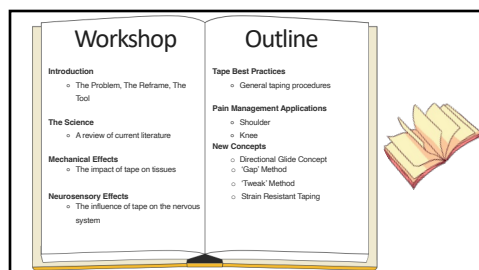


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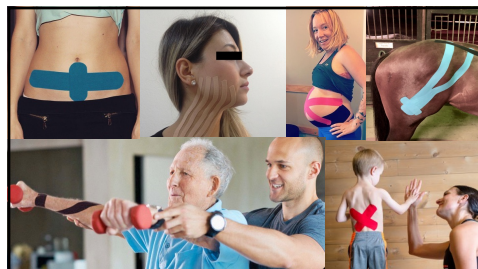
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3



4



5



6

Handcuffed by Structuralism



Excessive **preoccupation** with **biomechanical** factors in injury, pain, and performance.

The scientific evidence casts a great amount of **doubt** on any claims that they reliably **predict potential injury and performance**.



7

We Keep Looking at Structure

The scan rarely tells you why it hurts

96%

of 80-year-olds with zero back pain still show disc degeneration on MRI

Disc bulges climb from 30% at age 20 to 84% at age 80 in people who have never had a symptom

Degenerative findings on imaging rise steadily with age in pain free people. They correlate weakly, at best, with who actually hurts.

Billing et al., American Journal of Neuroradiology, 2013 – systematic review of imaging in asymptomatic populations

8

Complex Science of Manual Therapy

A modern way to teach and practice manual therapy

Berry R, Huang X, Li G, Chen D, Wei W, Lin E, Georgopoulos V, Meehan A, McCarthy C, Cook C, Robinson C, Vogel S, Barrios A, Bergeron C, Maclell A, M, Monard S, A, Hasting N (2020) A modern way to teach and practice manual therapy. Chiropractic & Manual Therapy, 48(1). <https://doi.org/10.1016/j.chman.2020.03.002>

The mechanisms of manual therapy: A living review of systematic, narrative, and scoping reviews

Allen D, J., Bialkley L, Boshuysen R, Courtney C, A, Fardipour M, Allen L, Lorrain A, Black C (2025) The mechanisms of manual therapy: A living review of systematic, narrative, and scoping reviews. PLoS ONE, 20(5), e0241585. <https://doi.org/10.1371/journal.pone.0241585>

9

Two Languages, One Body



Touch and Tissue

- Manual input changes tissue dynamics (not structure) and sensory maps
- Hands-on work creates immediate neurophysiological shifts (**therapeutic window**)
- Practitioner skill and precision matter (add intent)

Movement and Narrative

- Pain is multidimensional (sensory, emotional, behavioral)
- Exercise and education drive durable change
- Beliefs, fear/threat, and self-efficacy are primary drivers
- Patient behavior change is the real intervention

10

Pain in Athletes



- Pain in athletes is often linked to tissue damage, but chronic pain presents a challenge not fully explained by biomechanical stress or overuse injury
- Knowledge about pain has evolved to include factors like tissue overload, cognitive, emotional, behavioral, and lifestyle aspects
- Biopsychosocial model in which several factors (e.g., mental health, guilt, stigma, emotional support, feelings of shame) are rarely investigated

Ashli BE, Rabi FJL. Pain in Athletes: Current Knowledge and Challenges. *Int J Sports Phys Ther*. 2022 Oct 1;17(6):981-993.

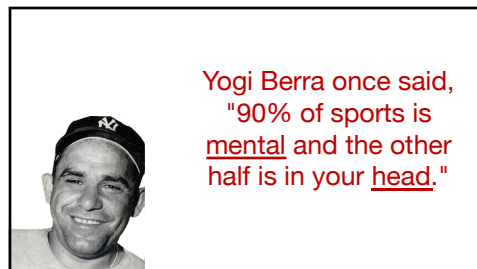
11

Not Just a Piece of Meat



We are interacting with human beings attached to the meat - along with a sensory and motor nervous system, previous experiences, history, emotions, and more.

12



13

A Different Starting Point

Movement varies. Pain isn't nociception.

- Variability is normal, not a fault**
 There's no single correct squat, gait, or lift pattern. Healthy movement shows real variability between people and even within the same person from rep to rep.
- Pain and nociception are different phenomena**
 The IASP's 2020 revised definition of pain says this outright: pain cannot be inferred from nerve signaling alone. It's a personal experience shaped by biology, psychology, and context, not a direct readout of tissue damage.
- What this means for us**
 Screening for asymmetry or correcting a movement pattern still has value. But naming it the cause of someone's pain, without more, overstates what the evidence supports.

©2022 Movement Definition of Pain, 2020 — "Pain and nociception are different phenomena. Pain cannot be inferred solely from activity in sensory neurons."

14

THE FRAME

You're treating a nervous system, not a tissue.

Under your hands (tool, tape, modality) is a **nervous** sensory and motor system shaped by prior experience, history, and expectation.

The tape's job isn't to brace the meat. It's to change what that system **perceives**.

