Ligament, Anterior Talofibular Ligament, Calcaneofibular Ligament) and since has had a weakness in this area. This has resulted in her often rolling her ankle when she plays netball. She wanted me to tape her ankle in an attempt to stop her ankle rolling when she plays. The type of taping I chose was rigid taping, as this would add stability to her ankle, while still allowing her to perform optimally. |
| Area PreparationBefore me taping her, the patient decided to shave her leg as I previously advised her the tape may go up to her shin and therefore be painful to take off. Furthermore, I also applied a base layer of under wrap to try and make this more comfortable when both applying and removing the tape.  |
| Equipment usedThe equipment I used was a non-adhesive under wrap, and zinc oxide tape. I used Zinc Oxide tape as its properties will provide the patient with increased ankle stability, while still being able to move her ankle adequately and perform to her optimal level.  |
| Step-by-step process of applicationFirst, I cleaned the area to ensure a clean smooth surface, then dried the area so the tape would stick to the patient.Secondly, I applied an under wrap onto the patient’s ankle to limit the amount of tape that is in direct contact with the skin. I used the ‘figure of 8 technique’, starting behind the patient’s ankle around the proximal end of the Achilles tendon, and bringing the wrap over the cuboid, across the medial cuneiform, back under the calcaneus, and finally over the navicular where the wrap meets again at the start point.Next, I began to apply the zinc oxide tape over the wrap, aiming to follow the same line I had covered previously. I tried to remain in constant communication with the patient to ensure the tape was tight enough to add stability to her ankle, but not so tight that it was restricting normal movements and was uncomfortable. I did this by asking questions such as ‘How does that feel’ as it will provide me with more subjective answers from the patient. Then, I tried to smooth out any creases or bubbles in the tape, as this will both make the tape more effective, and stop the tape from catching on the patients clothing and ripping off. Finally, I put the patient through some basic ankle movement tests to ensure she could still reach her maximum ROM with the tape on.  |
| Critical Review of your taping applicationOverall, I thought the application of the tape was good, and this was backed up by client’s feedback at the end. She said the tape felt comfortable, while still stabilizing her ankle. One main criticism of my taping is that the tape is not completely smooth and has various creases. This makes the tape prone to catching on clothes and ripping off when the patient is playing. This could be because I was rushing the taping. In the future, I will take more time when applying the tape to avoid creasing the tape.  |
| Image *Attach a photo of your application here* |