

# DO'S AND DON'TS OF TAPING | THE WORKING THERAPIST

## 5.8.2015 | HADEN BOLIEK & KJIRSTI MYLES

### I. Welcome

- a. Haden welcomes the listener
  - i. Haden welcomes guest – Kjirsti Myles
    - 1. Kjirsti introduces herself

### II. Introduction of topic

- a. Recently did a training with our team called “All Taped Up”
  - i. Kjirsti gives an overview of the event
    - 1. What we did, why we did it
- b. Today we are giving a brief overview of the do's and don'ts of taping

### III. What does tape do?

- a. Tape is cuing
  - i. Neuromuscular reeducation
    - 1. It's your second set of hands

### IV. Where do you start with taping?

- a. What is the functional outcome you are looking for?
- b. Anatomy
  - i. Got to know what your taping
    - 1. Get you atlas back out
    - 2. Pull out your school books
    - 3. Use Google

### V. What tape to use

- a. There are lots of tapes out there
  - i. Kinesio Tech Tape, Leuko Tape, Rock Tape
    - 1. Different tapes have different characteristics
      - a. Pull and stretch
  - ii. Progression of tapes (with what we stock)
    - 1. Kinesio first (start with the least)/ROCK tape
      - a. Least amount of resistance – more facilitative than alignment
    - 2. Cover Roll
      - a. Very little stretch
    - 3. Leuko Tape
      - a. Rigid strapping tape

### VI. Precautions of Taping

- i. You've done your research, know what tape we want to use
- b. Always have to allergy test the patient (24 hour patch test)

- i. Make sure there is no reaction
      - ii. Never tape over an existing rash or open wound / abrasion
    - c. Consider the age of the patient
      - i. Little ones have more sensitive skin, more fragile skin
      - ii. Choking hazards
      - iii. Is there an age that we can't tape?
        - 1. No
      - iv. HAVE TO KNOW YOUR PATIENT
    - d. Giving parents clear information
      - i. Reference baby that Kjirsti recently taped for torticollis
        - 1. You don't want the parent or patient to leave and have to interpret what you told them
    - e. Document everything in your daily notes
      - i. Documenting covers yourself
- VII. How to tape the patient
  - a. Every patient is different...again you have to know your patient
  - b. Start small
    - i. Many times with pediatrics or patients with sensory needs you have to start small
      - 1. Give example of kid with eye patch
  - c. Get in their world...make it applicable to them
    - i. Ex. Spiderman hands
  - d. Always work on gaining range before taping
    - i. Never tape at the beginning of a session
  - e. What is the functional change??
    - i. Document any improvements in abilities
- VIII. Documenting
  - a. Do you need to change your plan of care to include taping?
    - i. No...it's a modality
  - b. Like we said earlier, be sure to include it in your daily notes
- IX. Billing
  - a. Not going to change much
    - i. Neuromuscular reeducation
    - ii. Therapeutic activities
- X. Wrap Up
  - a. Haden thanks Kjirsti for all of her insight
  - b. Haden thanks the listener for their time
    - i. "I'll catch you next time on another episode of The Working Therapist Podcast."