

Kinesiology Taping Redefined

Introduction to Fascial movement Taping

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Certified RockTape Instructor



Who is this guy?

- BS, MSPT - Springfield College – Springfield, MA
- DPT - Upstate Medical University – Syracuse, NY
- Owner, Oakdale Physical Therapy & Fitness - Johnson City, NY
- FMT Certified RockTape Doc
 - Instructor: FMT Basic, FMT Performance, RockBlades, FMT Movability
- Instructor - Medical Minds in Motion
- Email: John.Koniuto@Oakdaleptf.com
- Instagram: [#Dockoniuto](https://www.instagram.com/Dockoniuto)

Today's FMT OUTLINE

History, Background, Evidence

Indications & Applications

PAIN, Decompression/support,

Neurosensory

Fluid dynamics / Edema

Neuritis, Scar management

Posture, movement, performance

TAPING HISTORY







It's more than just
tape on the skin



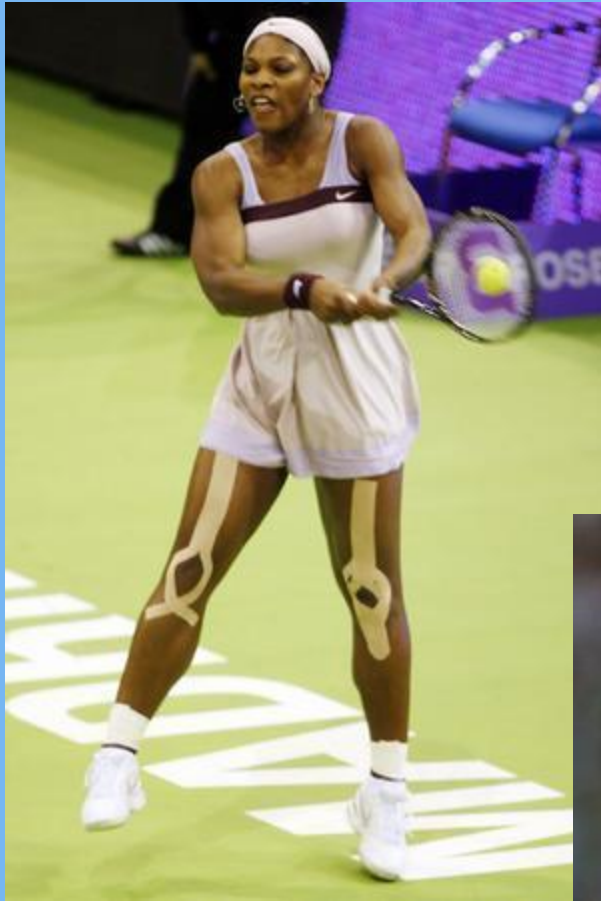
Kinesiology Taping







Where else have we seen it...?





Does it
Really Work?

How?



EFFECTS AND BENEFITS of KINESIOLOGY TAPING



Simple Principle

Kinesiology Taping can assist our
bodies' own healing mechanisms

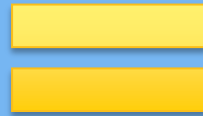
Pain Decompression Neuro-Sensory

Largest organ
in our body



Extension of the Brain = SKIN ECTODERM

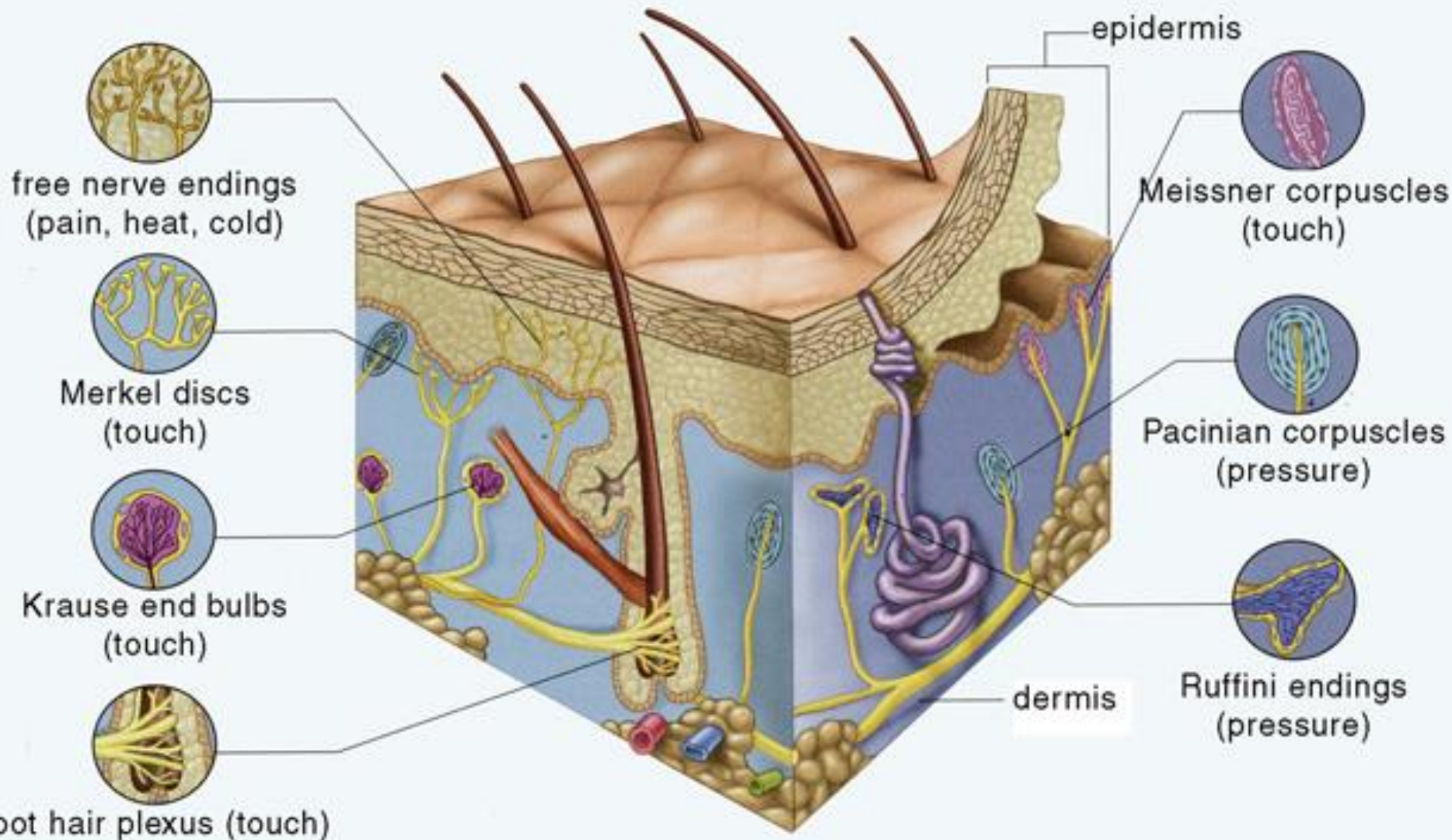
Interacting with the skin to change the brain



500
NERVE
CELLS
per
1 sq. cm
of SKIN



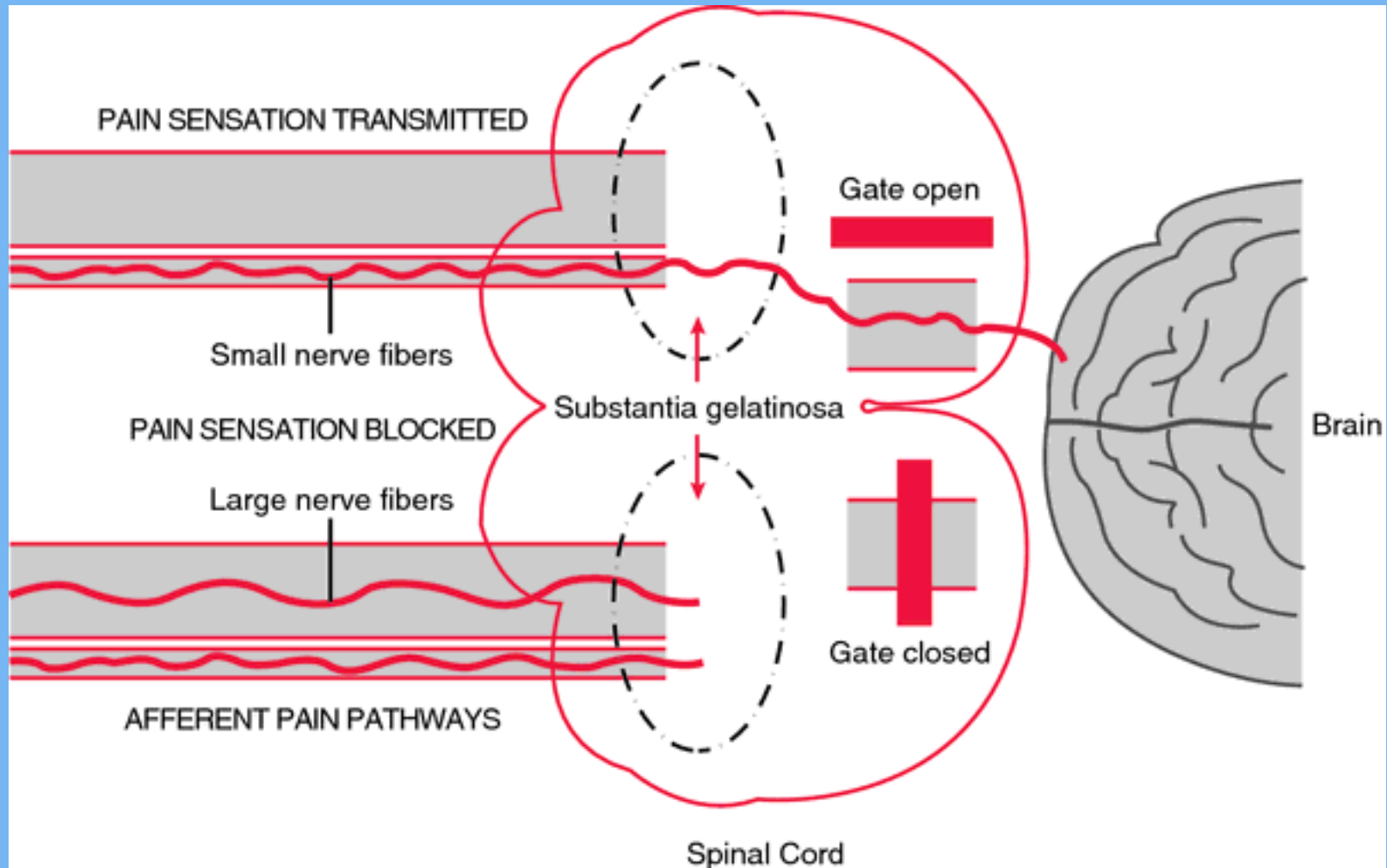
EFFECT ON SKIN FUNCTION





Pain

Benefit - **Pain Relief** by stimulating large nerve fibers



Nociception Affects Motor Output

A Review on Sensory-motor Interaction With Focus on Clinical Implications

Jo Nijs, PT, MPT, PhD,†‡ Liesbeth Daenen, PT, MSc,*†§
Patrick Cras, MD, PhD,§|| Filip Struyf, PT, MSc,*† Nathalie Roussel, PT, MPT, PhD,†§
and Rob A.B. Oostendorp, PT, MPT, PhD¶*

Objectives: Research has provided us with an increased understanding of nociception-motor interaction. Nociception-motor interaction is most often processed without conscious thoughts. Hence, in many cases neither patients nor clinicians are aware of the interaction. It is aimed at reviewing the scientific literature on nociception-motor interaction, with emphasis on clinical implications.

Methods: Narrative review.

Results: Chronic nociceptive stimuli result in cortical relay of the motor output in humans, and a reduced activity of the painful muscle. Nociception-induced motor inhibition might prevent effective motor retraining. In addition, the sympathetic nervous system responds to chronic nociception with enhanced sympathetic activation. Not only motor and sympathetic output pathways are affected by nociceptive input, afferent pathways (proprioception, somatosensory processing) are influenced by tonic muscle nociception as well.

Discussion: The clinical consequence of the shift in thinking is to stop trying to restore normal motor control in case of chronic nociception. Activation of central nociceptive inhibitory mechanisms, by decreasing nociceptive input, might address nociception-motor interactions.

Key Words: nociception, pain, musculoskeletal disorders, central sensitization, motor control, movement

(Clin J Pain 2012;28:175–181)

Imagine walking with bare feet in your living room. Suddenly, you step on a tack with your left foot, and immediately change your walking movement by pulling away one leg (ie, you flex the left foot, knee, and hip joint). This is an example of an involuntary innate response to the

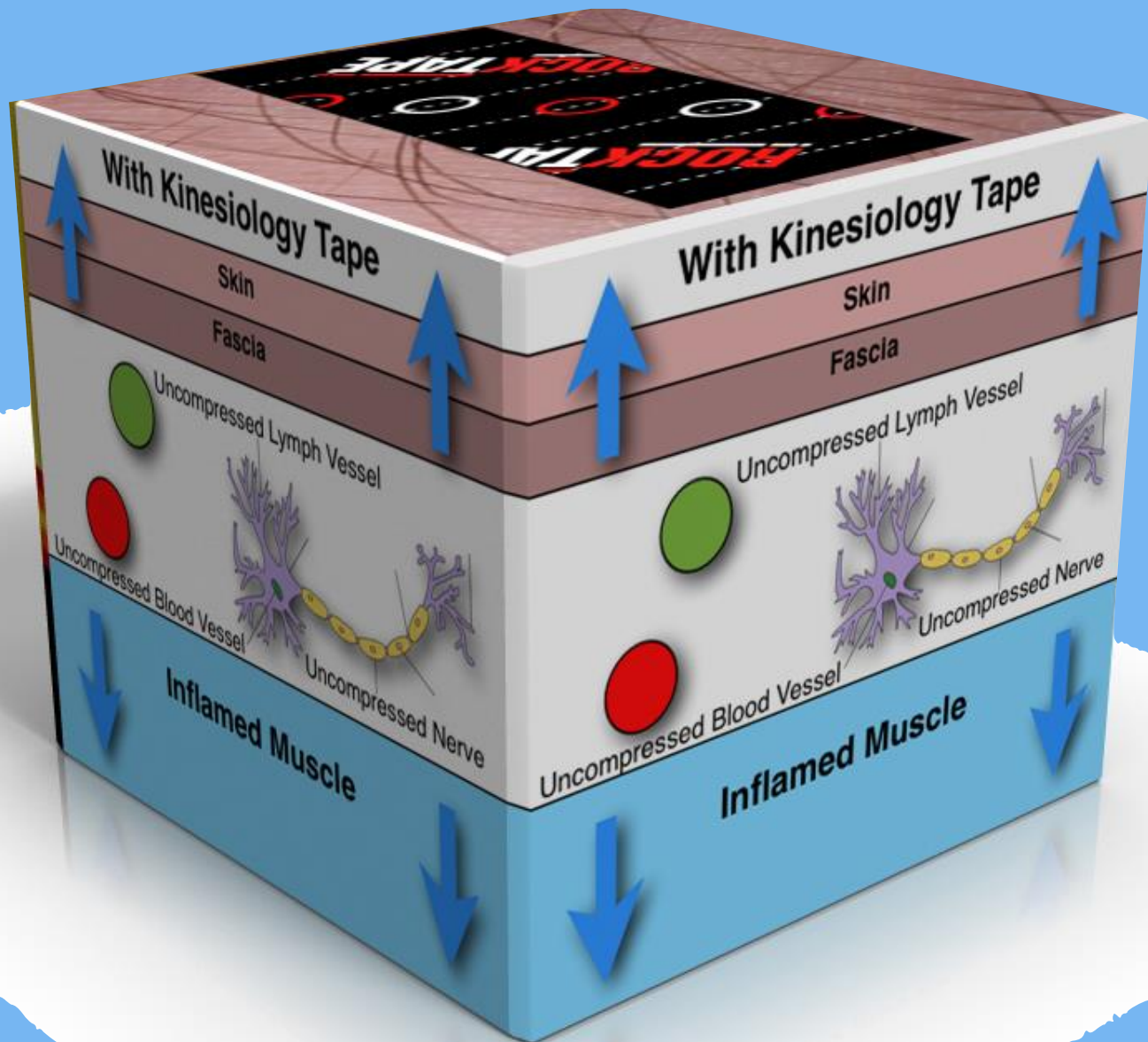
integration of sensory information at the subconscious level. Nociceptors in the foot send signals to the spinal cord, where the signals diverge, activating multiple excitatory interneurons, which in turn excite α and γ motor neurons and subsequent contraction of the flexor muscles of the stimulated limb.¹ Simultaneously, other interneurons excite inhibitory interneurons that relax the extensor muscles, and the crossed extensor reflex helps maintaining balance when 1 foot is lifted from the ground.^{1,2}

The flexor reflex is a simple example of nociception-motor interaction: nociception triggers a motor response characterized by stimulation of certain muscles and inhibition of others. However, the interaction between nociception and motor output is far more complex. Especially in cases of chronic nociception (defined as chronic activation of non-adapting polymodal nociceptors), central nervous system adaptations arise and motor output is affected in many ways. Clinicians observe daily the large effect of chronic nociception on motor function. Patients with subacute and chronic benign pain in musculoskeletal disorders present changes in movement performance and motor control strategies.^{3,4}

Neurophysiological research has provided us with an increased understanding of nociception-motor interaction. Nociception-motor interaction is most often processed unconsciously. Hence, in many cases neither patients nor clinicians are aware of the interaction. Yet, nociception-motor interaction may prevent normal movement coordination in the presence of chronic nociception.

