Taping Case Study

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| *Injured Structure*  Open Clinic Appointment – 21.03.19  Inflammation of the prepatellar bursa – Housemaid’s Knee |
| *Area Preparation*  I had applied effleurage to help reduce the inflammation of the knee before applying the Kinesiology tape (K-tape). I gently cleaned the upper thigh, the knee and the lower leg with a clinical wipe to remove the remnants of the massage cream and patted dry with a towel.  I sprayed the knee and surrounding area with adhesive spray, before applying the K-tape to ensure that the tape stayed in place. |
| *Equipment used*  I used scissors to cut the K-tape, clinical wipes to remove the remnants of the massage cream, and Kinesiology tape. |
| *Step-by-step process of application*   1. I cut two strips of rock tape. A long strip and a shorter strip. 2. Half-way along the long strip, I cut the tape into five strands. 3. I cut off the corners at the top of long strip and the five separate strands to ensure that the tape did not lift after application. 4. The shorter strip was also cut with 5 strands approximately a quarter of the way down its length. The corners were cut off at the top of the strip and the five separate strands. 5. Adhesive was sprayed above, over and below the knee. 6. Once the adhesive felt tacky rather than wet, application of the rock began. 7. The first anchor (at the top of the long strip) was placed at the inguinal lymph node at the top of the thigh. 8. The tape was carefully placed down the medial side of the thigh and secured just above the knee. The backing paper was used to rub down the tape so that it affixed securely to the skin. 9. The backing of the first of the five strands was removed up to the anchor point at the end of the strand. The strand was stretched at approximately 25% and placed around the medial side of the knee and across to the lateral side of the lower leg, underneath the knee. Once the strand had been secured the backing paper was removed from the anchor. The backing paper was used to rub over the strand to ensure that it was secured neatly with no bubbles or creases. 10. The process was repeated for the remaining four strands, which were placed across the knee, to the lateral side of the leg, in a latticed pattern. All strands were stretched to 25%. 11. The backing paper at the top of the second strip was ripped. This was the anchor. The anchor of the tape was secured on the lateral side of the knee. 12. The backing paper from the first of the five strands was removed up to the anchor point at the top of the strip. The strand was carefully secured over the top of the knee, over the strands from the first strip of tape, to the medial side of the leg. The backing paper was used to rub along the tape to fix it securely in place. Once the strand was secured the backing paper was removed from the anchor. The anchor was stuck down using the backing paper. 13. The process was repeated with the remaining four strands and they were placed across the knee in a latticed pattern. 14. During the application I communicated with my client regularly checking with him on his comfort. I was very careful not to cause him discomfort or pain. 15. The client was advised to leave the tape on for 2-3 days.  He could wear the tape in the shower.  When removing the tape my client was advised to dampen the tape before removing it and to apply moisturising cream to the area afterwards.  He was also advised to rest and elevate the knee throughout the day. |
| *Critical Review of your taping application*  An oedema taping is quite tricky and the process takes a lot of time and care. I managed it well under the supervision of my lecturer. The application was reasonable for a first effort however I think I would have found it more difficult if I had been applying the tape without supervision. It was an interesting case and I enjoyed learning a new application. My client was also very interested in the process as he hadn’t experienced anything like this before. I think it is important to prepare both strips before application. Cutting enough tape is also important as removal of the tape would be uncomfortable for the client if it has been cut too short. |
| Image *Attach a photo of your application here*  https://sites.marjon.ac.uk/kecclesstyc90/files/2019/03/20190321_120947-10um73n.jpg |