



@physicaltherapyresearch

RAPID RESEARCH

March 2021

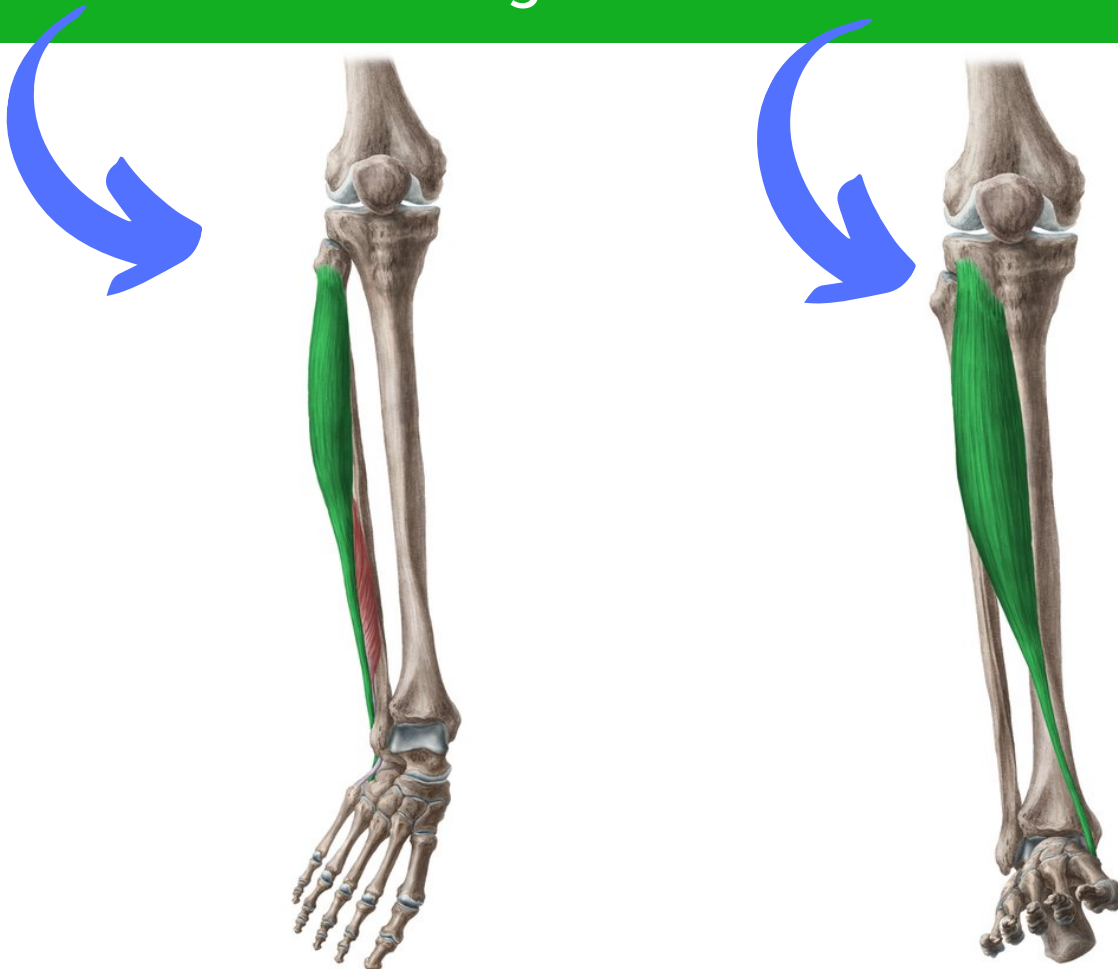
Inside This Week: KT Taping for Pain & Performance

- ✓ Immediate effect of kinesiology tape on ankle stability.
- ✓ Effect of Taping Techniques on Patellofemoral Pain Syndrome
- ✓ Kinesio Taping in Patients With Chronic Nonspecific Low Back Pain



IMMEDIATE EFFECT OF KINESIOLOGY TAPE ON ANKLE STABILITY

This research assessed the effect of kinesiology tape (KT) on ankle stability when subjected to ankle inversion, through its effects on the stabilizing muscles of the ankle:
Peroneus longus and Tibialis anterior.



KEY FINDINGS

No significant differences were found when using kinesiology tape **during a sudden ankle inversion** for:

Peak muscle activity.

Average muscle activity.

Muscle latency for the peroneus longus or tibialis anterior.

Shoes during a sudden ankle inversion:

Increased activity of the tibialis anterior.

Prolonged peroneus longus latency.

Shortened latency from peroneus longus activation to tibialis anterior activation.

MAIN TAKEAWAYS

Kinesiology tape had no effect on 2 muscles which play a large role in ankle stability.

KT taping is unable to nullify the detrimental effects that shoes appear to have.

It is likely KT taping **does not change ankle stability** in any way.

EFFECT OF TAPING TECHNIQUES ON PATELLOFEMORAL PAIN SYNDROME

This article systematically reviewed the literature to provide clinical recommendations regarding appropriate use of KT and McConnell taping for pain modulation or performance enhancement.



KEY FINDINGS

Pain scores indicated improvement in all 3 comparison groups

Group 1 (91 patients):

Avg. Pain improvement

~**45%** [tension taping + exercise]

~**66%** [placebo taping + exercise]

Group 2 (56 patients):

Avg. Pain improvement

~**66%** [placebo taping + exercise]

~**47.6%** [exercise alone]

Group 3 (112 patients):

Avg. Pain improvement

~**44.9%** [tension taping + exercise]

~**14.1%** [taping alone]

Groups **including exercise were consistently superior**, regardless of whether exercise was coupled with tension or placebo taping.