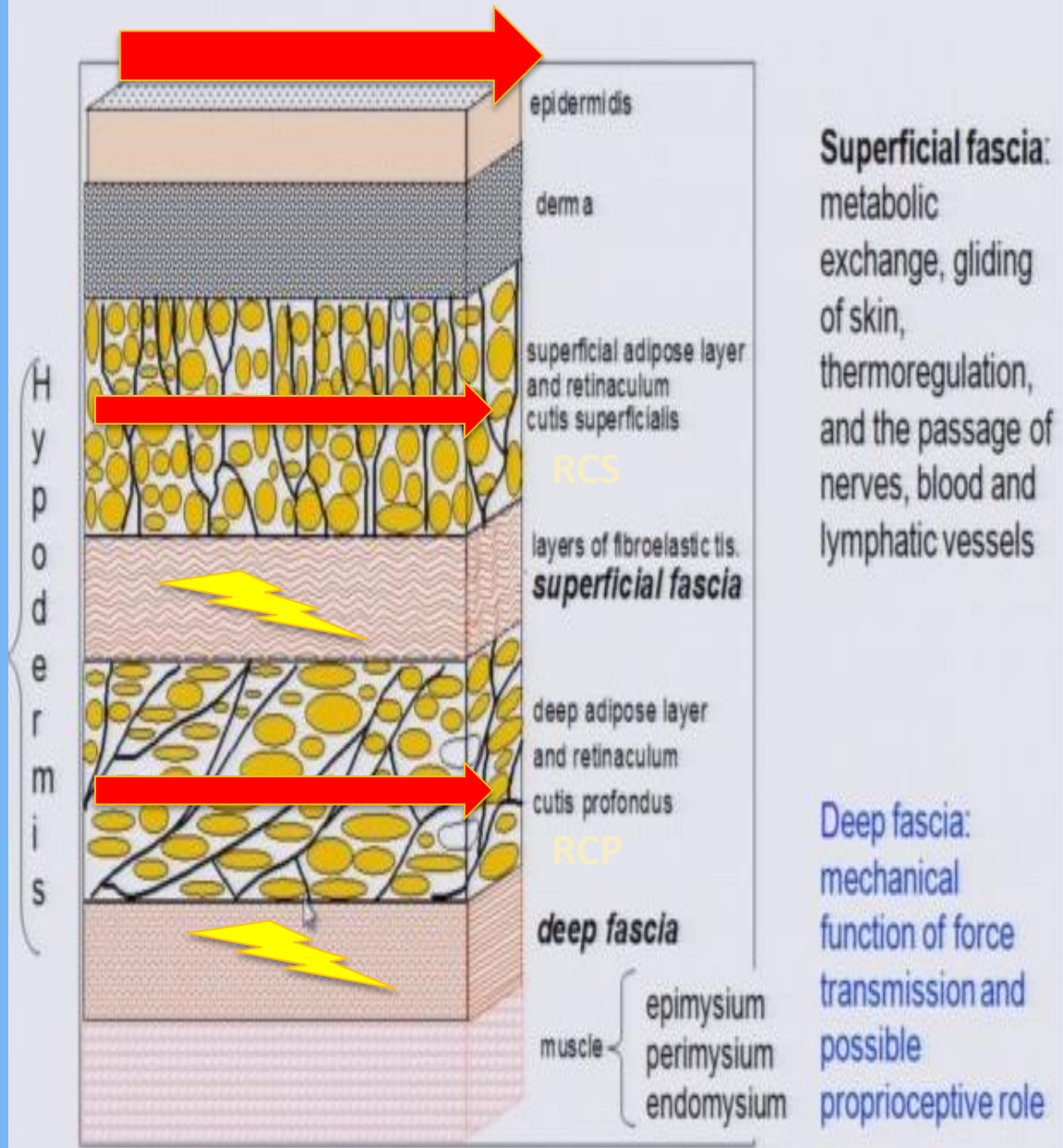
This study aimed at reviewing our current understanding of nociception-motor interaction, and at explaining to clinicians the potential clinical implications of these complex processes. First, the target populations are defined. Next, the neurophysiology of nociception-motor inter-

Decompression



Skin
 ↓
 RCS
 Superficial Fascia
 Nerves/Blood/Lymph
 Vessels
 ↓
 RCP
 Deep Fascia
 Force Transmission

LAYERS FROM SKIN TO DEEP FASCIA





A diagram showing three stacked horizontal layers. The top layer is orange and labeled 'Skin'. The middle layer is yellow and labeled 'Fascia'. The bottom layer is red and labeled 'Muscle'.

Skin

Fascia

Muscle

Fascial Adhesion



A diagram showing five stacked horizontal layers. From top to bottom: a pink layer labeled 'Kinesiology Tape', an orange layer labeled 'Skin', a blue layer labeled 'Vascular Flow', a yellow layer labeled 'Superficial Fascia', and another yellow layer labeled 'Deep Fascia'. Below these is a red layer labeled 'Muscle'. A green layer labeled 'Lymphatic Flow' is positioned between the 'Deep Fascia' and 'Muscle' layers.

Kinesiology Tape

Skin

Vascular Flow

Superficial Fascia

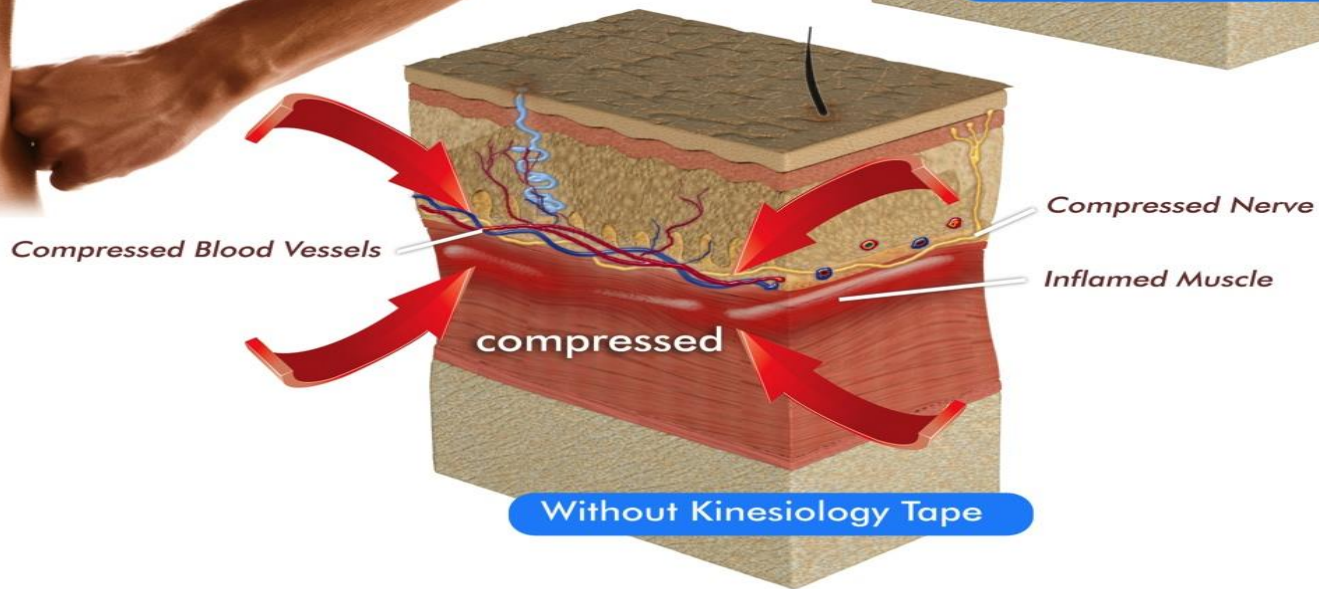
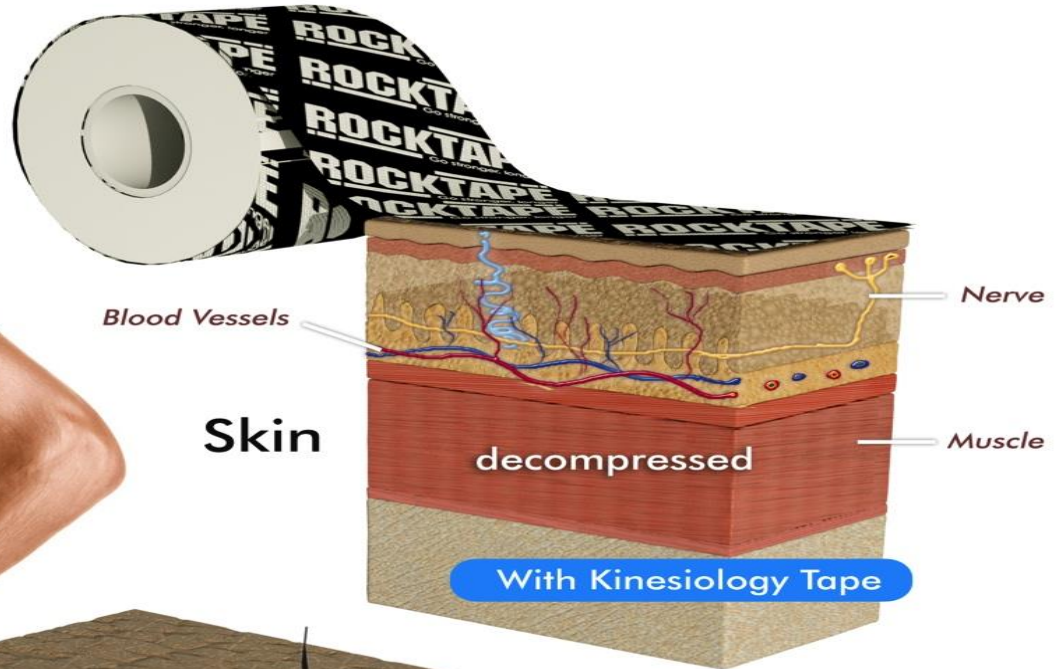
Deep Fascia