15

Why Manual Therapy?

Rapport 'Buy-In'

Connect

Patient/Client Expectations

Validate

Short-Term Gains

Touch Science

Therapeutic Window

Challenge Narratives
Educate
MOVE

16

The Experience of Movement

- Positive Movement Experience
- Exposure Therapy
- Breakdown Barriers
- Alter Expectations
- Reduce Anxiety
- Reduce Pain
- Increase Strength
- Increase Function

"the tape affords you the confidence to do the reps necessary to make durable change"
Dr. Tim Brown

17

01

The Tool

What the tool is and the updated understanding of how it works.

18



19

TERMINOLOGY

What is kinesiology tape?

FABRIC	Cotton / nylon weave — breathable, lightweight, and engineered to live on moving skin
ADHESIVE	Acrylic, heat-activated, applied in a wave pattern — latex-free
ELASTICITY	Stretches up to ~180% of resting length — tuned to approximate the mechanics of skin
CLASS	Elastic therapeutic tape — distinct from rigid athletic / strapping tape

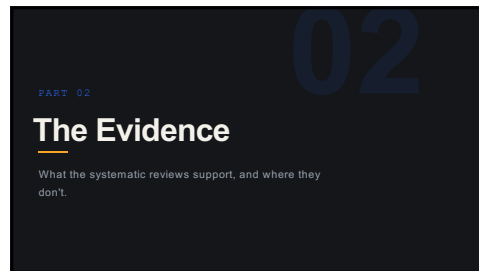
20

MATERIAL PROPERTIES

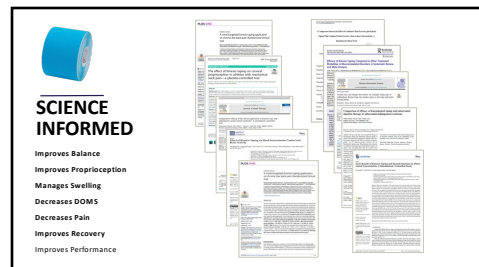
Built to stay on a moving body

Water-Resistant Survives showers, sweat, and pool work — wear measured in days, not minutes.	Movement-Tolerant Stretches and recoils through full range — it moves with the athlete, not against them.	Manages Swelling Lifts skin to ease discomfort and assist lymphatic / interstitial flow.
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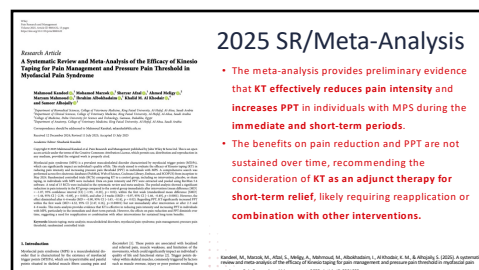
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22



23



24

2025 Knee SR/Meta

Efficacy on pain and knee function of Kinesio taping among patients with patellofemoral pain syndrome: a systematic review and meta-analysis

Yoon H, Yoo M, & Kim S (2025) Efficacy on pain and knee function of Kinesio taping among patients with patellofemoral pain syndrome: a systematic review and meta-analysis. *BMC Musculoskeletal Disorders*, 26(1), 1-10. <https://doi.org/10.1186/s12947-025-01000-0>

Abstract

Background Patellofemoral pain syndrome (PFPS) is a common knee condition characterized by pain around the patella, which can significantly impact daily activities and quality of life. Kinesio taping (KT) is a non-invasive therapeutic approach that has been widely used to manage PFPS. This systematic review and meta-analysis aimed to evaluate the efficacy of KT on pain and knee function in patients with PFPS.

Methods A comprehensive search of PubMed, Scopus, and Cochrane Central Register of Controlled Trials was conducted to identify randomized controlled trials (RCTs) comparing KT to control groups (placebo or no treatment) for PFPS. The primary outcomes were pain (Visual Analog Scale, VAS) and knee function (Knee Injury and Osteoarthritis Outcome Score, KOOS). The secondary outcome was the Knee Pain and Function Index (KPF). The meta-analysis was performed using RevMan 5.4, and the results were presented as mean difference (MD) and 95% confidence interval (CI). Heterogeneity was assessed using the I-squared (I²) statistic.

Results A total of 10 RCTs involving 364 patients were included in the meta-analysis. The meta-analysis showed that KT significantly reduced pain (MD: -1.5, 95% CI: -2.5, -0.5, *p* = 0.008) and improved knee function (MD: 1.5, 95% CI: 0.5, 2.5, *p* = 0.008) compared to the control groups. The heterogeneity was low (I² = 0.0%).

Conclusions The meta-analysis suggests that KT is an effective non-invasive treatment for PFPS, significantly reducing pain and improving knee function. Further research is needed to explore the long-term effects and the underlying mechanisms of KT.

Keywords Kinesio taping, patellofemoral pain syndrome, pain, knee function, systematic review, meta-analysis.