MAIN TAKEAWAYS

Taping alone does **not significantly reduce pain**.

There is evidence, however, that **knee taping, including placebo taping, combined with exercise** provides superior reduction in pain compared with exercise alone.

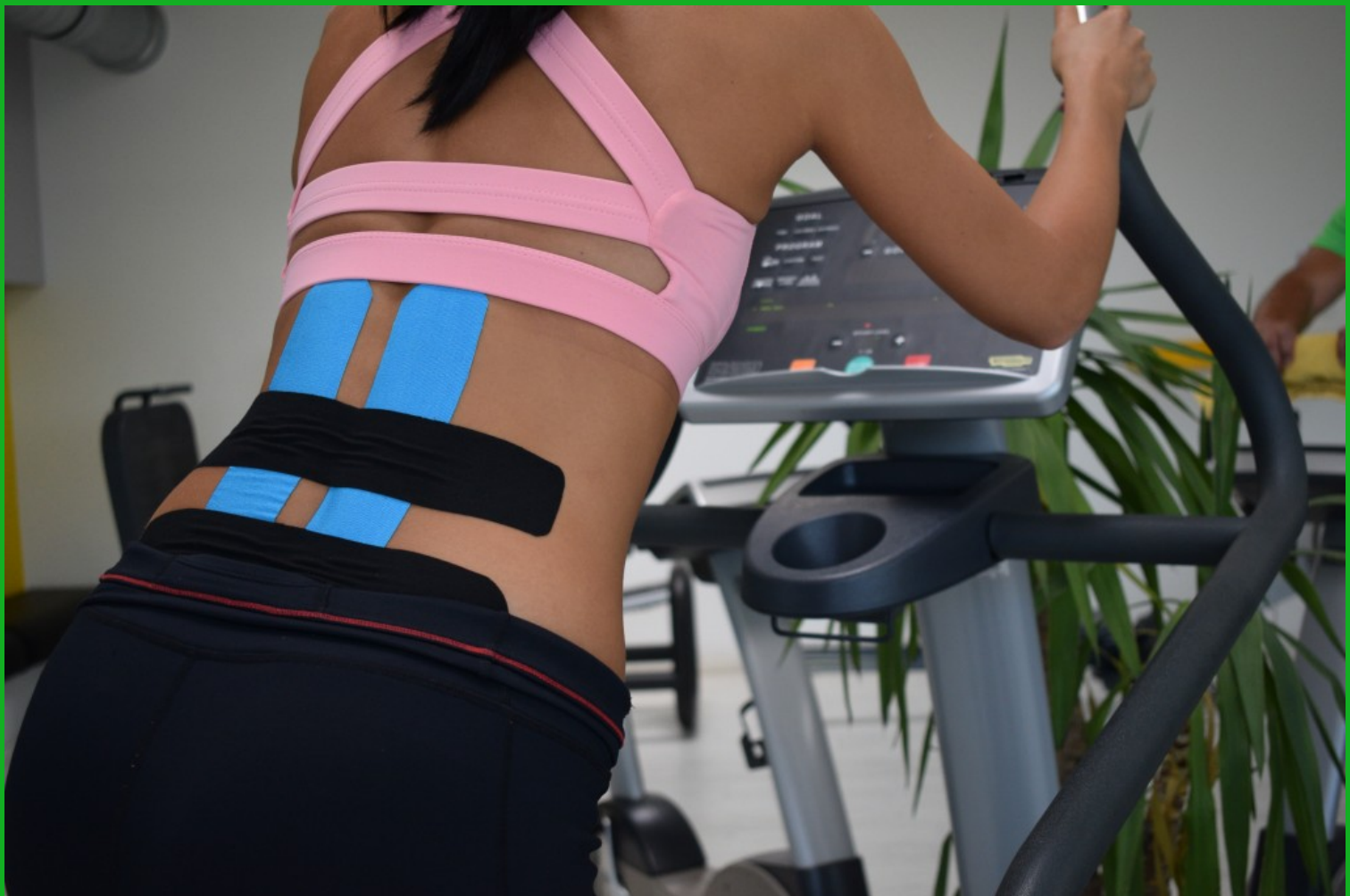
Rehabilitation programs should be multifactorial, with an **emphasis on exercise therapy and education**, while utilizing adjuncts, such as knee taping, to complement the treatment regimen.

Taping may be best utilized as a **complement to traditional exercise therapy**.

[Example Exercises](#)

KINESIO TAPING IN PATIENTS WITH CHRONIC NONSPECIFIC LOW BACK PAIN

This systematic review looked at the effectiveness of KT taping in patients with nonspecific low back pain.



KEY FINDINGS

KT vs No Intervention in Short-term (closest to 4 wks)

Very low quality evidence showed no significant between-group difference for Pain Intensity.

KT vs Placebo Taping in Short-term (closest to 4 wks)

Very low quality evidence showed no significant between-group difference for pain Intensity and Disability index.

KT vs Placebo Taping in Intermediate-term (Closest to 12 Weeks)

Very low quality evidence showed no significant between-group difference for pain Intensity and Disability index.

Exercise & KT vs Physiotherapy in Short-term (closest to 4 weeks)

Very low quality evidence showed no significant between-group difference for pain Intensity and Disability index.

MAIN TAKEAWAYS

Very low to moderate quality evidence shows that **KT was no better than any other intervention** for outcomes assessed in patients with chronic nonspecific low back pain.

This review found no evidence to support the use of KT in clinical practice for patients with chronic nonspecific low back pain.

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