Lymphatic Flow

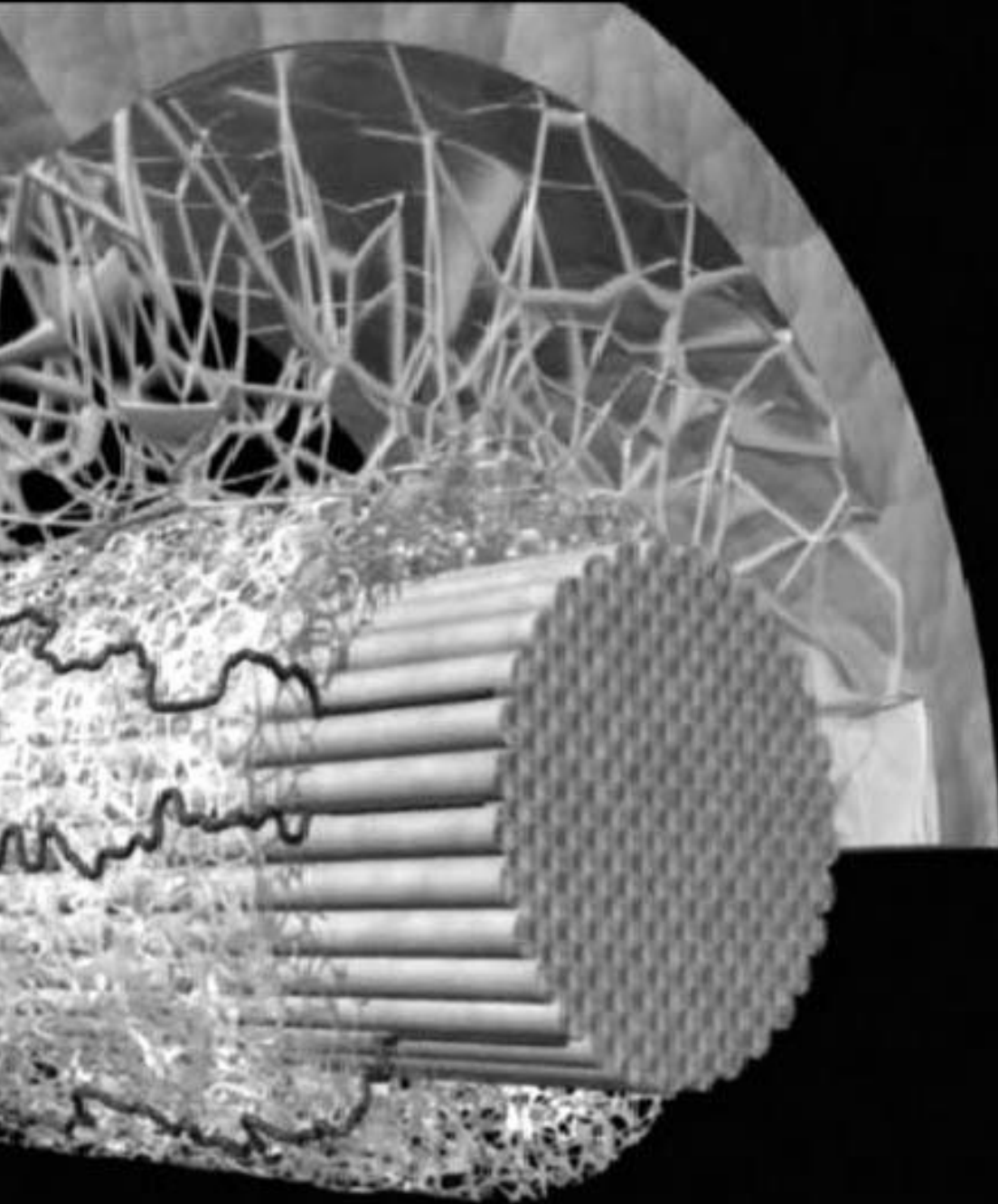
Muscle

Kinesiology Taping

Skin Stimulation

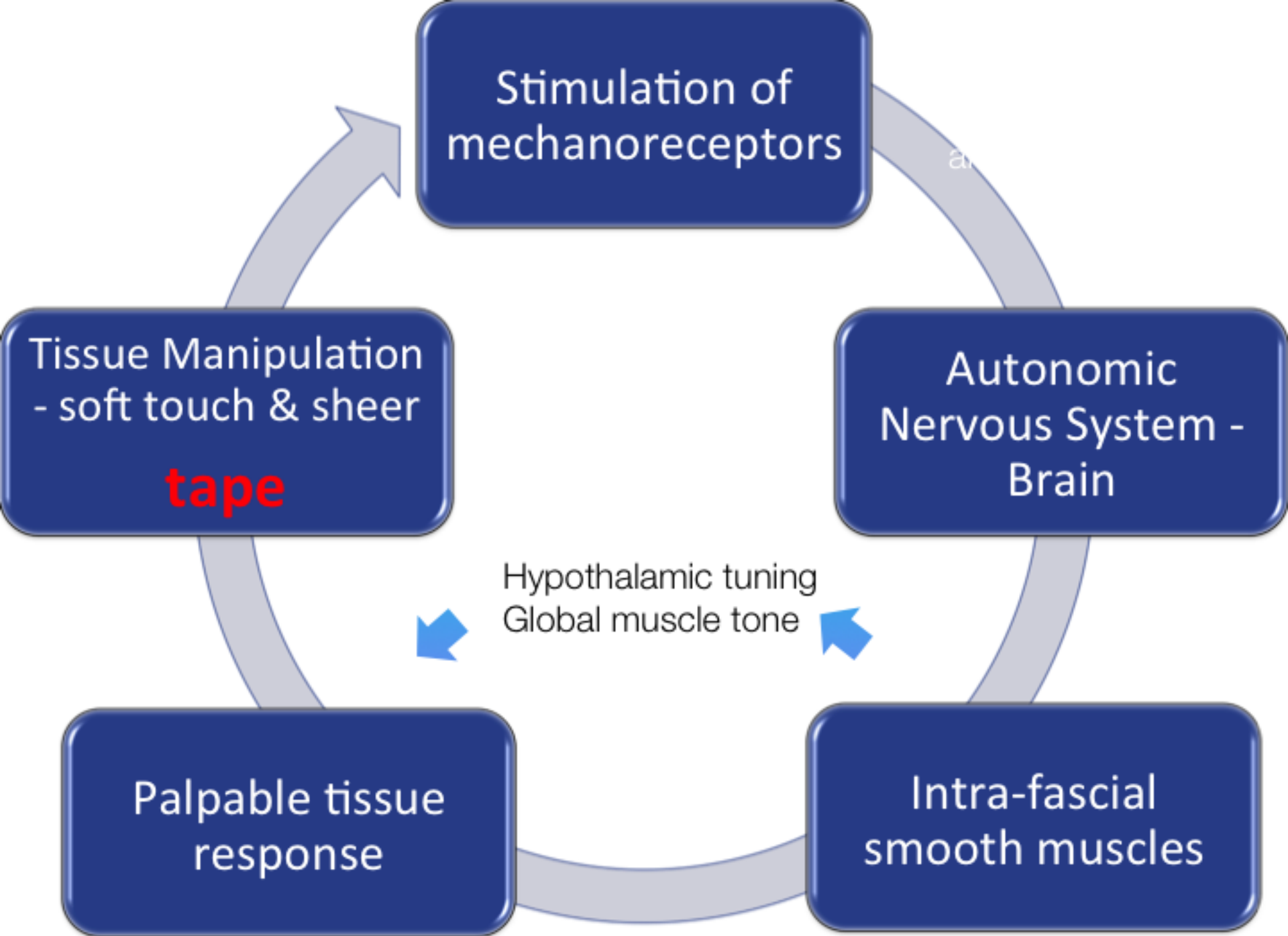


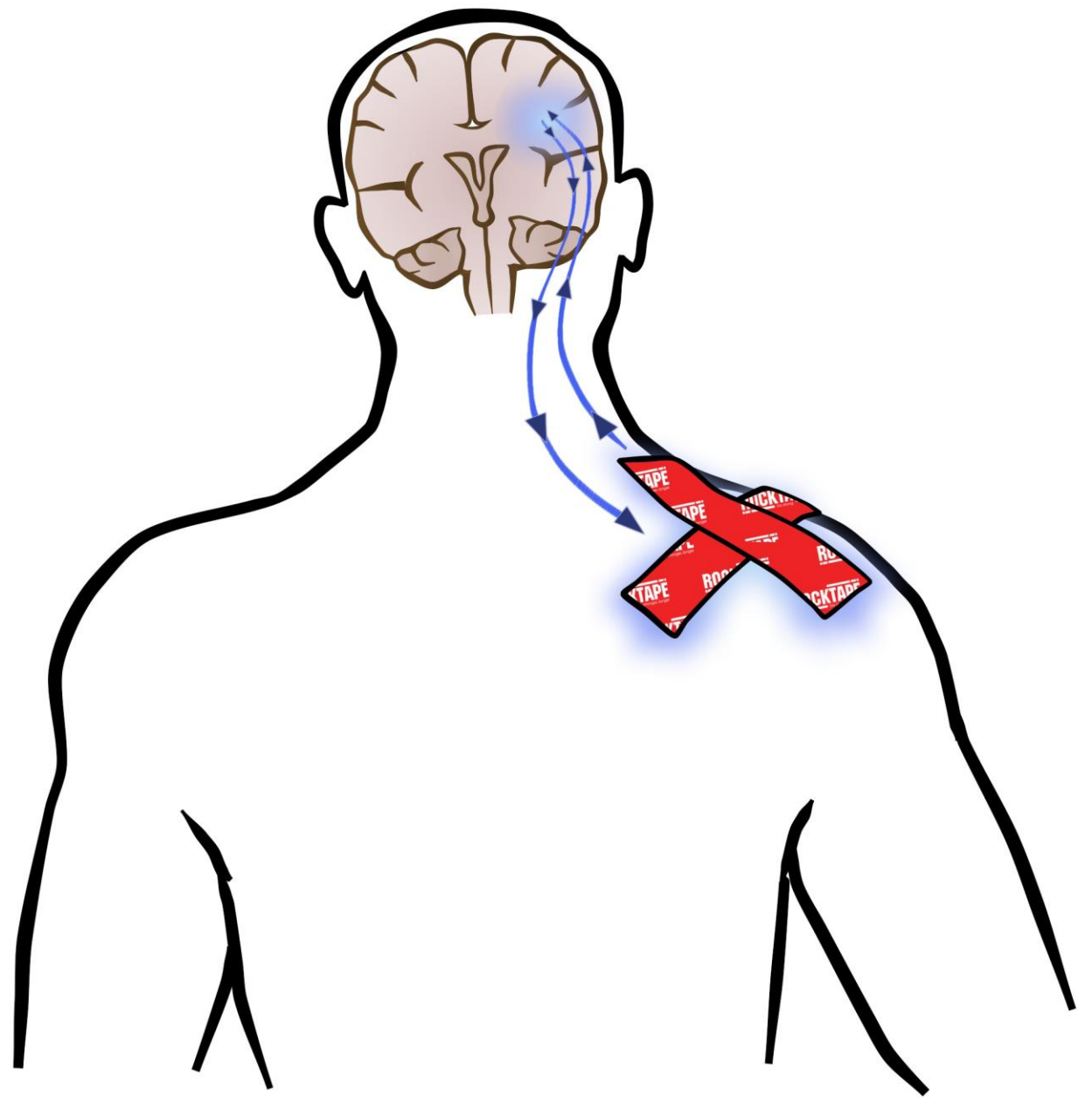
Neuro- Sensory Proprioceptive



Superficial fascial layers of the body are **more densely populated with mechanoreceptors** than tissues situated more internally (Stecco et al, 2008).

It is now believed that joints only provide joint feedback when at end of range movements and not during physiological motions (Lu et al, 1985).





Skin Stimulation and Brain Response

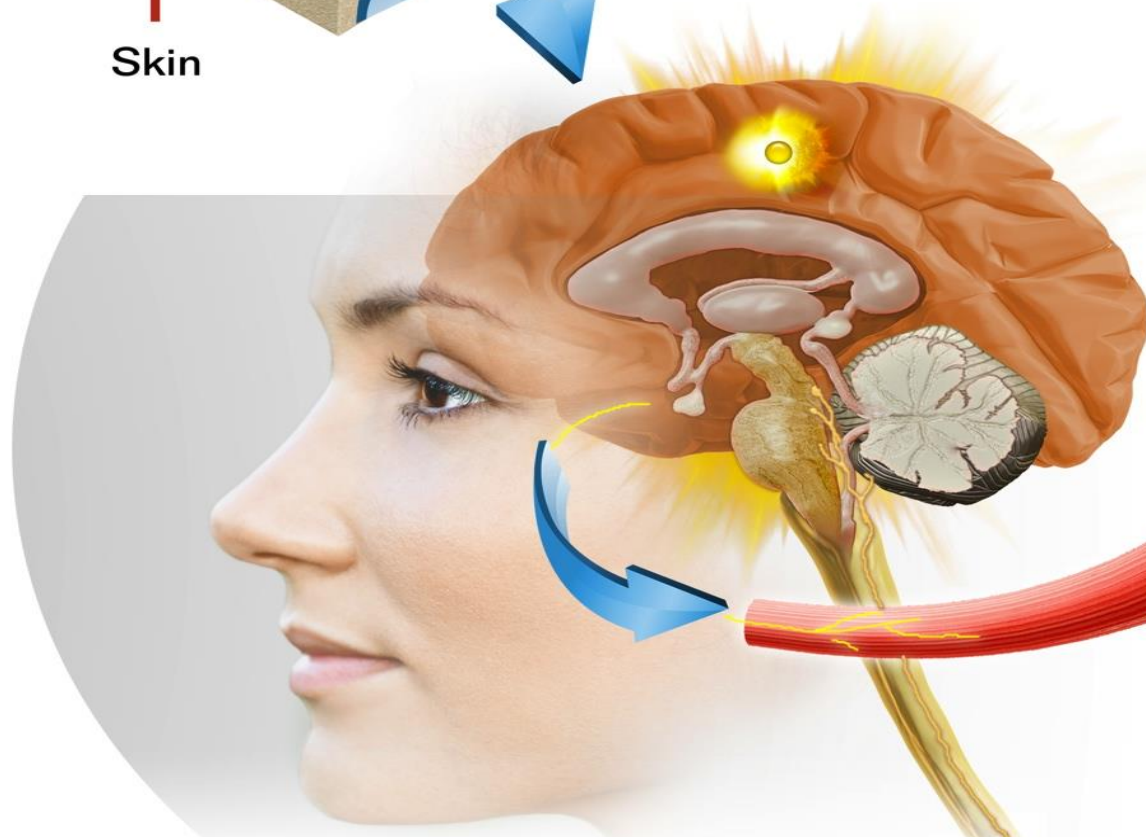


1
Skin

2
Brain



3
Movement





THE TAPE

RockTape Features

97% Cotton

3% Nylon

Withstands fluids

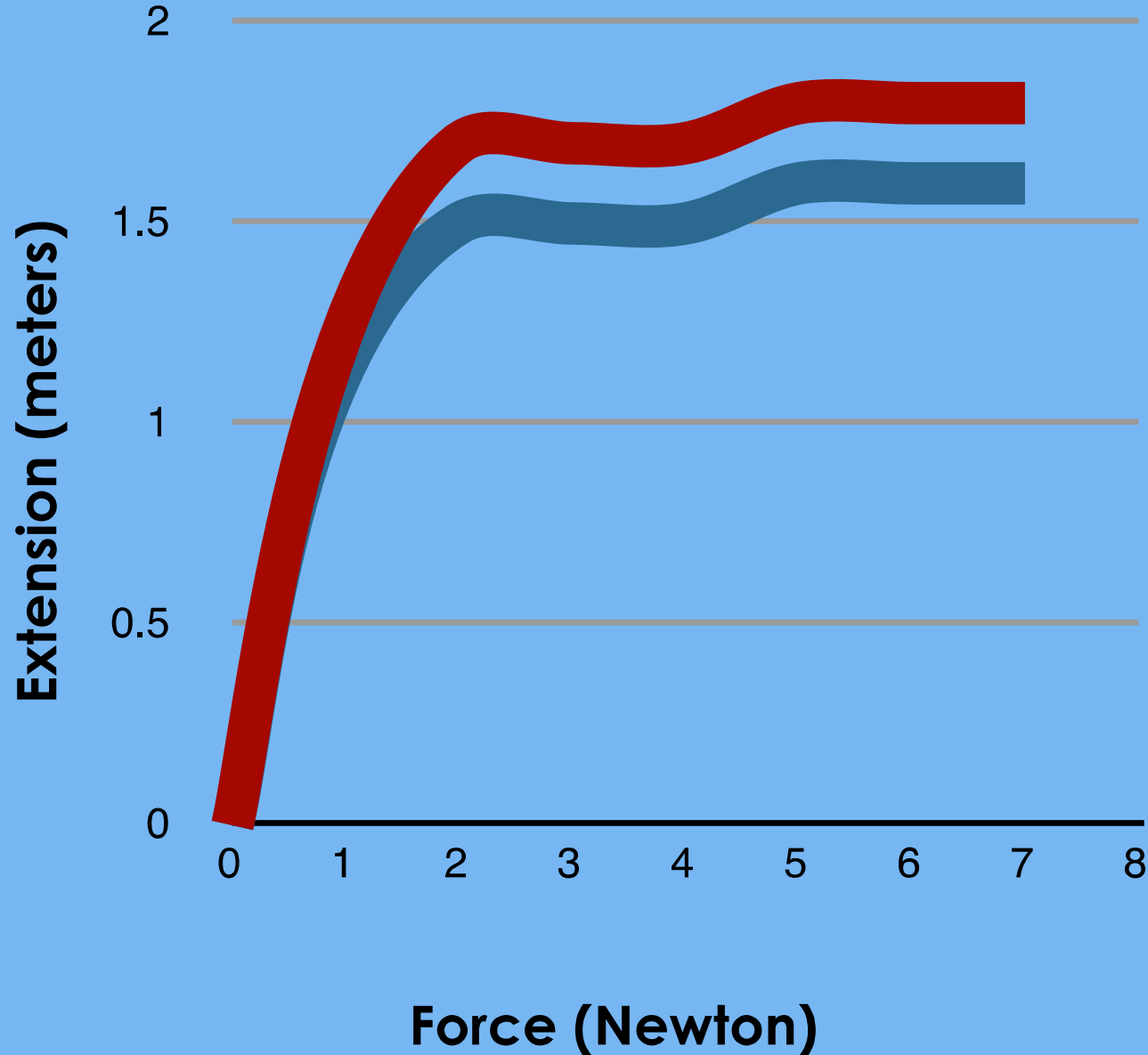
180% Elasticity: “Stretchier” - To allow for better movement

Plow Pattern for increased fluid exchange

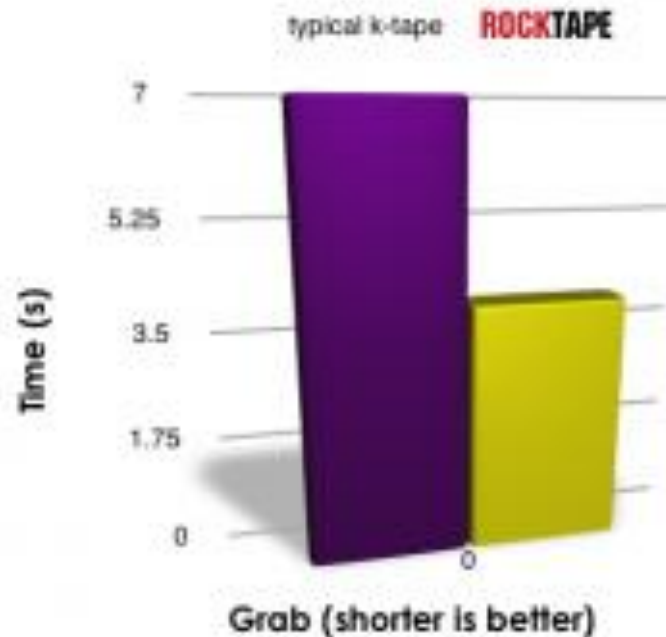
Stronger acrylic adhesive

Tight Weave for increased comfort

180% Stretch



Stickier...



Test details. A PSTC-6 compliant Rolling Ball Tack tester with a 30 degree incline was used in the test. All test were conducted at room temperature. A 38mm by 5m piece of each make of tape were applied to the tester. 11mm steel balls were released from the top of the board. Propelled by gravity only, each ball's transit length was recorded. The motion of the rolling ball is arrested by (1) the adhesion between the ball and the adhesive, known as "grab" and (2) the "plowing effect" or energy required to push adhesive from the ball's path. The distance taken for the adhesive layer to halt the ball (with a specified initial momentum, controlled by the height and angle of the incline) is measured. Short stopping distances are equated with high tack.

24hr/day

up to 5
days



TAPE CARE TIPS

Skin: clean, dry and free of cream and oils

Hair: Shave, cream, or clip long hair

Rubbing the tape: aids in activating adhesive

Removing tape: slowly, in sections in the direction of hair growth, oil helps to emulsify adhesive (baby, WD 40)

Post Showering: pat/air dry (do not heat)

Trim ends of tape: limits premature peeling

Clothes: Can hinder or help (socks in bed)

REDUCING RISKS

NEVER

- WOUNDS (OPEN, POST-OP SUTURES)
 - INFECTION
 - CANCER (ACTIVE NODES)
 - DVT
 - KIDNEY DISEASE (DIALYSIS)
- CONGESTIVE HEART FAILURE (ASCITES)

CAUTION

- SKIN ALLERGIES (DIFFERENTS LEVELS OF SKIN SENSITIVITY)
 - COMPROMISED SKIN -
INFANTS/ELDERLY/PREGNANT SKIN (LATE STAGE)
 - COMMUNICATION - PEDIATRICS

REDUCING RISKS

History – past skin irritation with taping

Test Patch – no past experience with tape

NOT overstretching tape anchors – especially with high stretch in center (#1 cause for reactivity)

Sensitive Skin Zones:

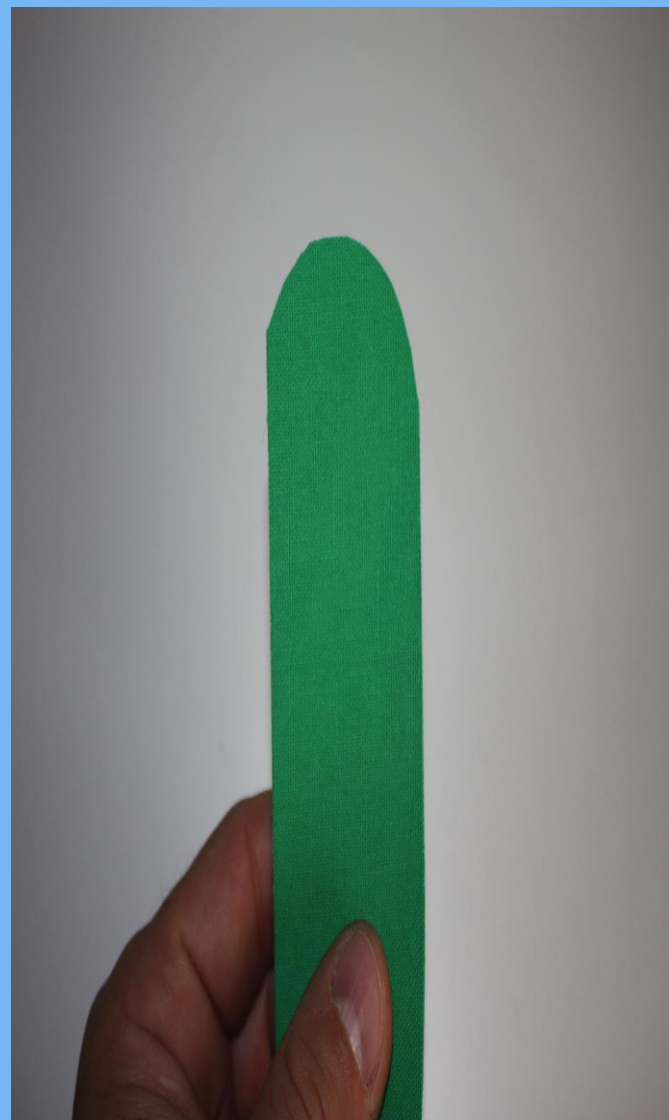
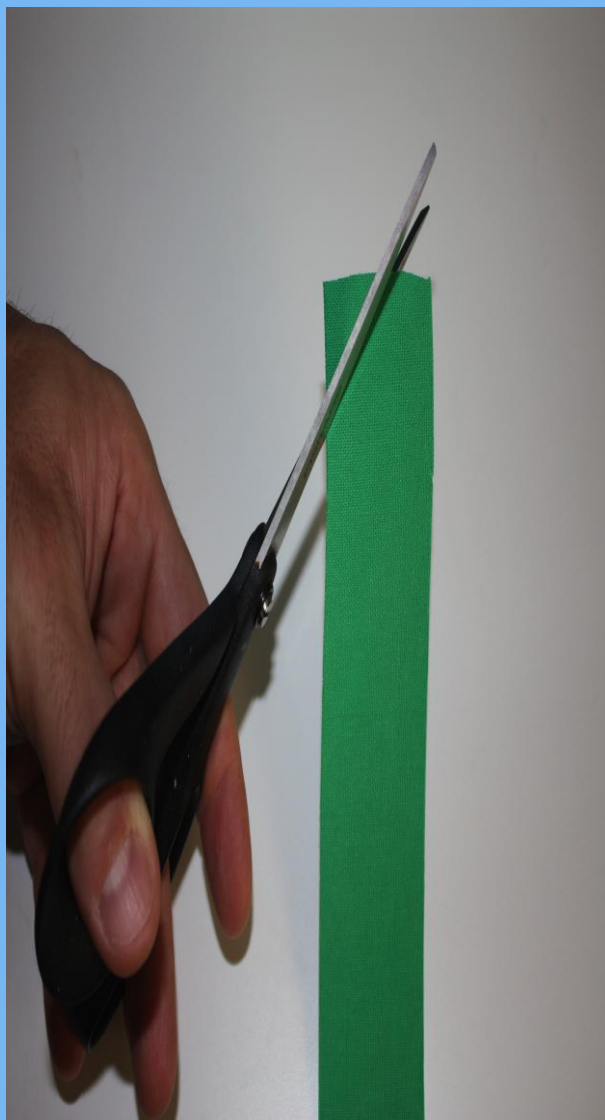
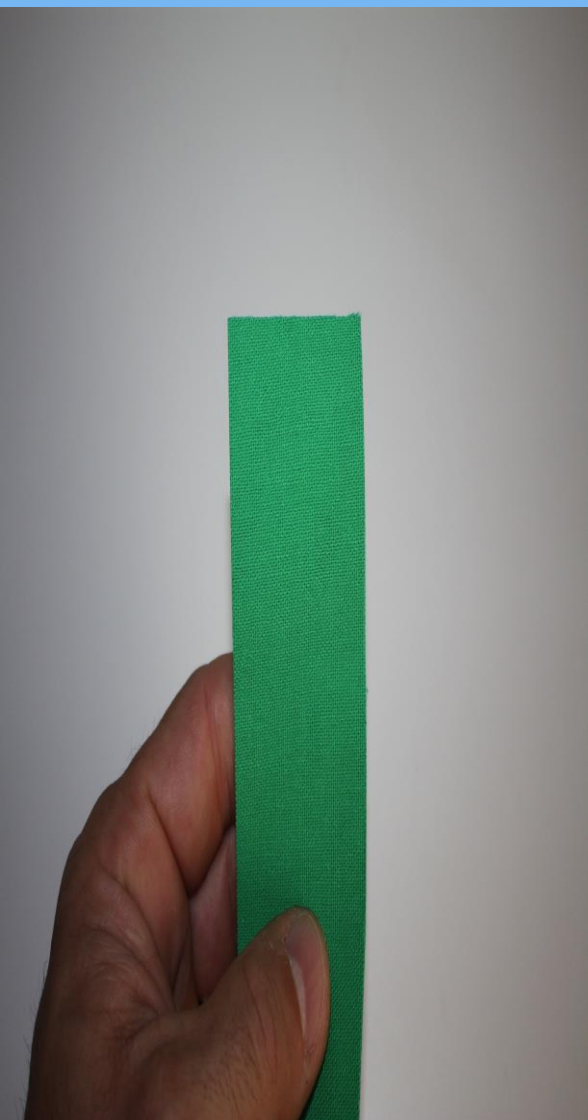
- Fossas: axilla, antecubital, popliteal
 - Neck (Ant/Post)
 - Inside of arm, thigh

\$50 taping tips

- Always measure in elongated positions
- Keep approx. 2" anchors; larger if higher stretch
- Trim off sharp edges & corners of tape
- Place tape (with backing still on) where you envision it to live
- End tape on skin; not on tape
- Do not take backing off until really necessary
- Use thenar grip to avoid wrinkles, especially with higher stretch
- Never put stretch on anchors
- Rub tape down as backing comes off and tape is laid
- Rub tape from center towards edges - activates glue and feels good to pt

More \$50 taping tips

- Less is More: Apply only as much tape or stretch to get the job done
- Do not “Overcook”: Cook more by adding tape, adding stretch, or both
- Do not memorize a protocol- this is a framework
- No wrinkles in the tape
- Apply at least 1 hour before most activities
- If before water, then apply at least 2 hours before the event
- Where it starts/ends, number of pieces is up to you
- Apply short strips first, long strips last, to ensure skin is left to anchor on





**Hold anchors and stretch
tape halfway, NOT full.**





too much stretch - blister/burn, non uniform

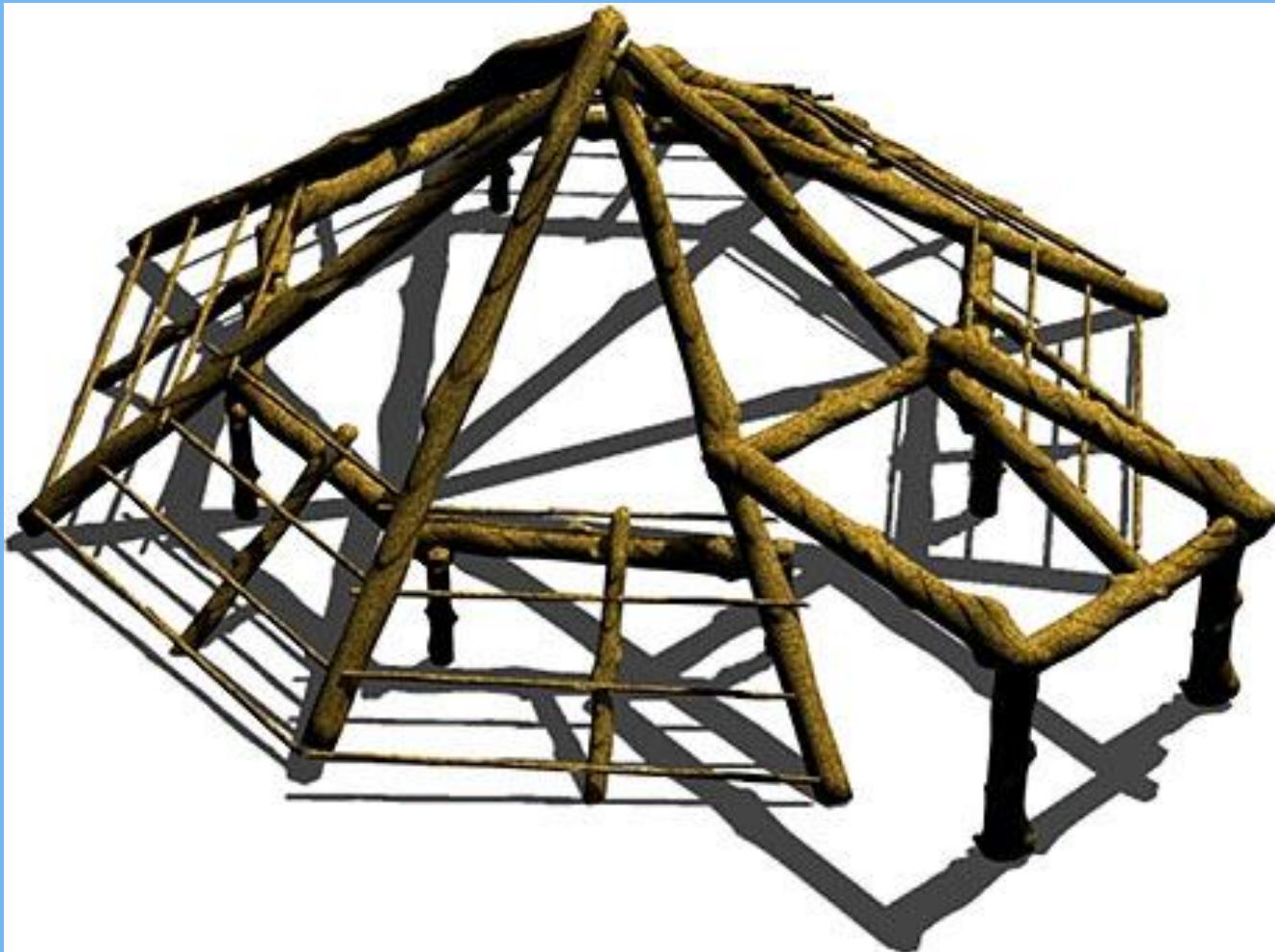


allergic reaction - uniform



“**OPEN SOURCE** is a philosophy or pragmatic methodology that promotes free redistribution and access to an end product's design and implementation details.”

FRAMEWORK to a foundational approach to Kinesiology Taping





FMT is NOT a Protocol Based
Technique to memorize

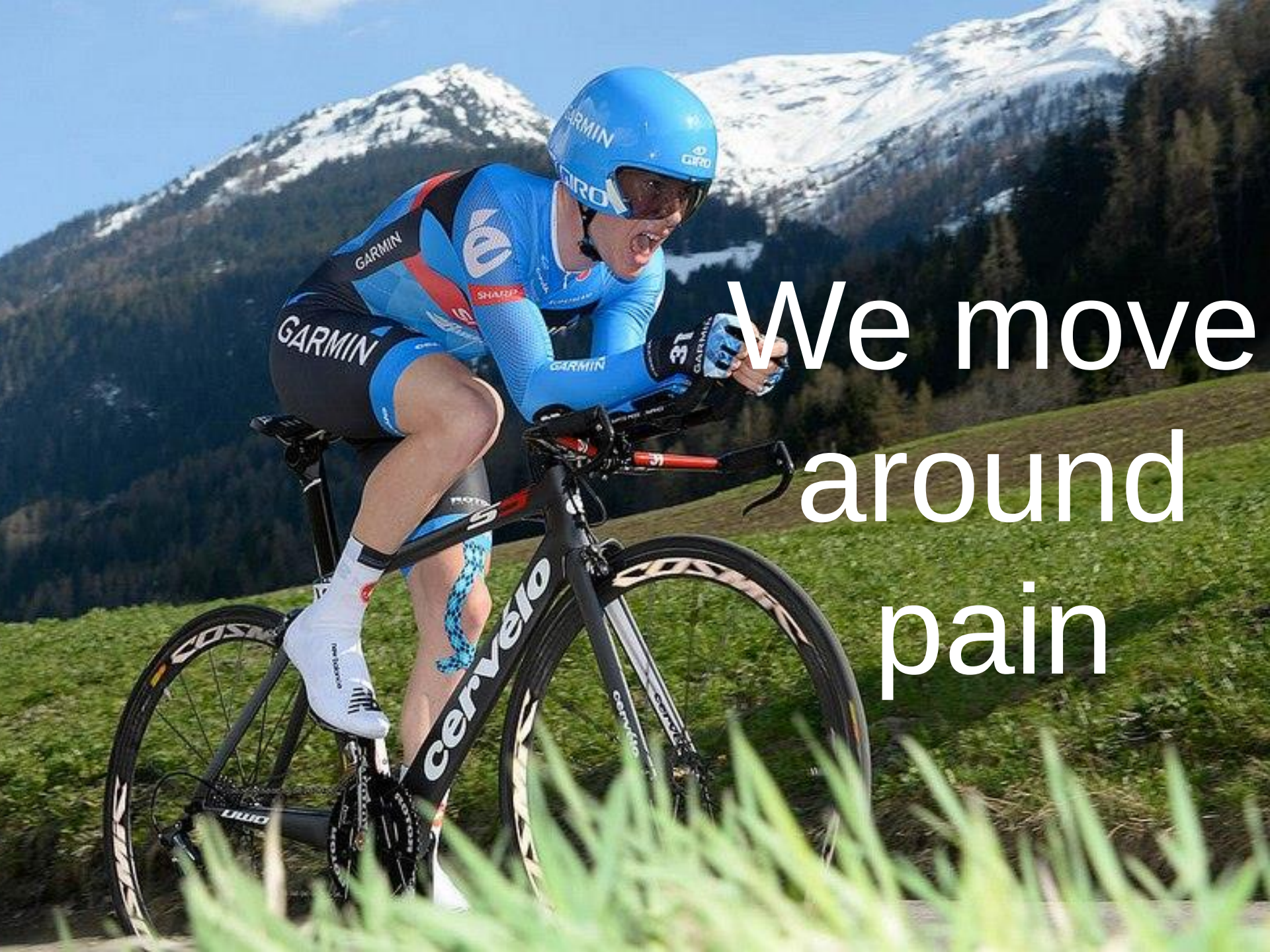
PAIN

FLUID DYNAMICS

POSTURE

MOVEMENT

PERFORMANCE



We move
around
pain

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Kinesio taping compared to physical therapy modalities for the treatment of shoulder impingement syndrome

Erkan Kaya • Murat Zinnuroglu • Ilknur Tugcu

JAVIER GONZÁLEZ-IGLESIAS, PT¹ • CÉSAR FERNÁNDEZ-DE-LAS-PEÑAS, PT, PhD² • JOSHUA CLELAND, PT, PhD³
PETER HUIJBREGTS, PT, MSc, DPT, OCS, FAAOMPT, FCAMT⁴ • MARIA DEL ROSARIO GUTIÉRREZ-VEGA, PT¹

Short-Term Effects of Cervical Kinesio Taping on Pain and Cervical Range of Motion in Patients With Acute Whiplash Injury: A Randomized Clinical Trial

Whiplash injuries or whiplash-associated disorders (WADs) often occur with

● **DESIGN:** Randomized clinical trial.

● **OBJECTIVES:** To determine the short-term effects of Kinesio Taping, applied to the cervical spine, on neck pain and cervical range of motion

● **RESULTS:** The group-by-time interaction for the 2-by-3 mixed-model ANOVA was statistically significant for pain as the dependent variable ($F = 64.8$; $P < .001$), indicating that patients receiving Kinesio

The therapeutic KT group showed immediate improvement in pain-free shoulder abduction after tape application.

DECREASED PAIN

Patients with acute WAD (whiplash associated disorders) receiving an application of Kinesio Taping, applied with proper tension, exhibited statistically significant improvements immediately following application of the KinesioTape and at a 24-hour follow-up.

DECREASED PAIN at 24 hrs, INFLAMMATION

Initial effects of kinesio[®] taping in patients with patellofemoral pain syndrome: A randomized, double-blind study

Aydan Aytar^{a,*}, Nihan Ozunlu^a, Ozgur Surenkok^b, Gul Baltacı^c, Pinar Oztop^d and Metin Karatas^d

^a*Department of Physical Therapy and Rehabilitation, Faculty of Health Sciences, Baskent University, Ankara, Turkey*

^b*Department of Physical Medicine and Rehabilitation, SinoUnited Health Clinic, Shanghai, China*

^c*Department of Physical Therapy and Rehabilitation, Faculty of Health Sciences, Hacettepe University, Ankara, Turkey*

^d*Department of Physical Medicine and Rehabilitation, Baskent University Hospital, Ankara, Turkey*

Abstract. The purpose of this randomized, double-blind study was to determine the acute effects of kinesio[®] taping on pain, strength, joint position sense and balance in patients with patellofemoral pain syndrome (PFPS). Twenty-two subjects with PFPS participated in the study. Subjects were separated into two groups; kinesio[®] taping (KT) and placebo kinesiotaping (PKT). All subjects were assessed before and 45-min after the applications. Muscle strength, joint position sense, static and dynamic balance and pain intensity were used as the main outcome measures. Among all outcome parameters significant differences were found between strength of quadriceps muscle at 60 and 180°/s, and static and dynamic balance scores before and 45-min after application of KT. There was also a significant difference between strength of quadriceps muscle at 60°/s and static balance scores before and 45 minutes after application of the PKT. Therefore KT application does not seem to be an effective treatment method for both decreasing pain and improving joint position sense for patients with PFPS.

The results showed Kinesio taping can reduce pain and improve the ratio of VMO/VL for the mechanism of patellar stability.

(descending stairs – strength of quads, static and dynamic balance tests patellar stability)

Decreased pain, increased joint position sense

REHAB/PAIN TAPING

Goal: To dynamically stabilize/stimulate the acute region of the body in order to improve the speed and quality of healing.