25

2021 SR & Meta

Efficacy of Elastic Taping Compared to Other Treatment Modalities in Musculoskeletal Disorders: A Systematic Review and Meta-Analysis

Lee S, Lee H, & Kim S (2021) Efficacy of Elastic Taping Compared to Other Treatment Modalities in Musculoskeletal Disorders: A Systematic Review and Meta-Analysis. *Journal of Electromyography and Kinesiology*, 31(1), 1-10. <https://doi.org/10.1093/sem/31.1.1>

Abstract

Background Elastic taping is a non-invasive treatment modality used in musculoskeletal conditions. It is believed to provide support, reduce pain, and improve function. This systematic review and meta-analysis aimed to evaluate the efficacy of elastic taping compared to other treatment modalities in musculoskeletal disorders.

Methods A comprehensive search of PubMed, Scopus, and Cochrane Central Register of Controlled Trials was conducted to identify randomized controlled trials (RCTs) comparing elastic taping to other treatment modalities (placebo, manual therapy, exercise, etc.) for musculoskeletal disorders. The primary outcomes were pain (Visual Analog Scale, VAS) and function (Knee Injury and Osteoarthritis Outcome Score, KOOS). The secondary outcome was the Knee Pain and Function Index (KPF). The meta-analysis was performed using RevMan 5.4, and the results were presented as mean difference (MD) and 95% confidence interval (CI). Heterogeneity was assessed using the I-squared (I²) statistic.

Results A total of 36 RCTs involving 1,234 patients were included in the meta-analysis. The meta-analysis showed that elastic taping significantly reduced pain (MD: -1.5, 95% CI: -2.5, -0.5, *p* = 0.008) and improved function (MD: 1.5, 95% CI: 0.5, 2.5, *p* = 0.008) compared to other treatment modalities. The heterogeneity was low (I² = 0.0%).

Conclusions The meta-analysis suggests that elastic taping is an effective non-invasive treatment modality for musculoskeletal disorders, significantly reducing pain and improving function. Further research is needed to explore the long-term effects and the underlying mechanisms of elastic taping.

Keywords Elastic taping, musculoskeletal disorders, pain, function, systematic review, meta-analysis.

26

2024 SR & Meta

Influence of taping on joint proprioception: a systematic review with between and within group meta-analysis

Yoon H, Yoo M, & Kim S (2024) Influence of taping on joint proprioception: a systematic review with between and within group meta-analysis. *BMC Musculoskeletal Disorders*, 25(1), 1-10. <https://doi.org/10.1186/s12947-024-00999-0>

Abstract

Background Joint proprioception is a sense of the position and movement of the body parts. It is an important component of motor control and coordination. Taping is a non-invasive treatment modality that has been widely used to improve joint proprioception. This systematic review with between and within group meta-analysis aimed to evaluate the influence of taping on joint proprioception.

Methods A comprehensive search of PubMed, Scopus, and Cochrane Central Register of Controlled Trials was conducted to identify randomized controlled trials (RCTs) comparing taping to control groups (placebo or no taping) for joint proprioception. The primary outcome was joint proprioception (Joint Position Sense, JPS). The secondary outcome was the Joint Position Sense Index (JPSI). The meta-analysis was performed using RevMan 5.4, and the results were presented as mean difference (MD) and 95% confidence interval (CI). Heterogeneity was assessed using the I-squared (I²) statistic.

Results A total of 10 RCTs involving 364 patients were included in the meta-analysis. The meta-analysis showed that taping significantly improved joint proprioception (MD: 1.5, 95% CI: 0.5, 2.5, *p* = 0.008). The heterogeneity was low (I² = 0.0%).

Conclusions The meta-analysis suggests that taping is an effective non-invasive treatment modality for improving joint proprioception. Further research is needed to explore the long-term effects and the underlying mechanisms of taping.

Keywords Taping, joint proprioception, systematic review, meta-analysis.

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Our Viewpoint



Tape does not:

- Tape does not turn on/off muscles
- Tape does not "break adhesions" or "realign fascia".

Tape does:

- Change **skin deformation** patterns during movement (Lift and Stretch/Shear).
- **Modulate mechanoreceptor** activation.
- Provide **safe/novel sustained sensory input** that shapes nervous system **predictions**.
- Create an **expectation** of support.
- **Supports manual and movement therapy**

Combined with **movement and education**, tape becomes part of a sensory **experiment**, not a fix.

31

03

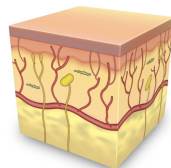
PART 03

The Mechanism

From skin to cortex — why the intervention is about a brain that can **see** the area.

32

Tape on Target

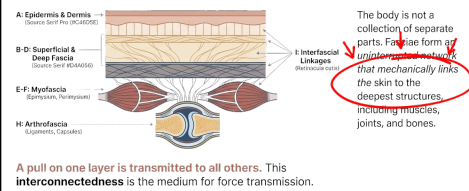


Bisection creates greatest lifting effect

33

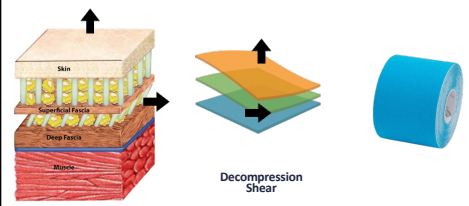
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Continuous Interconnected System



34

Mechanical Effects



35

MECHANICAL EFFECTS

It starts at the skin

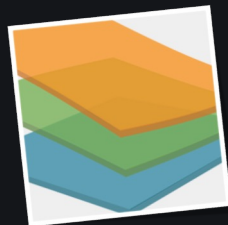
Decompression

Elastic recoil lifts the skin, increasing the interstitial space beneath it and unloading mechanoreceptors.

