Elastic therapeutic tape is gradually being used more in clinical physiotherapy and sports activities. Many studies have been published regarding its effects on diverse symptoms and their results are of great importance to clinicians and researchers. I read with great interest the recent study published in the Journal of Physiotherapy entitled ‘Kinesio Taping does not decrease swelling in acute, lateral ankle sprain of athletes: a randomised trial’. Clinically, the efficacy of interventions for acute lateral ankle sprain swelling is very important. In this well-designed, randomised, controlled trial, a Kinesio taping technique intended to reduce swelling due to acute ankle sprain in athletes did not produce significantly better results than in the control group.

Although Kinesio Taping may not effectively decrease swelling, as this study demonstrated, we would like to carefully examine the technical aspects of Kinesio Taping used therein. The technique used in the study, introduced by Kenzo Kase who developed the Kinesio Taping Method, consists of forming a crisscross pattern with two fan-shaped strips of tape on the swollen area. Experts on lateral ankle sprains have identified that, in many cases, the most clinically severe swelling occurs on the lateral area of the ankle; accordingly, the formation of crisscross patterns on the lateral ankle area may be the correct application. The basis for the technique used by Nunes and colleagues suggests a formation of crisscross patterns around the lateral malleolus for lateral ankle sprain and around the medial malleolus for medial ankle sprain. However, in this study, a crisscross pattern was formed with two overlapping fan-shaped strips applied on the anterior, rather than lateral, area of the ankle.

Swelling also occurs in the anterior area of the ankle, but no studies have supported the physiological bases for the formation of crisscross patterns on the most severely swollen area. In addition, if the application was performed based on the basic concept of the circulation-increase principle of Kinesio Taping, in which pressure decreases due to lifting of the superficial skin after the application of elastic therapeutic tape, and blood and lymphatic circulation increase due to an increase in subcutaneous space, it would be difficult to demonstrate that the formation of crisscross patterns on the anterior area of the ankle is completely wrong. However, despite the lack of clear physiological evidence, in the clinical setting, fan-shaped strips of tape are applied to form crisscross patterns on the area with the severe swelling rather than all around the ankle. Meanwhile, a different taping method that uses a different brand of tape is also applied to form a crisscross pattern on the lateral ankle area to decrease lateral ankle sprain swelling, and is very similar to that of Kinesio Taping.

In the future, additional studies are needed to investigate what the changes in swelling and the physiological basis are when fan-shaped strips of tape are applied to form a crisscross pattern on the lateral ankle area to treat acute lateral ankle sprain swelling.

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