3 Steps:

1. Stretch/Pre-Load System
2. Stabilization Tape – no stretch
3. Decompression Tape – middle stretch

SPINE

STEP 1:

Stretch/Pre-Load

A pre-stretch is applied to the cutaneous/skin to engage the receptors and pre-load the elastic quality of the organ



Measure for 1 or 2 Stabilization Strips



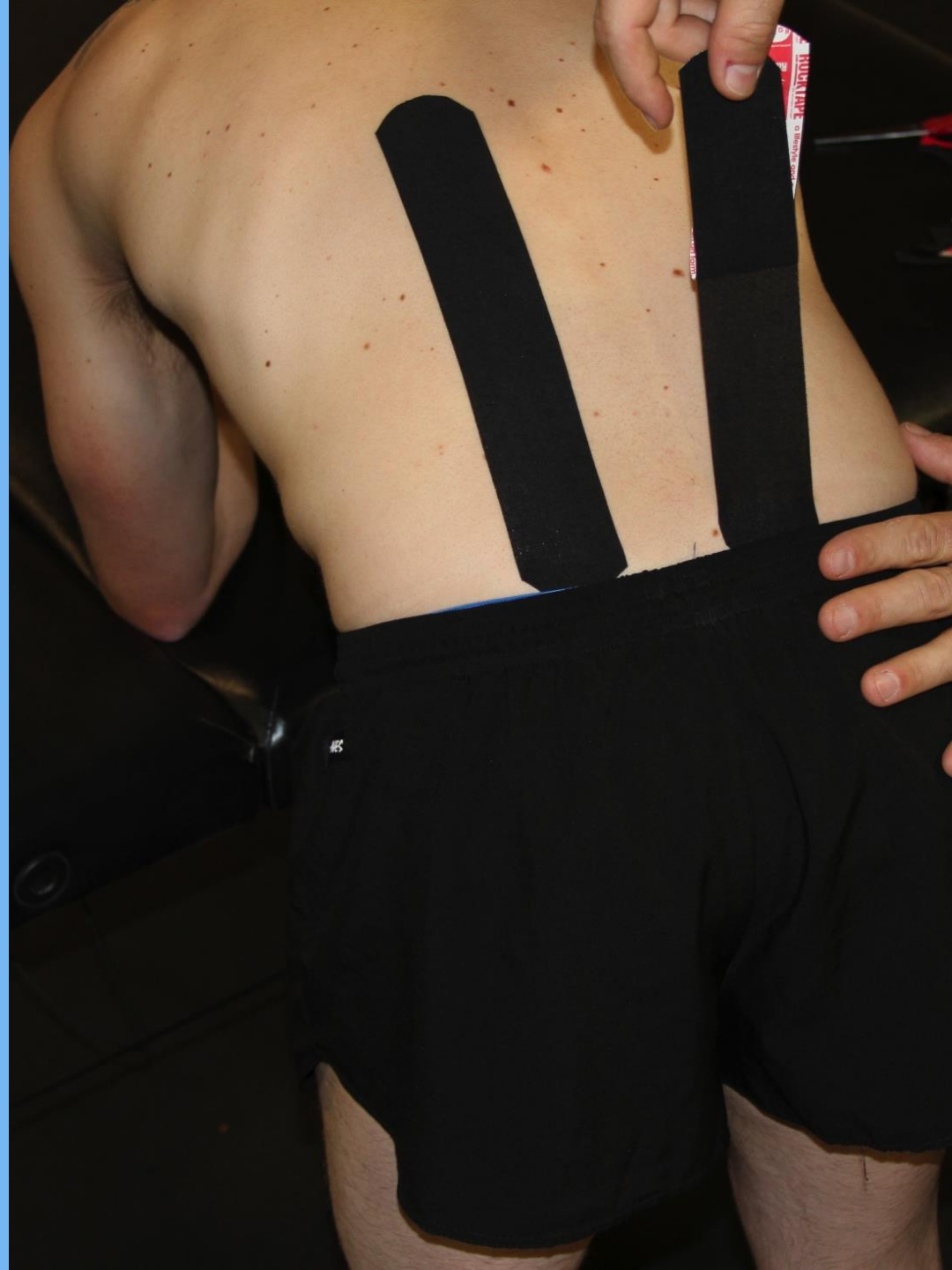
STEP 2:

Stabilization

Stimulate skin
mechanoreceptors

Decreased
nociception/pain

Support region in
pain

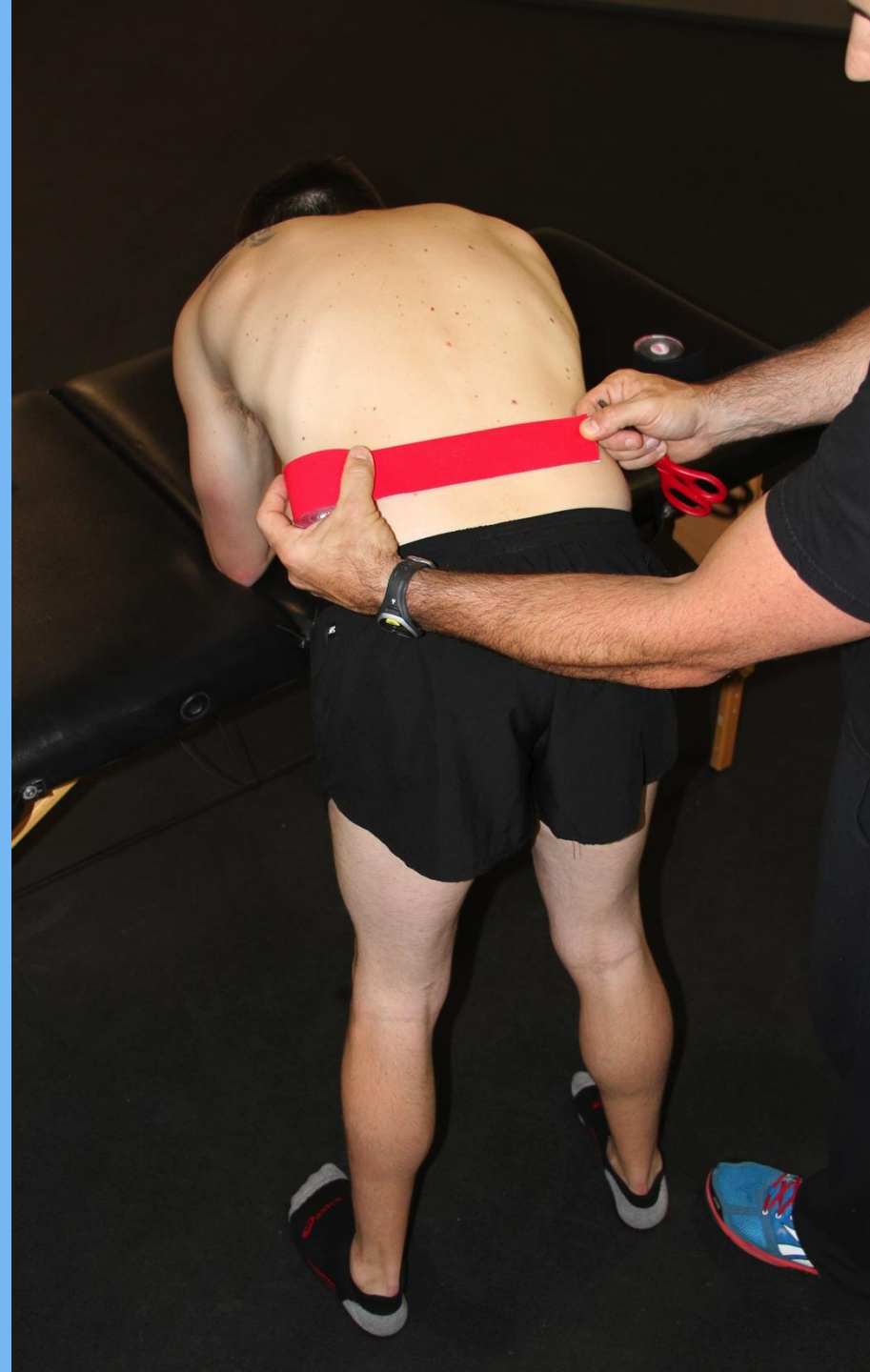


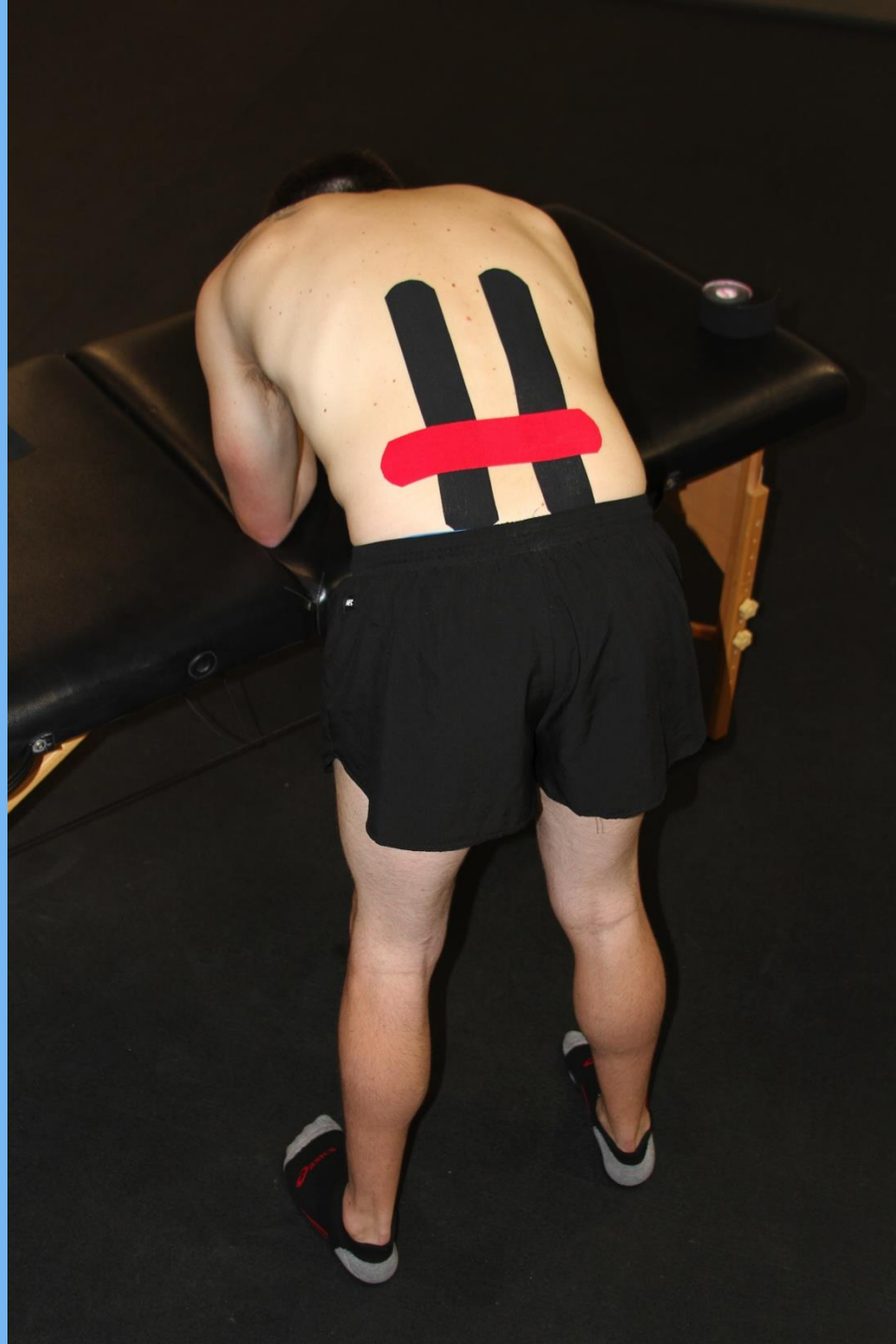
STEP 3:

Decompression

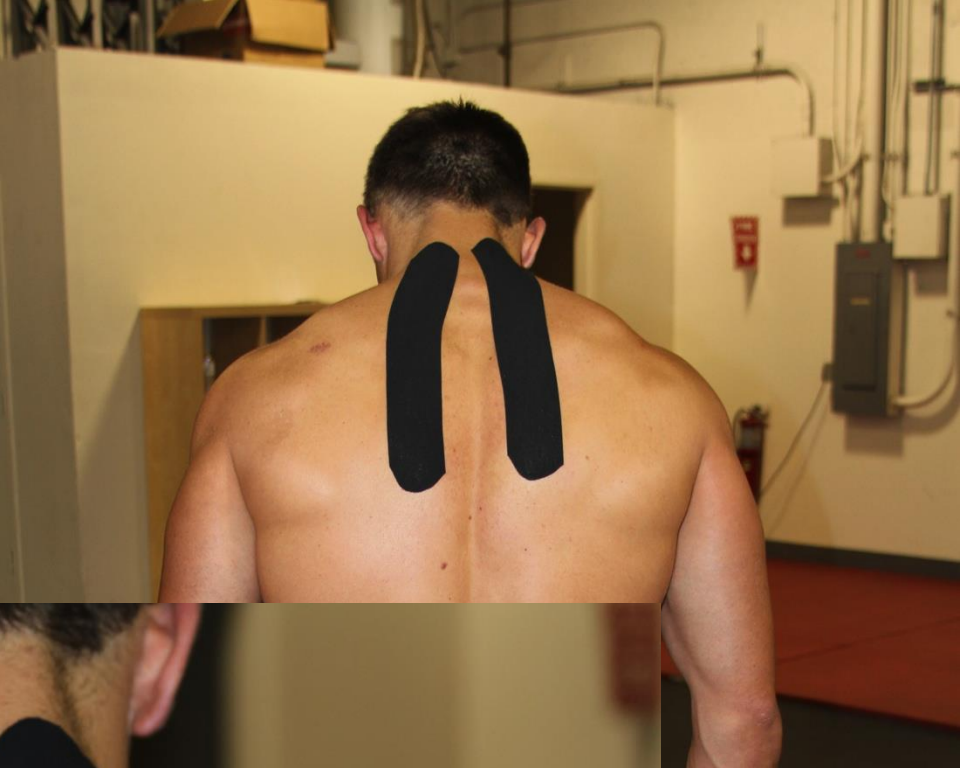
The lifting/decompression effect increases blood flow, decreases congestion/edema, and adds extra stimulation to local mechanoreceptors