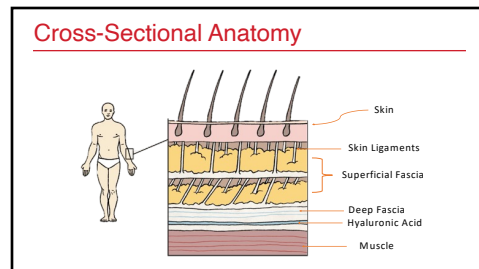
Shear

As the body moves, the tape drags and deforms skin, a continuous, novel stream of tactile and stretch input.

The forces are mechanical. Their destination is the nervous system.



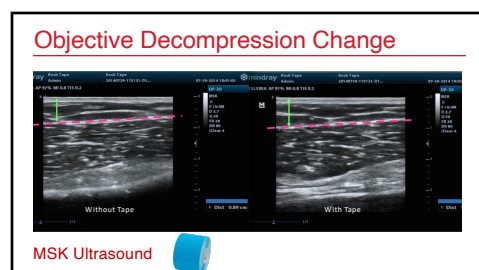
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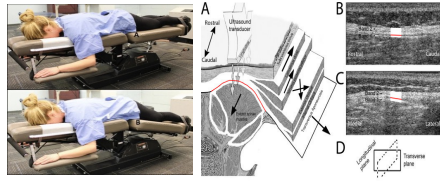


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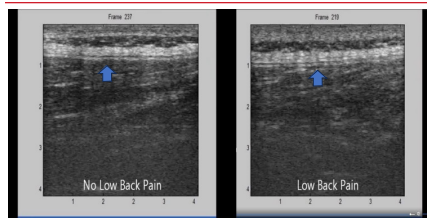
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Study Methodology



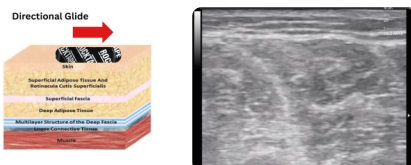
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Findings



44

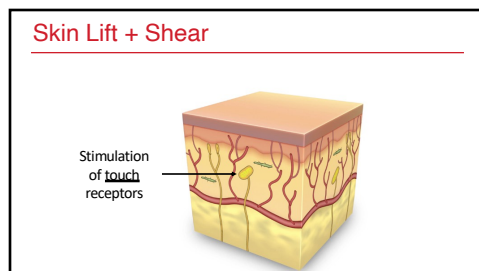
Directional Taping + Shear



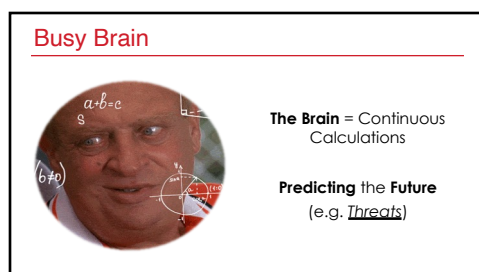
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Good Prediction

Requires Good Perception



Perception Requires Good Maps



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CORTICAL BODY MAPS

Your brain keeps a map of the body

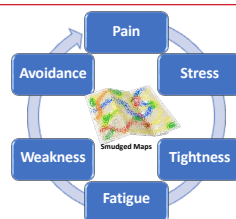
The somatosensory cortex holds an ordered representation of every body region. The **resolution** of that map — how sharply the brain can localize and discriminate a region — is what we call acuity.

A high-resolution map means precise prediction, precise movement, and a low sense of threat. The brain trusts what it can clearly see.

SHARP PAIN ————— PREDICTABLE CONTROL ————— LOW THREAT

50

When our Maps are Smudged



Smudged Maps

↓

Poor Prediction

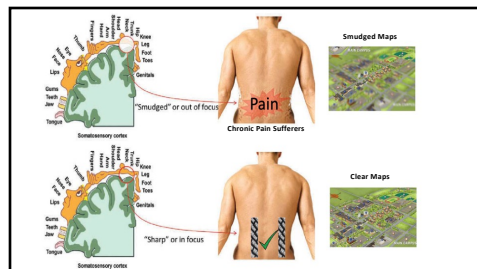
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Increase Threat

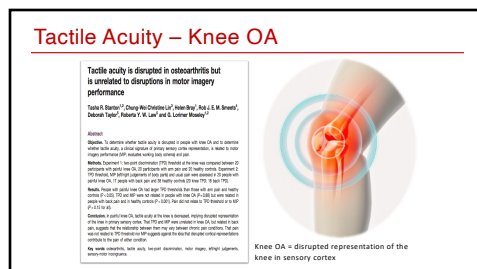
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Neuroplastic Adaptation

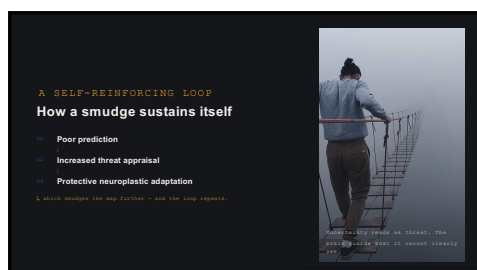
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Body Maps & Safety



55

WHEN ACUITY DEGRADES

The map goes out of focus

In persistent pain, the cortical map of the affected region **shrinks**. Two-point discrimination worsens; localization blurs. The brain loses resolution exactly where it needs clarity most.

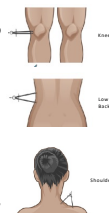
A blurry map is a region the brain can no longer trust. And a region it can't trust, it guards. The good news: this is measurable — and reversible.

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How to Screen for Map Clarity

Normally, a person should be able to recognize two points separated by:

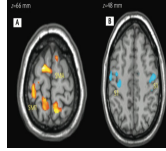
- 2 to 8 mm on fingertips
- 8 to 12 mm on palms
- 30-40 mm on shoulder
- 35-45 mm on the legs
- 40-55 mm on the back
- 15-25 mm on the foot



Bickley, Lyons, Kitzinger, Pinner (2007), Bates' Guide to Physical Examination and History Taking (8th ed.), Lippincott Williams & Wilkins.

57

Effects of Tape on the Brain



Effects of Patellar Taping on Brain Activity during Knee Joint Proprioception Tests Using Functional Magnetic Resonance Imaging



58

Tape your brain

Effects of Patellar Taping on Brain Activity During Knee Joint Proprioception Tests Using Functional Magnetic Resonance Imaging

Background: Studies indicate that a simple patellar taping technique covering 50% of skin over the knee had effects on areas of the brain associated with sensation, coordination, decision making, and planning of complex coordination tasks and the coordination of the unconscious aspects of proprioception. Currently, there are no data to demonstrate whether using a simple or complex technique has a greater or lesser effect on activity in the proprioception area of the brain.

Objectives: To compare effects of two knee taping techniques on brain activity during knee joint proprioception tests.

Design: This was an observational study with patellar taping technique.

Methods: Two groups of subjects were recruited: one group received a simple patellar taping technique (50% of skin over the knee) and the other group received a complex patellar taping technique (100% of skin over the knee). Both groups underwent functional magnetic resonance imaging (fMRI) scans during knee joint proprioception tests.

Results: The simple patellar taping technique resulted in significantly greater brain activity in the proprioception area of the brain compared to the complex patellar taping technique.

Conclusions: The simple patellar taping technique resulted in significantly greater brain activity in the proprioception area of the brain compared to the complex patellar taping technique.

Clinical Implications

Clinicians have developed a variety of complex taping techniques to alter patellar position, muscle activity, or pain. This study showed that the application of a simple patellar taping technique covering 50% of skin over the knee had effects on areas of the brain associated with sensation, coordination, decision making, and planning of complex coordination tasks and the coordination of the unconscious aspects of proprioception. Currently, there are no data to demonstrate whether using a simple or complex technique has a greater or lesser effect on activity in the proprioception area of the brain.

59

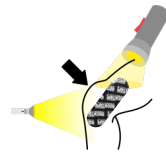
ILLUMINATE THE BLIND SPOT

Hold up a **kinesthetic flashlight** — so the brain can see the problem well enough to realize it's wasting energy and devise the solution that best suits it.

— Steve Jacobs, PT — Adapted

60

Sensory Blind Spot



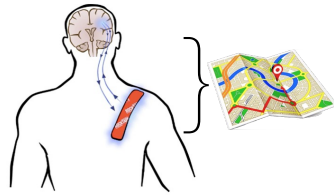
Let **nervous systems** figure out how to do all their own heavy lifting, self-correction, positive feedback loop dismantling.

Holding up a **kinaesthetic flashlight** so that a brain can see a pain problem well enough to realize it represents a waste of its energy and **devise a solution** that best suits it.

Blake Jacobsen '97

61

Tape the Brain



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THE REFRAME

OLD MODEL

A mechanical splint

Tape supports tissue, holds a joint, corrects a structure from the outside.



UPDATED MODEL

A sensory cue for the brain

A persistent, novel, movement-coupled input placed over a smudged region — re-illuminating the map so the system can self-correct.

This single shift changes how, where, and why we apply — which is the rest of the workshop.

63

04

PART 04

Application

Traditional and advanced methods — for pain, proprioception, and posture.

64



SAFE ZONE



Skin Tolerance

It's Safe

- Low adverse reaction rates
- Latex-free and hypoallergenic
- Adherence to best practices mitigates most risks (skin responses)

65



STOP

Do not Tape

- Open wounds
- Skin lesions
- Rashes
- Patient unable to communicate
- Decreased sensation - Neuropathies
- Adhesive Allergies
- Over known cancer site
- Kidney/heart congestion
- Front of the neck

In some cases, mild/moderate skin reactions can occur. These include redness, itchiness, hives or swelling. Immediately remove the tape if you feel any skin reaction above and consult your physician if symptoms are severe or do not improve in 2 days.