FOCAL AREA OF PAIN







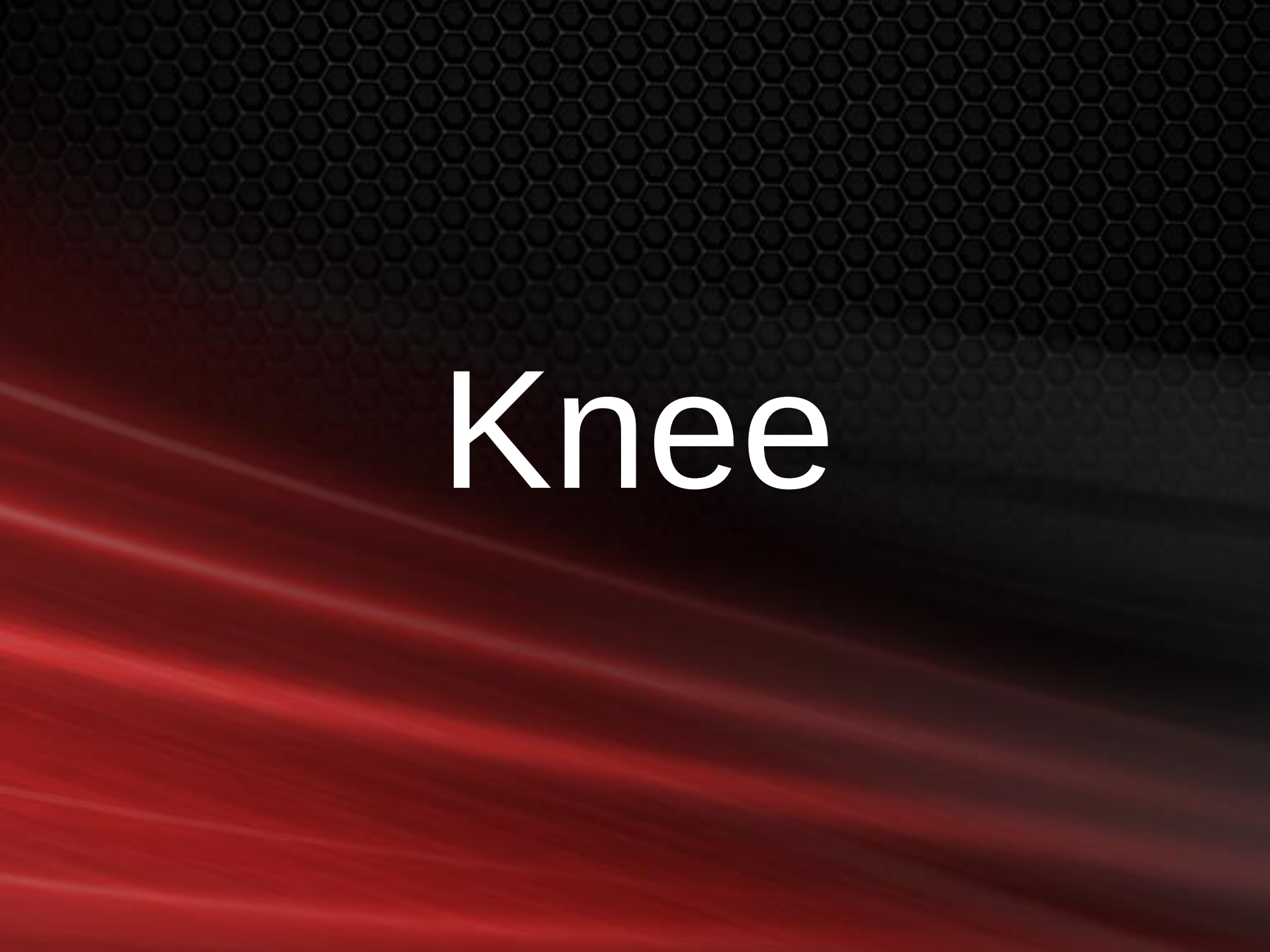








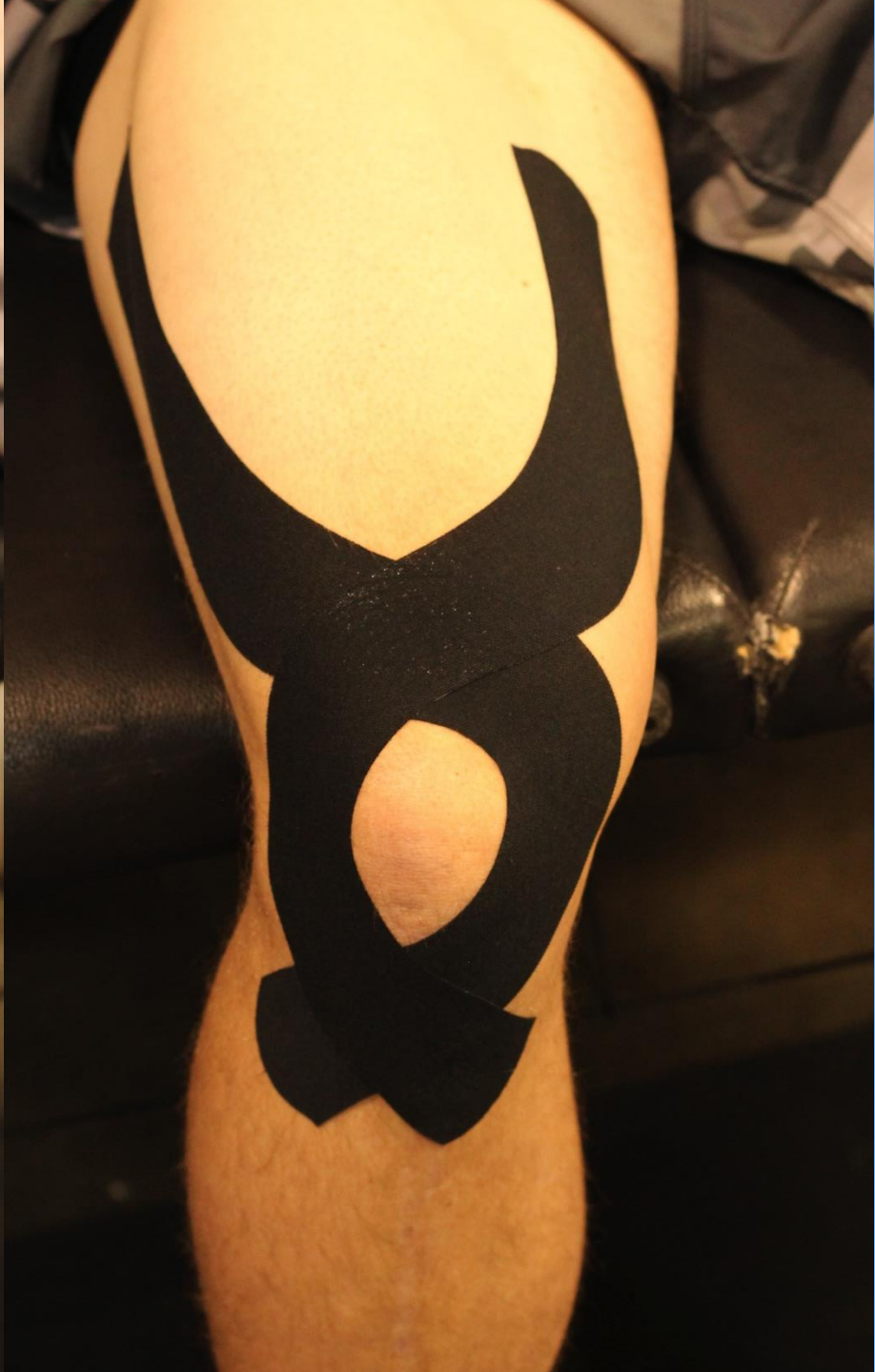




Knee











RockTape
Go stronger, longer
Pain is nothing compared to what you can feel again
ROCKTAPE
Go stronger, longer

ROCKTAPE
Go stronger, longer
ROCKTAPE
Go stronger, longer

ROCKTAPE
Go stronger, longer
ROCKTAPE
Go stronger, longer
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Go stronger, longer

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Go stronger, longer

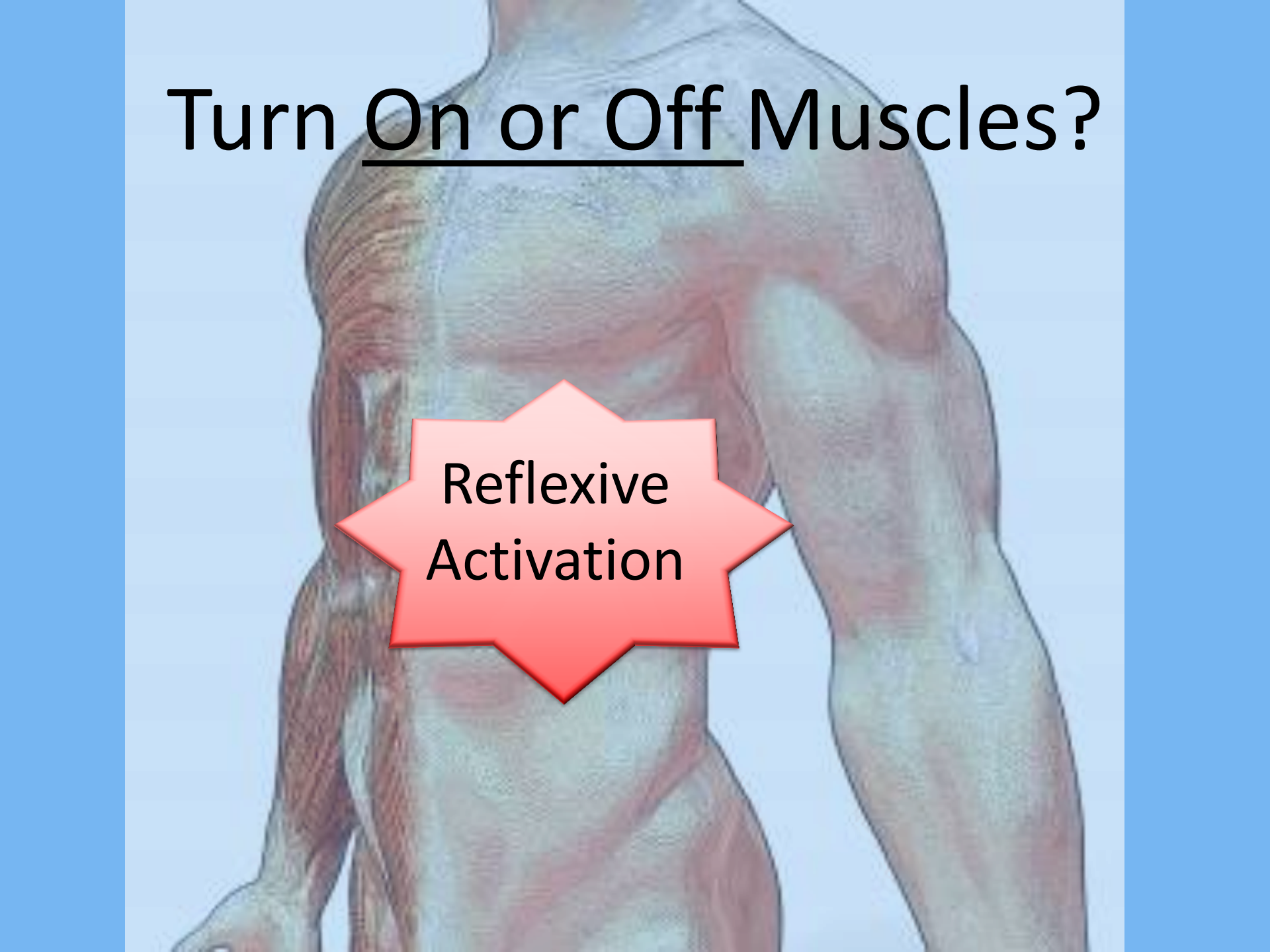
Understand the Framework

**Stabilization Strips to support an area –
can be one or two, no specific direction**

**Decompression Strips for pain reduction –
can be more than one, or none at all.**

**Tape on skin helps with pain reduction,
circulation and proprioception.**

Turn On or Off Muscles?

An anatomical illustration of a human torso, showing the muscles of the chest, abdomen, and arms. The muscles are rendered in a realistic, slightly translucent style, revealing underlying structures. A prominent red starburst graphic is overlaid on the mid-torso area, containing the text 'Reflexive Activation'. The background is a solid light blue.

Reflexive
Activation

Schleip R. (2003)

Stimulation of
mechanoreceptors

Interstitial receptors
and Ruffini Endings

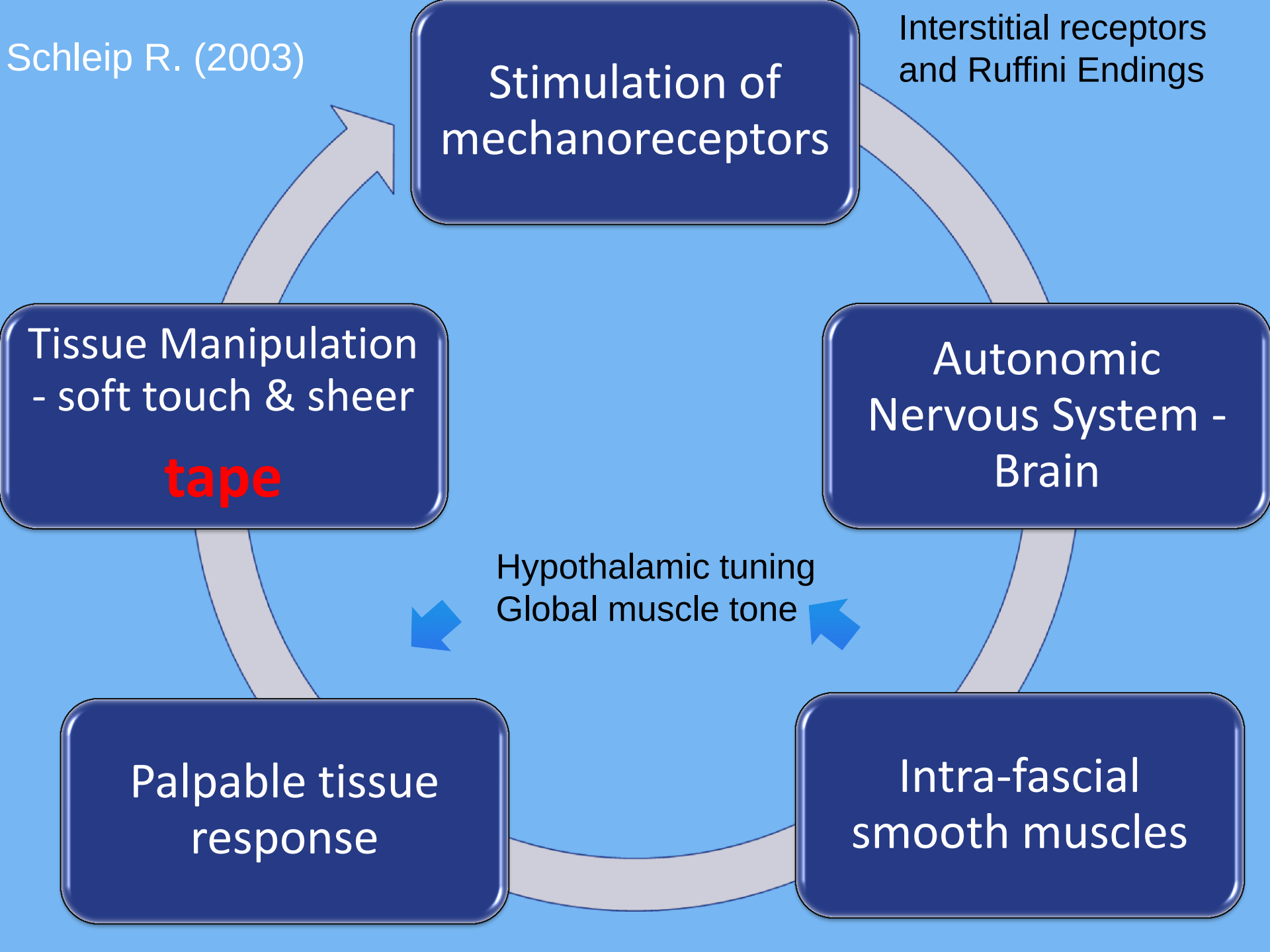
Tissue Manipulation
- soft touch & sheer
tape

Autonomic
Nervous System -
Brain

Hypothalamic tuning
Global muscle tone

Palpable tissue
response

Intra-fascial
smooth muscles



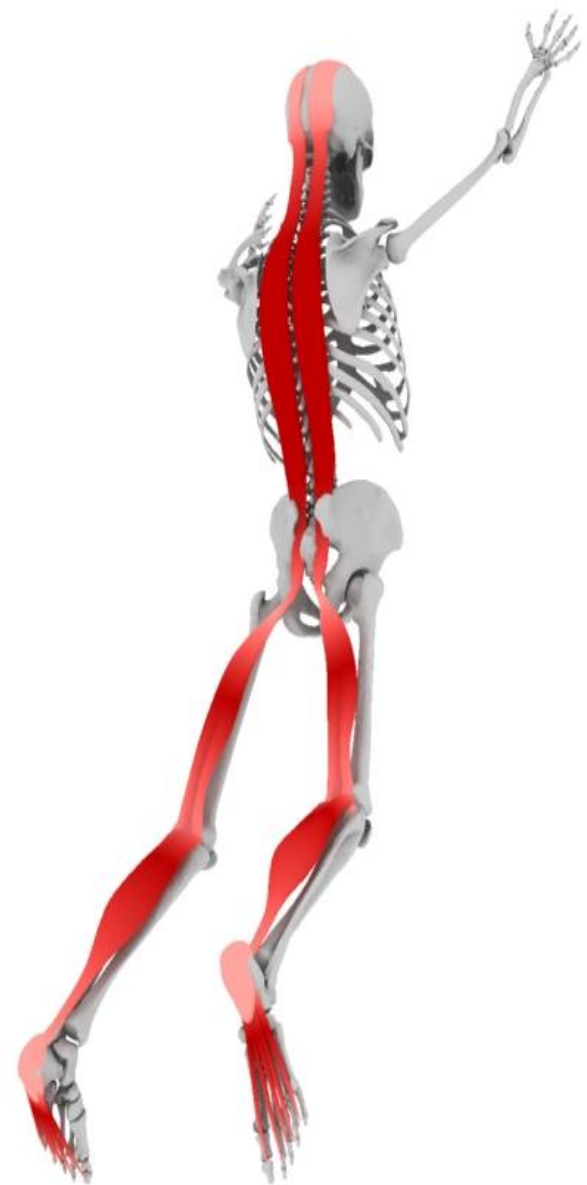


Generate

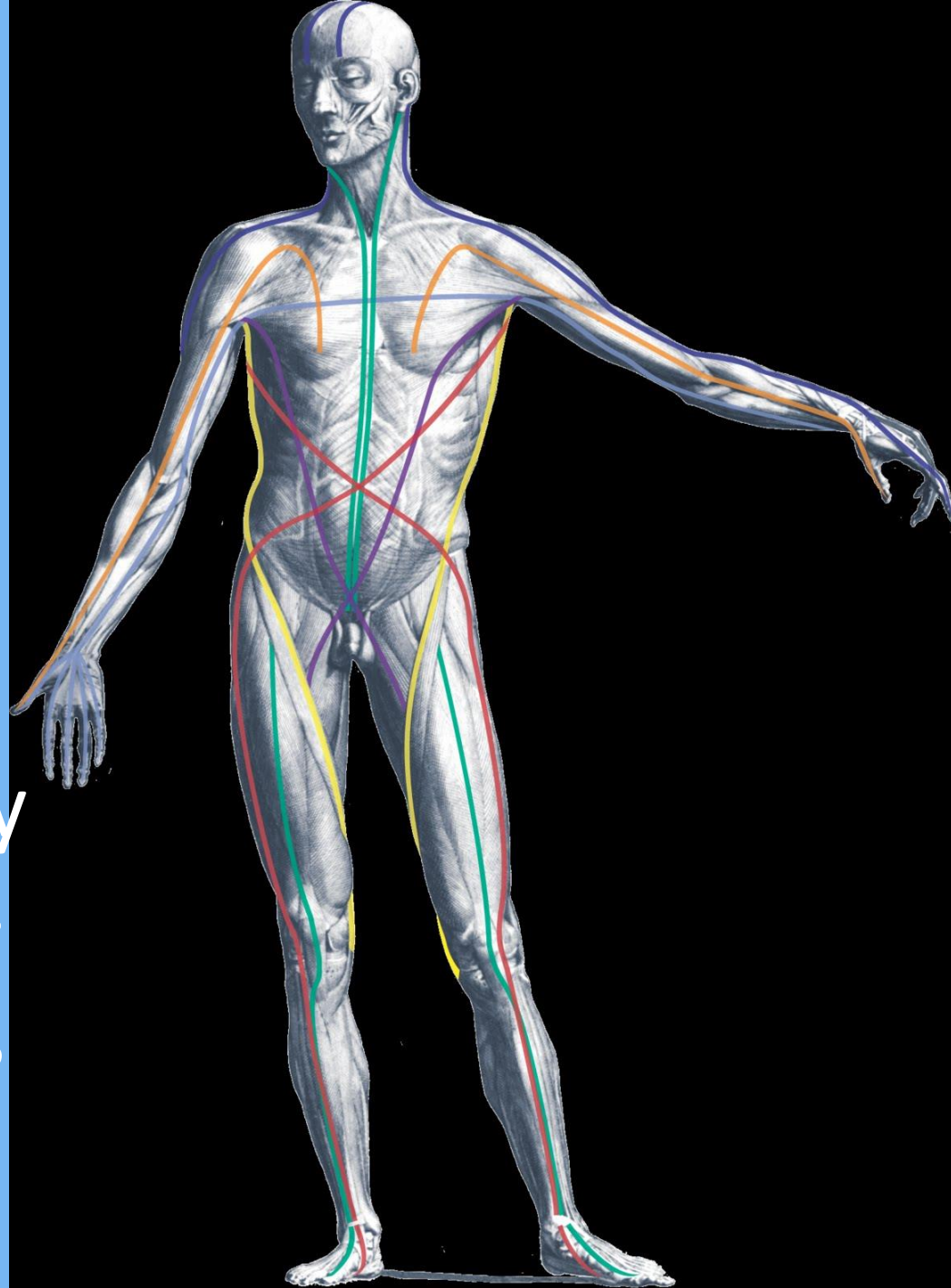
Absorb

Direct/Disperse

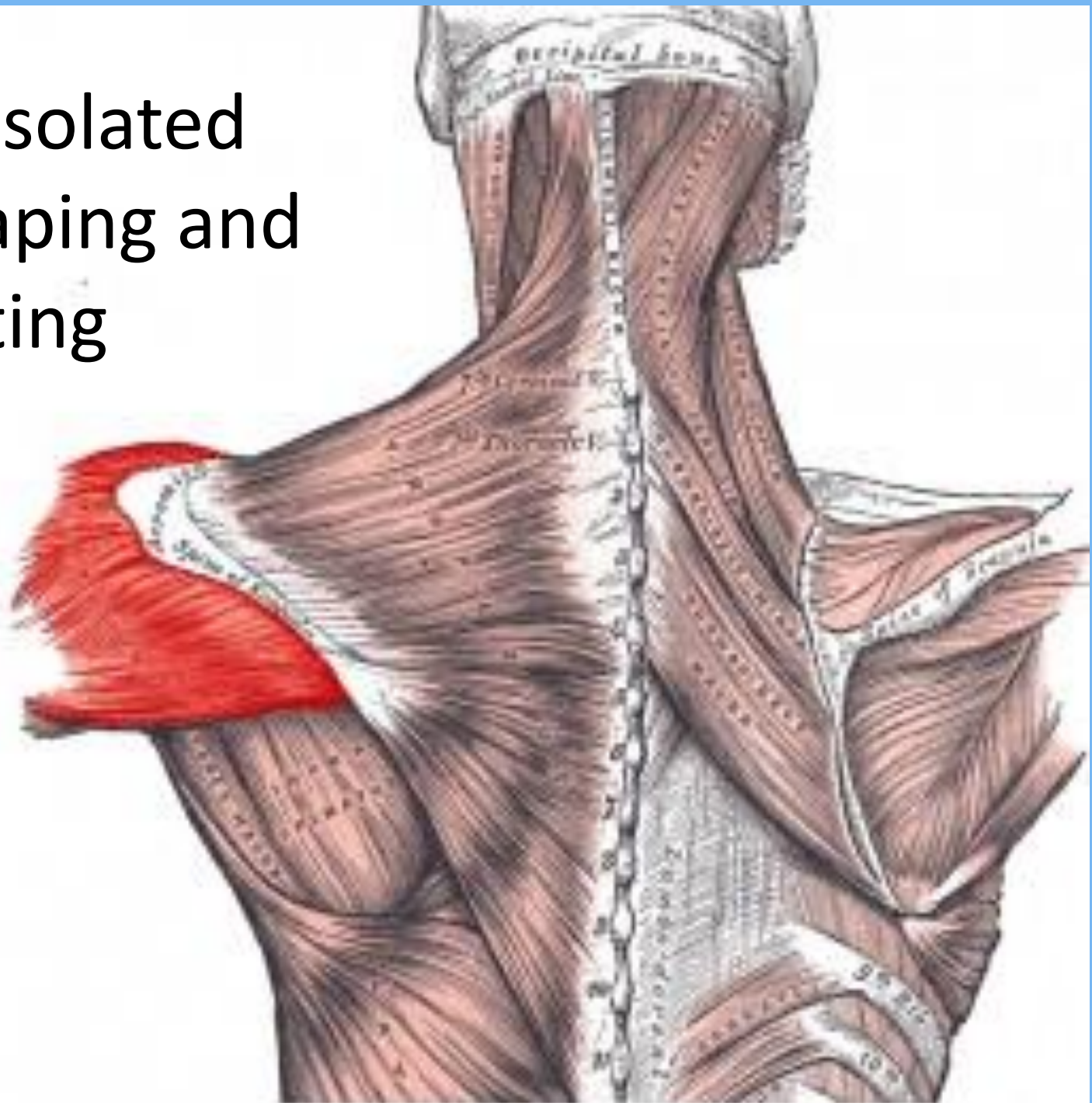
Release



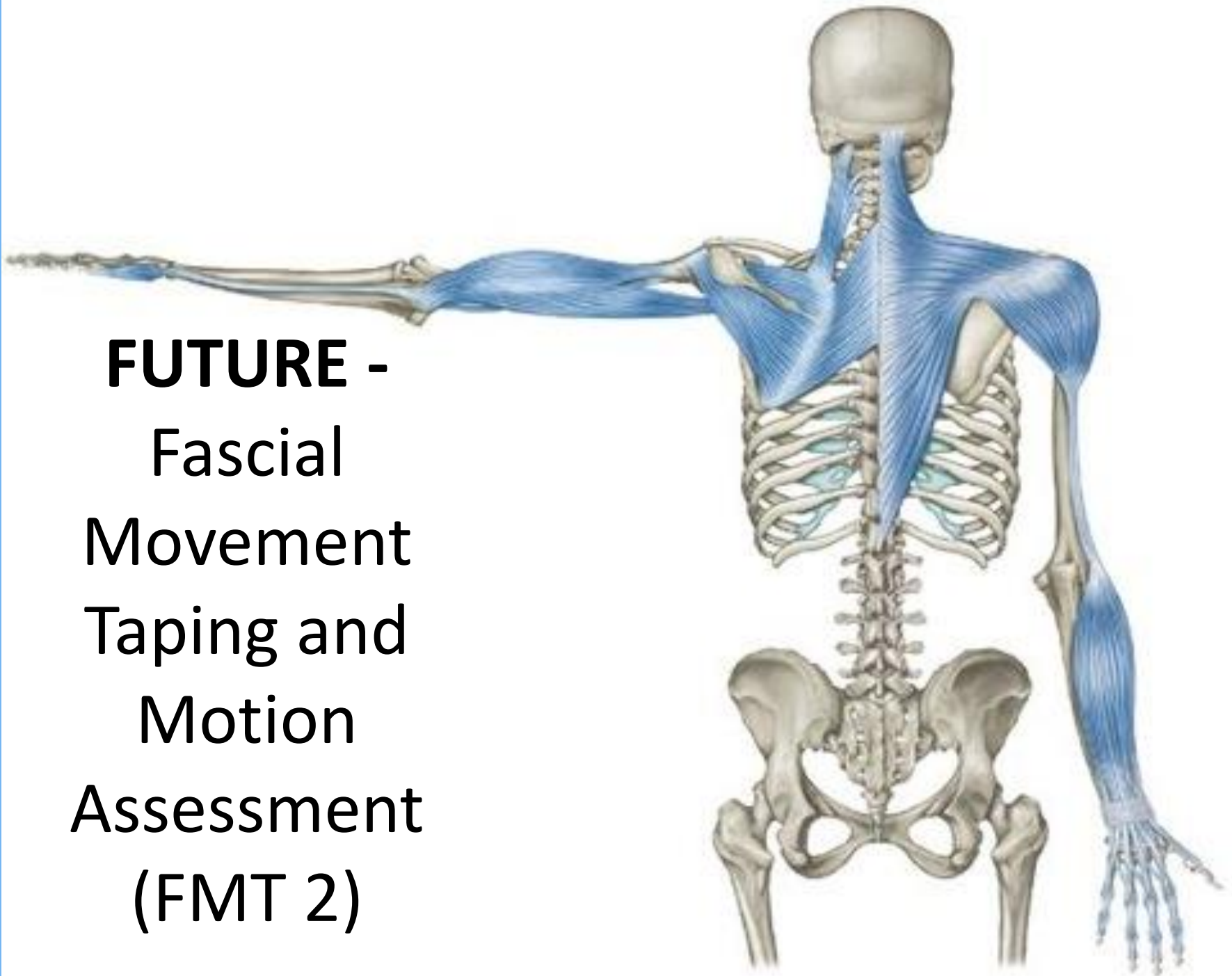
Anatomy
Trains –
Thomas
Myers



PAST – Isolated Muscle Taping and Testing



FUTURE -
Fascial
Movement
Taping and
Motion
Assessment
(FMT 2)