66



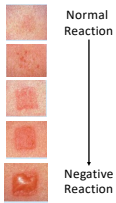
Caution

- **History** - past skin irritation
- **Test Patch** - no tape experience
- **Medication** - blood thinners
- **Femole** hormone cycle
- **Skin Type** - fair skin
- **Extreme heat** - car seat heater, hot showers

67

Test Strip





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Removal Instructions



Itchiness

Redness around Edges

69

Taping Progression

1. Apply Primary Strip over target area
2. Apply Secondary Strip over target area
3. Apply Stretch and/or Directional Glide
4. Proprioception Taping – Taping the Gap



Primary Strip

Secondary Strip

Stretch/Directional

Proprioceptive

70

Top 3 Non-Concussion MSK Injuries in Hockey

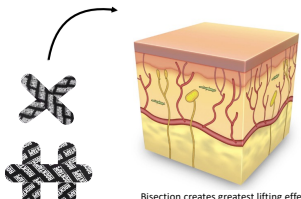
What the newest research says

- 1 Hip and Groin Strains**
The adductors take a beating from the wide stance and constant push off. Reviews of youth players through 2020 tag the hip as the most-wound afflicted by common injuries.
- 2 Knee Ligament Sprains (MCL)**
MCL sprains show up at a rate of 16 per 1,000 hours across both genders, making it the single most common injury type in the sport.
- 3 Shoulder and Upper Extremity Injuries**
All joint separations, clavicle fractures, and related injuries are common at every level. Muscle and tendon injuries make up the largest single source of injury time in game activity.

Source: Jones et al., J Exp Orthop 2021;12:e70010. McKeown et al., Am J Sports Med 2021;49(10):2429-2438.

71

Tape on Target



Bisection creates greatest lifting effect

72

STEP ONE

Identify the target

Not a muscle name — a region the brain has stopped seeing clearly. Map the sprudge, then aim there.

Tightness

Discomfort & ache

Restriction of movement

Poor two-point discrimination — the acuity ball



73

Core Method: 3-Step Process

STEP 1
STRETCH
Target Tissue

STEP 2
PRIMARY STRIP

STEP 3
SECONDARY STRIP
Optional

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Comparison of efficacy of kinesiological taping and subacromial injection therapy in subacromial impingement syndrome

Yahya Sahene · Tuncay Cakir · Zehaf Arica ·
Rahime Nur Sertir · Meral Bilgili · Fikri ·
Selman Kalkan Dogan · Naciye Elvan Turanmaz

Received: 31 July 2014 / Revised: 24 September 2014 / Accepted: 7 November 2014
© Springer Science+Business Media Dordrecht 2014

Abstract

The aim of the study was to compare the efficacy of kinesiological taping and subacromial injection therapy as an alternative treatment option in the rehabilitation of SSI. Twenty patients diagnosed with SSI were randomly assigned to group 1 (n=10; injection group) or group 2 (n=10).

Keywords

Adhesive tape · Exercise · Injection · Physical

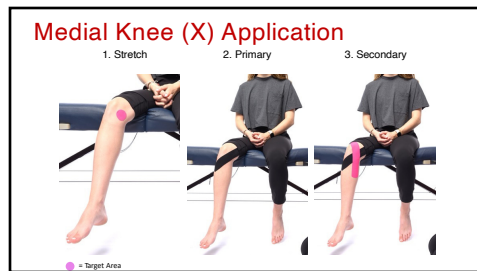
KT • EX AS GOOD AS STEROID INJECTION • EX FOR SUB-ACROMIAL IMPINGEMENT AT 1 & 3 MONTH FOLLOW UP.

strengthening and strengthening exercises. All patients were assessed at baseline and at 1 and 3 months post-intervention. Assessments were made by visual analog scale (VAS) for pain, range of motion (ROM) measurements, specific work and Shoulder Pain and Disability Index (SPADI). Significant differences were observed in VAS and SPADI scores as well as ROM measurements in both groups when compared to baseline (p<0.05). No significant differences were detected between the groups except for active flexion degree in favor of group 1 (p=0.004). Both kinesiological taping and steroid injection in conjunction with an exercise program were found to be effective in the treatment of SSI. Kinesio taping may be an alternative treatment option in the rehabilitation of SSI, especially when a non-invasive technique is needed.

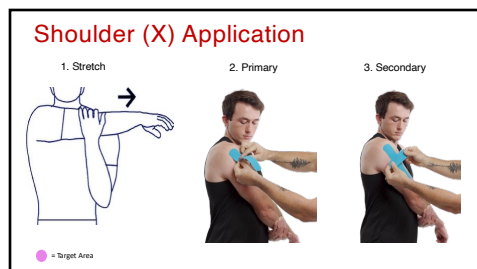
Shoulder pain is the second most frequently seen complaint in musculoskeletal system problems. Following lower back pain, [1]. Subacromial impingement syndrome (SSI) is the most common disorder of shoulder pain etiologies [2]. SSI develops as the result of impingement between the humeral head and the coracoacromial arch, which is formed by the acromion, coracoacromial ligament, and coracoclavicular ligament [3]. The subacromial space is approximately 1.5 cm wide and is filled by rotator cuff tendons, the long head of the biceps brachii muscle, bursa, and the coracoacromial ligament. Any disorder causing disruption of interaction between

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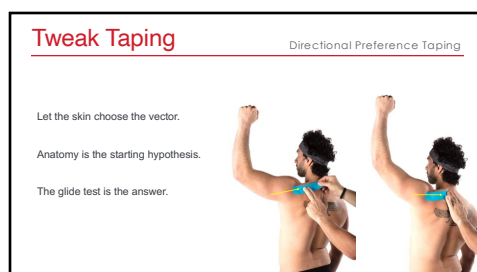
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Alternative Approach - 2021

PLOS ONE

Abstract
A novel targeted kinesiology taping application can relieve low back pain: Randomized clinical trial

Background
The purpose of this study was to evaluate the effectiveness of a novel targeted kinesiology taping application in reducing low back pain (LBP) and disability in a randomized clinical trial.

Methods
A randomized controlled trial was conducted with 100 participants. The intervention group received the novel targeted kinesiology taping application, while the control group received a standard taping application. The primary outcome was the reduction in LBP and disability at 4 weeks and 6 months follow-up.

Results
The intervention group showed a significant reduction in LBP and disability at 4 weeks and 6 months follow-up compared to the control group.

Conclusion
The application of targeted kinesiology taping produced a significant reduction in pain and disability, at 4 weeks and at 6 months follow-up.

7/4

Wang Y, Louie P, Hsiao S, et al. PLoS ONE. 2021.

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TARGETED TAPING TRIAL - 2021

Targeted kinesio taping produced a **significant reduction in pain and disability** — at 4 weeks and sustained at 6 months.

6mo

EFFECT SUSTAINED

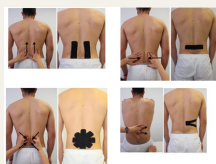
PROBINGER-MANDEL ET AL. PLoS ONE. 2021.

80

ADVANCED - DIRECTIONAL GLIDE

Match geometry to the glide

- Lateral glide**
• Strip runs across the target in its preferred direction.
- Linear + vertical strip**
• A directed line of pull along the axis of greatest ease.
- Squeeze + horizontal strip**
• Push-strip-able coverage onto toward the target, then stretch.



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ASSESSMENT

Find the skin's preferred direction

Before you tear a strip, glide the skin around the target in several directions.

Find the **preferential glide** — the direction that most eases the symptom.

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REGIONAL APPLICATION

Knee "tweak"

Load the joint in a provocative position, find the directional skin glide around the knee, and tape into the direction that frees the movement.

⚠️ Re-test the squat immediately — change should be felt, not just seen.



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Positional Taping Redefined



Proprioceptive Re-Mapping

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POSTURE & PROPRIOCEPTION

Shape may matter

The upper-cross pattern degrades three relationships at once.
Tape cues a more efficient shape — it doesn't force one.

Length-tension
Joint relationships
Neuromuscular function



Inefficient Efficient

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POSTURE APPLICATION

Neck posture (X)

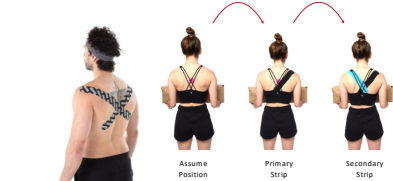
from Inefficient Posture → to Efficient & Resilient

A constant proprioceptive reminder of where **easy** is — not a strap that holds the head in place.



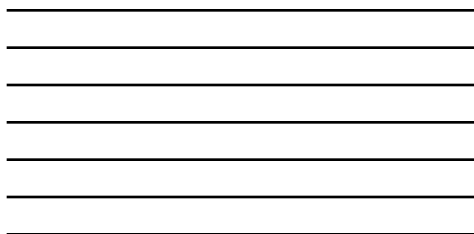
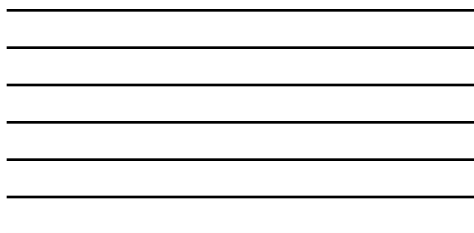
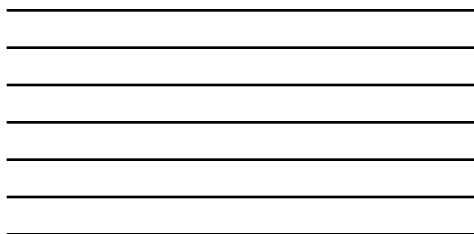
86

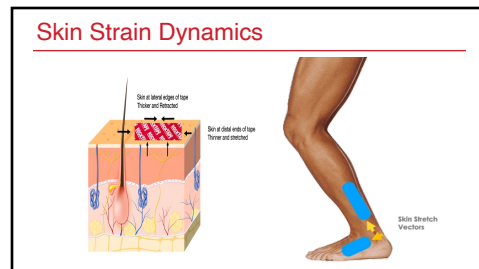
Mid Back Posture X



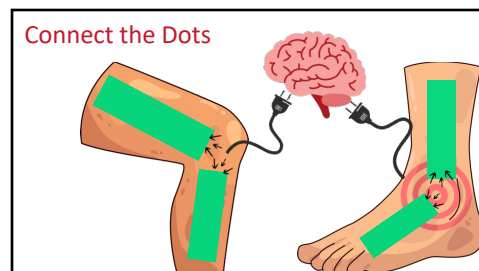
Assume Position Primary Strip Secondary Strip

87

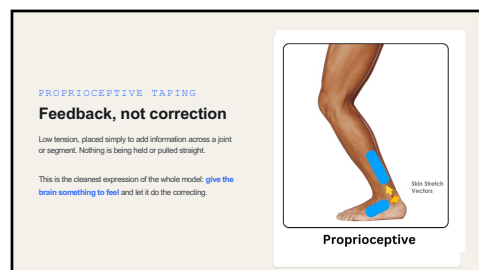




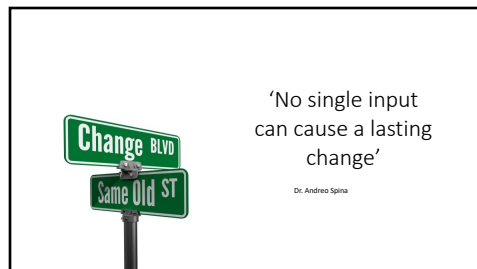
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Behind The Design

- Born out of a **biomechanics lab**
- When you move, you want the **most efficient force transmission** possible.
- When we move, our **tissues shear**.
- In high-energy movements, this shearing effect causes our muscles to **work inefficiently**.
- If we could **control this muscle shear**, could this have a **positive effect** on performance?



Muscle Wobble

RHEON

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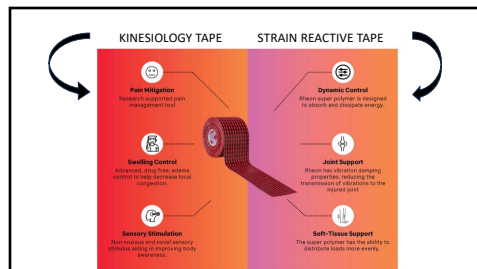
Intelligent Energy Control



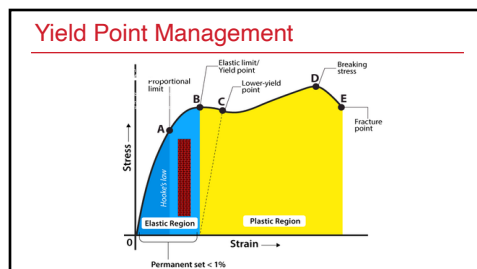
RockTapeX, engineered with Rheon Labs **super-polymer**, offers a solution for mitigating stress to soft tissues.

Smart Polymer  Stiffens in response to movement providing extra support, exactly when you need it.	Dynamic Control  Active energy control of soft tissues.	Customizable  Targeted support to the area that needs it.
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Application Basics

1 READY

Position target area in preferred start position:

1. Mild Control - Lengthened
2. Mod Control - Neutral
3. High Control - Shortened



2 SET

Apply tape on target area with preferred tape stretch:

1. Mild Control - No Stretch
2. Mod Control - 25% Stretch
3. High Control - 50% Stretch



3 ACTION

Perform Task:

1. Rehab, Training
2. Practice
3. Sport





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AC Joint Control

Targeted Application

READY

Position target area in preferred start position:

1. Mild Control - Lengthened
2. Mod Control - Neutral
3. High Control - Shortened



SET

Apply tape on target area with preferred tape stretch:

1. Mild Control - No Stretch
2. Mod Control - 25% Stretch
3. High Control - 50% Stretch



ADDITIONAL APPLICATIONS

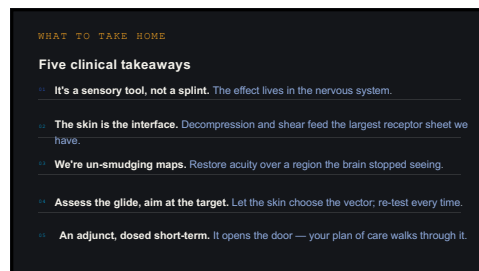
Occupational Applications
Rehabilitation Applications
Sport Applications (if needed)

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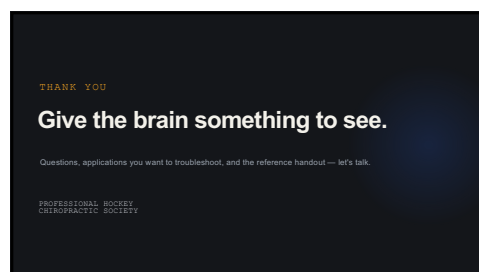
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References

- [1] systematic review & meta-analysis of kinesiology taping (kt studies). improvement in pain and disability across body regions, first five days of application. 2021.
- [2] evidence map of kinesiology tape - kt systematic reviews, 127 ktvs evaluated across musculoskeletal conditions. 2020.
- [3] crisco PE, mendotte SN, wynn DM. kinesio taping influences the mechanical behavior of the skin of the low back: a possible pathway for functionally relevant effects. *J Musculosk*. 2018 Jan 31;47:150-154.
- [4] pedreira-martins MB, et al. targeted kinesio taping: significant reduction in pain and disability at 4 weeks and 4 months. *Phys Ther*. 2021.
- [5] jacobson D. sensorimotor facilitation & the "kinesthetic flashlight" - sensory framing of manual and taping interventions.

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Thank you



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