Davis's Law

Connective Tissue (Collagen) is laid down
along lines of stress









PAIN

FLUID DYNAMICS

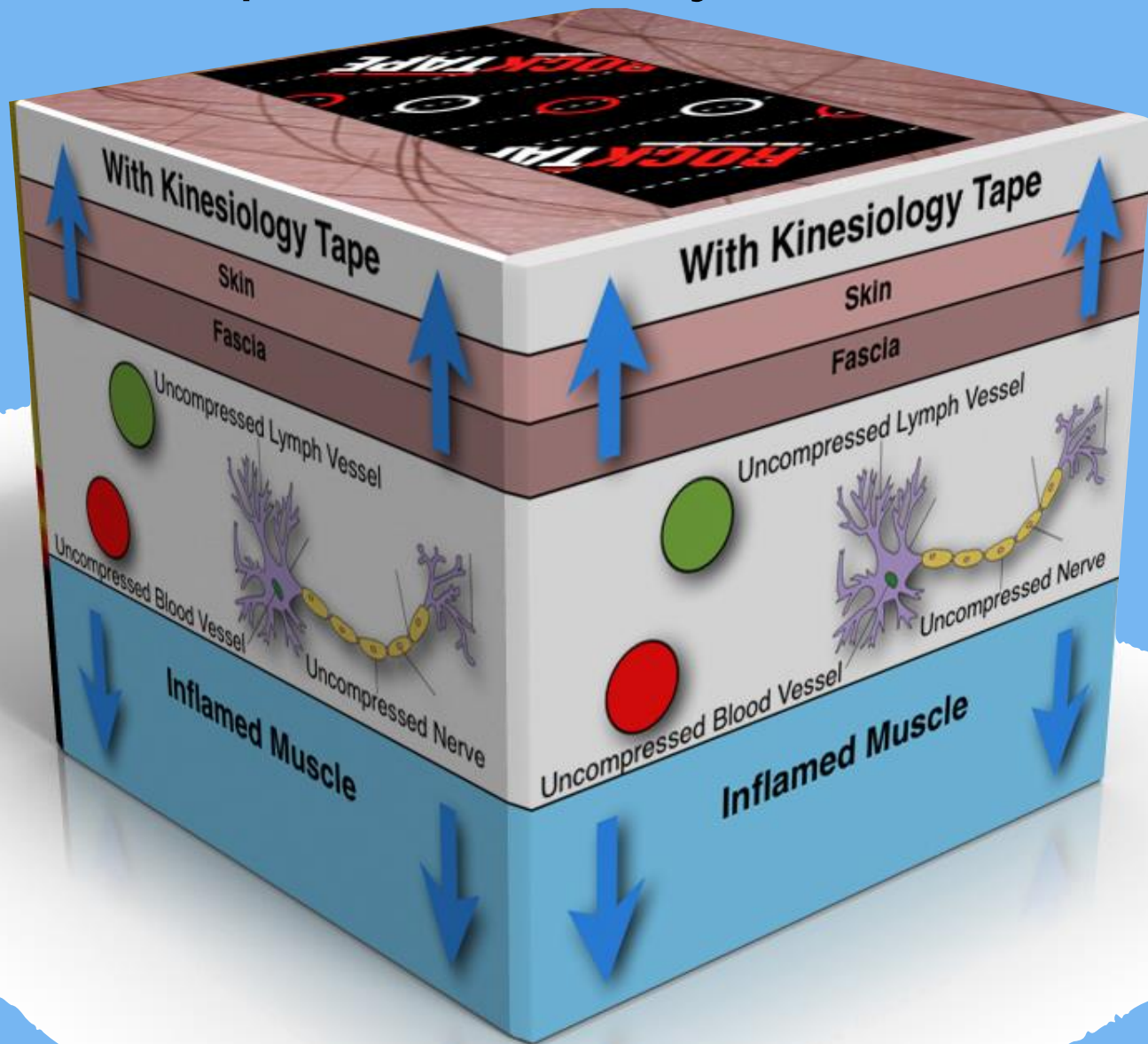
POSTURE

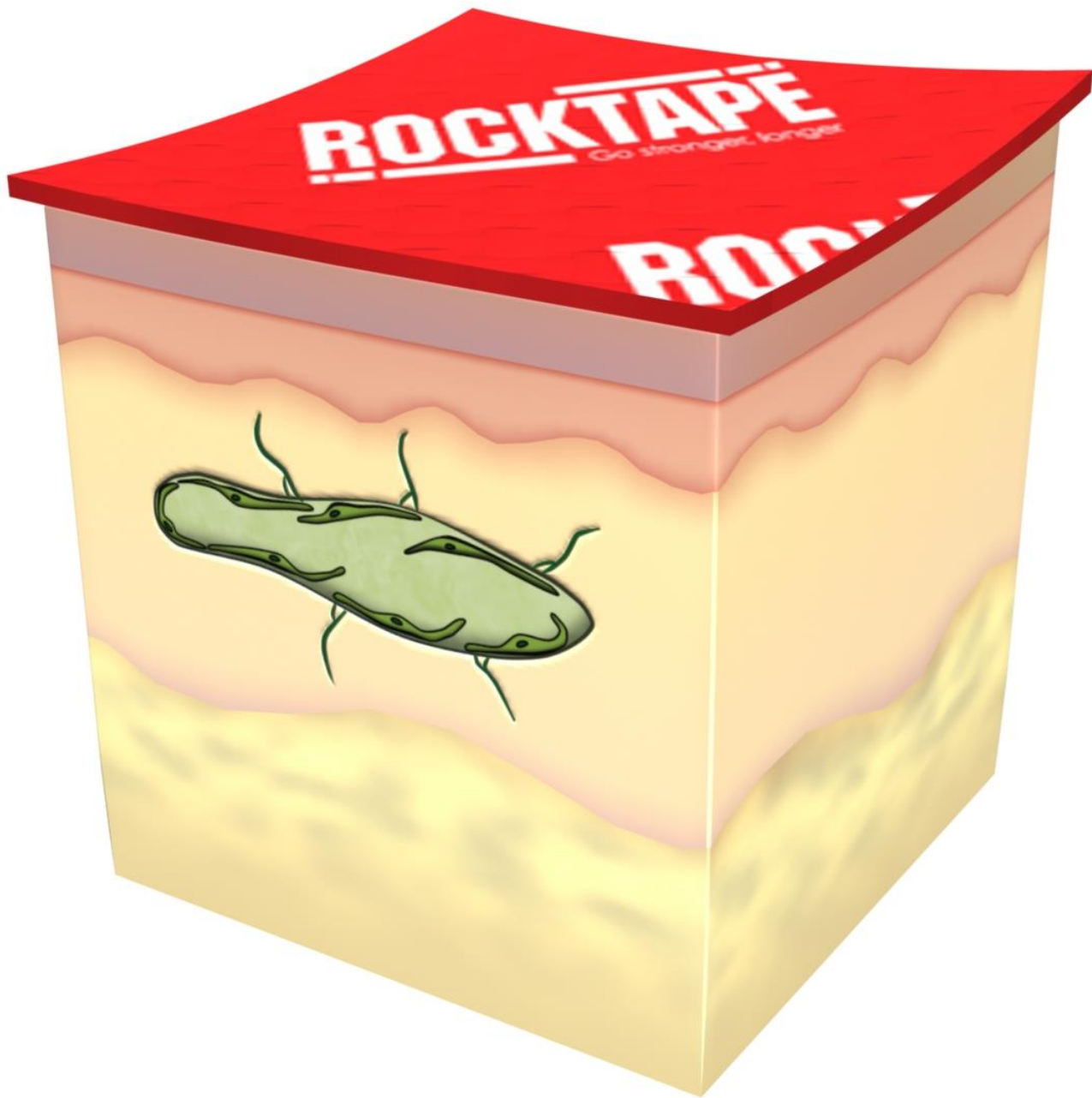
MOVEMENT

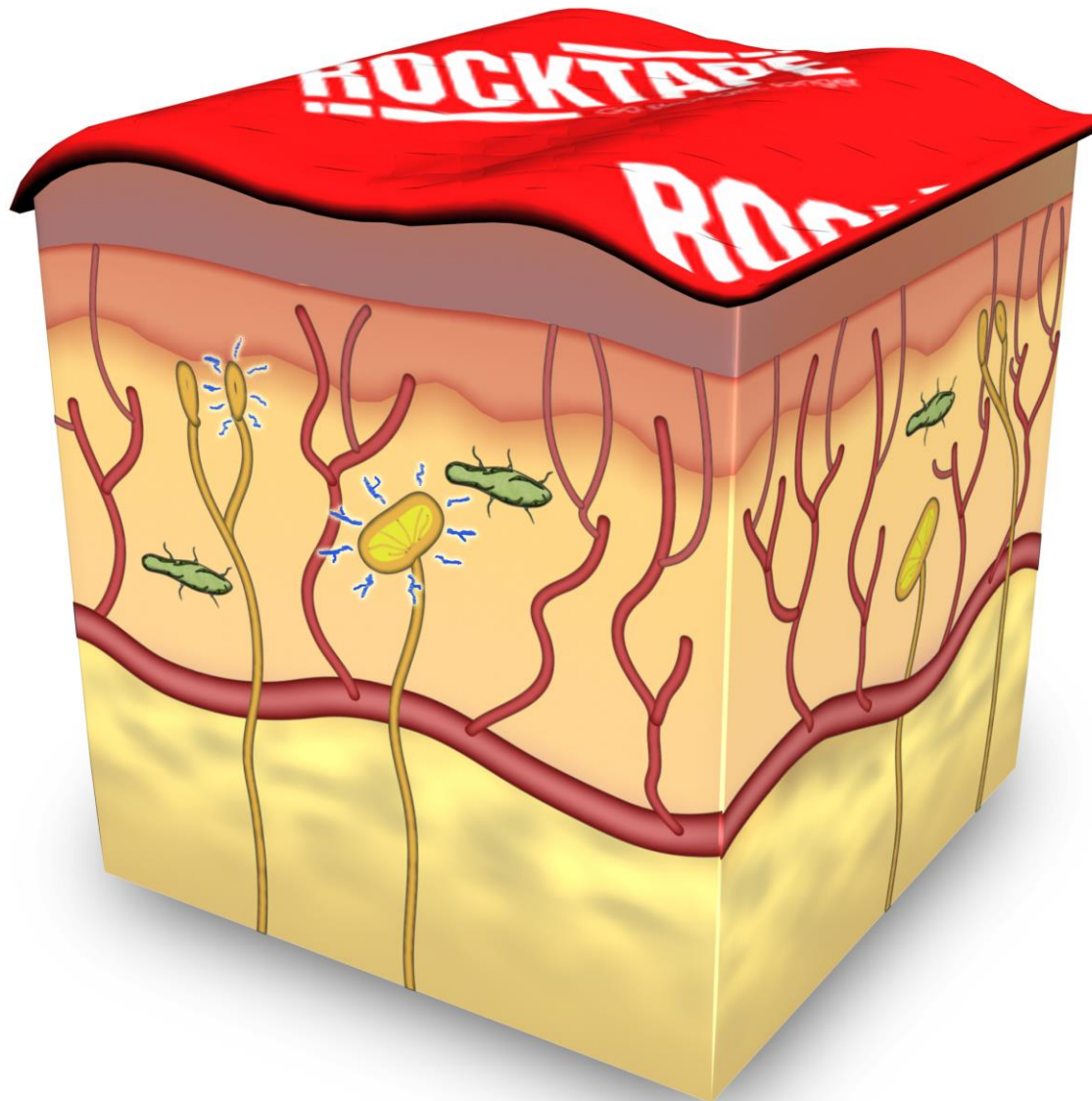
PERFORMANCE

Benefit – Decreased Swelling

Improves fluid dynamics







**Improved
recovery rates
with removal of
exercise by-
products**



Could Kinesio tape replace the bandage in decongestive lymphatic therapy for breast-cancer-related lymphedema? A pilot study

Han-Ju Tsai · Hsiu-Chuan Hung · Jing-Lan Yang ·
Chiun-Sheng Huang · Jau-Yih Tsauo

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Abstract

Goals of work The purpose of this study is to compare the treatment and retention effects between standard decongestive lymphatic therapy (DLT) combined with pneumatic compression (PC) and modified DLT, in which the use of a short-stretch bandage is replaced with the use of Kinesio tape (K-tape) combined with PC.

Materials and methods Forty-one patients with unilateral breast-cancer-related lymphedema for at least 3 months were randomly grouped into the DLT group (bandage group, $N=21$) or the modified DLT group (K-tape group, $N=20$). Skin care, 30-min manual lymphatic drainage, 1-h pneumatic compression therapy, application of a short-stretch bandage

or K-tape for each group, and a 20-min physical therapy exercise were given during every treatment session. Patient evaluation items included physical therapy assessment, limb size, water composition of the upper extremity, lymphedema-related symptoms, quality of life, and patients' acceptance to the bandage or tape.

Main results There was no significant difference between groups in all outcome variables ($P>0.05$) through the whole study period. Excess limb size (circumference and water displacement) and excess water composition were reduced significantly in the bandage group; excess circumference and excess water composition were reduced significantly in the tape group. The acceptance of K-tape was better than the bandage, and benefits included longer wearing time, less difficulty in usage, and increased comfort and convenience ($P<0.05$).

Conclusions The study results suggest that K-tape could replace the bandage in DLT, and it could be an alternative choice for the breast-cancer-related lymphedema patient with poor short-stretch bandage compliance after 1-month intervention. If the intervention period was prolonged, we might get different conclusion. Moreover, these two treatment protocols are inefficient and cost time in application. More efficient treatment protocol is needed for clinical practice.

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Keywords Breast-cancer-related lymphedema · Bandage · Taping · Decongestive lymphatic therapy

When comparing the use of a bandage versus K-tape in breast-cancer-related lymphedema patients who received DLT combined with PC, the study results suggest that K- tape could replace the bandage for patients who had poor compliance with bandage use after 1-month intervention.



Kinesiology tape alternative
choice for
lymphedema/inflammation
control

Fluid Dynamics

Fluid Dynamics

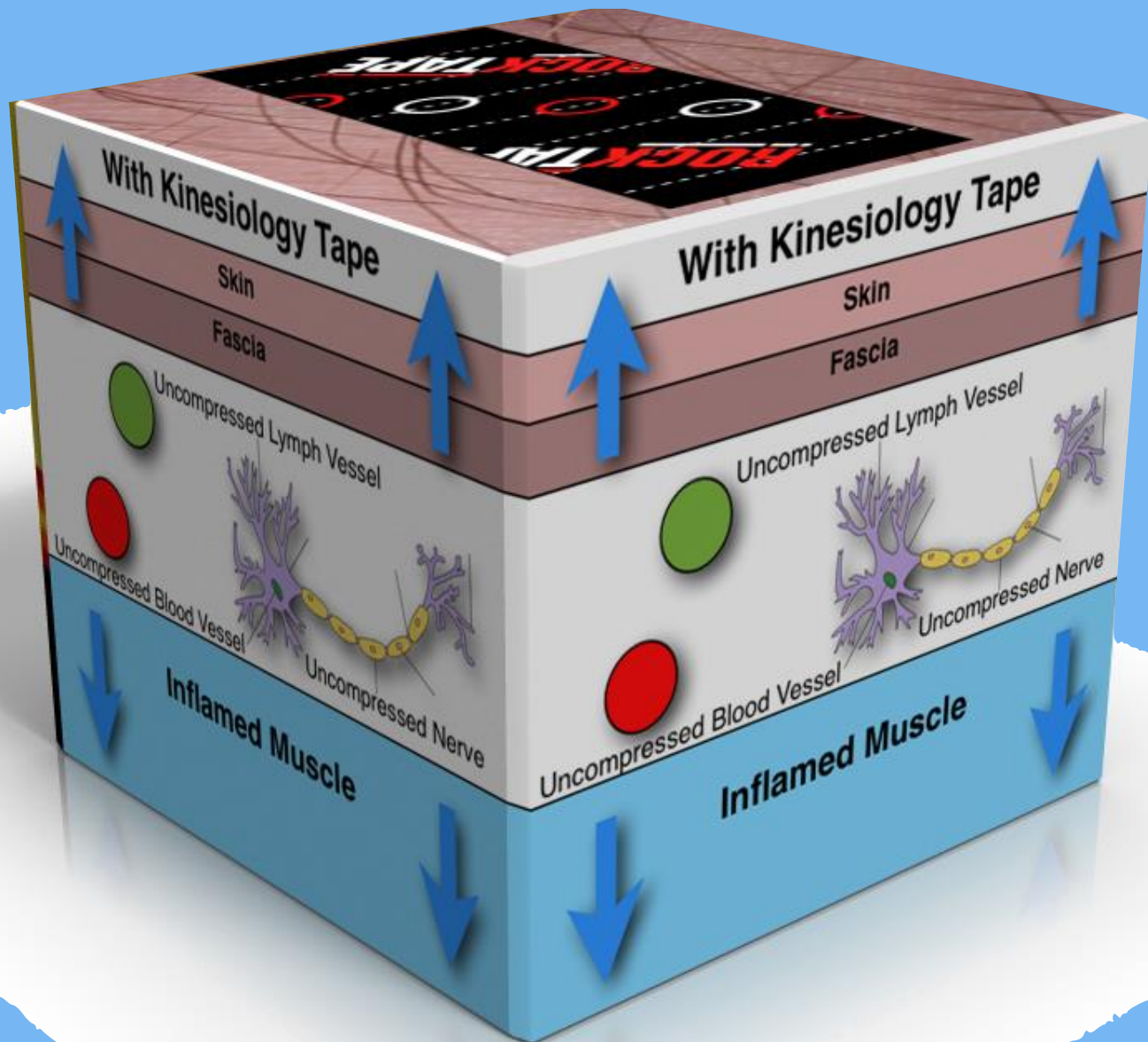


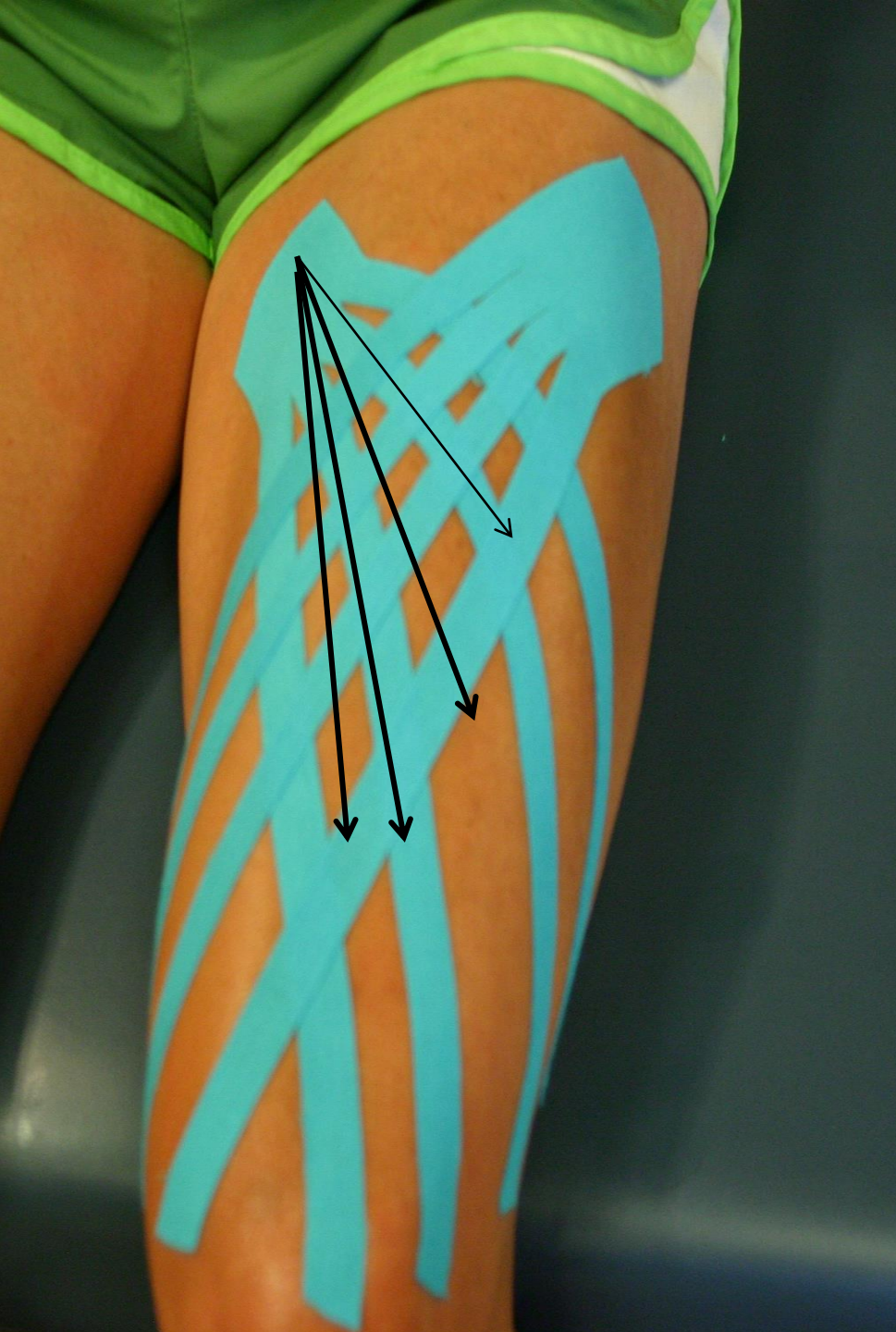
EDEMA TAPING

Goal: To assist in the removal of fluids by creating differential areas of volume with the lifting effect created by the tape.

Steps:

Create a basket weave of tape over and around the area most affected.









ROCKTAPE
Go stronger, longer

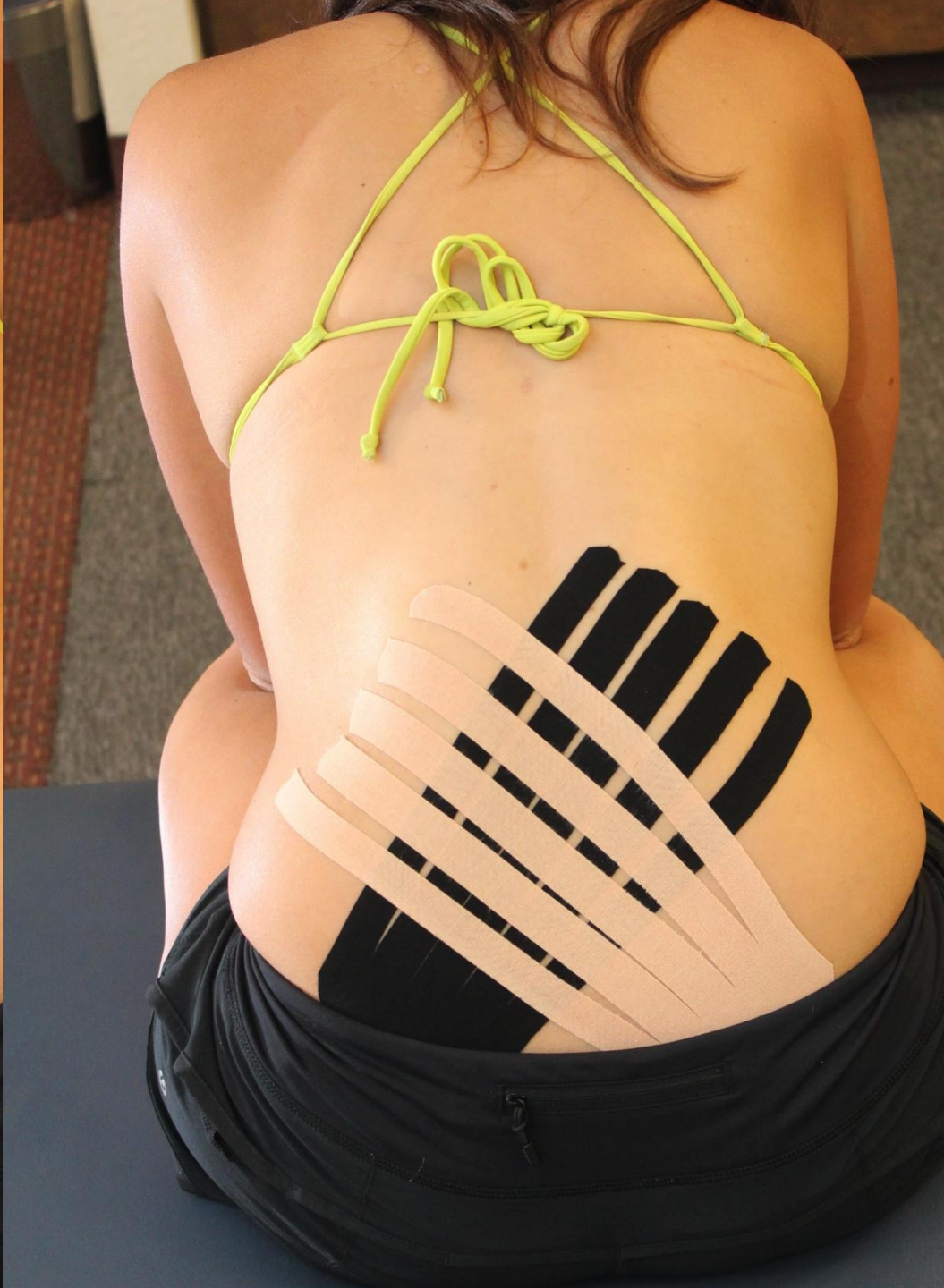
20 Pre cut Edema Strips



BLACK

- REDUCE SWELLING
- TREAT SPORT INJURIES
- PREVENT FATIGUE
- ENHANCE PERFORMANCE

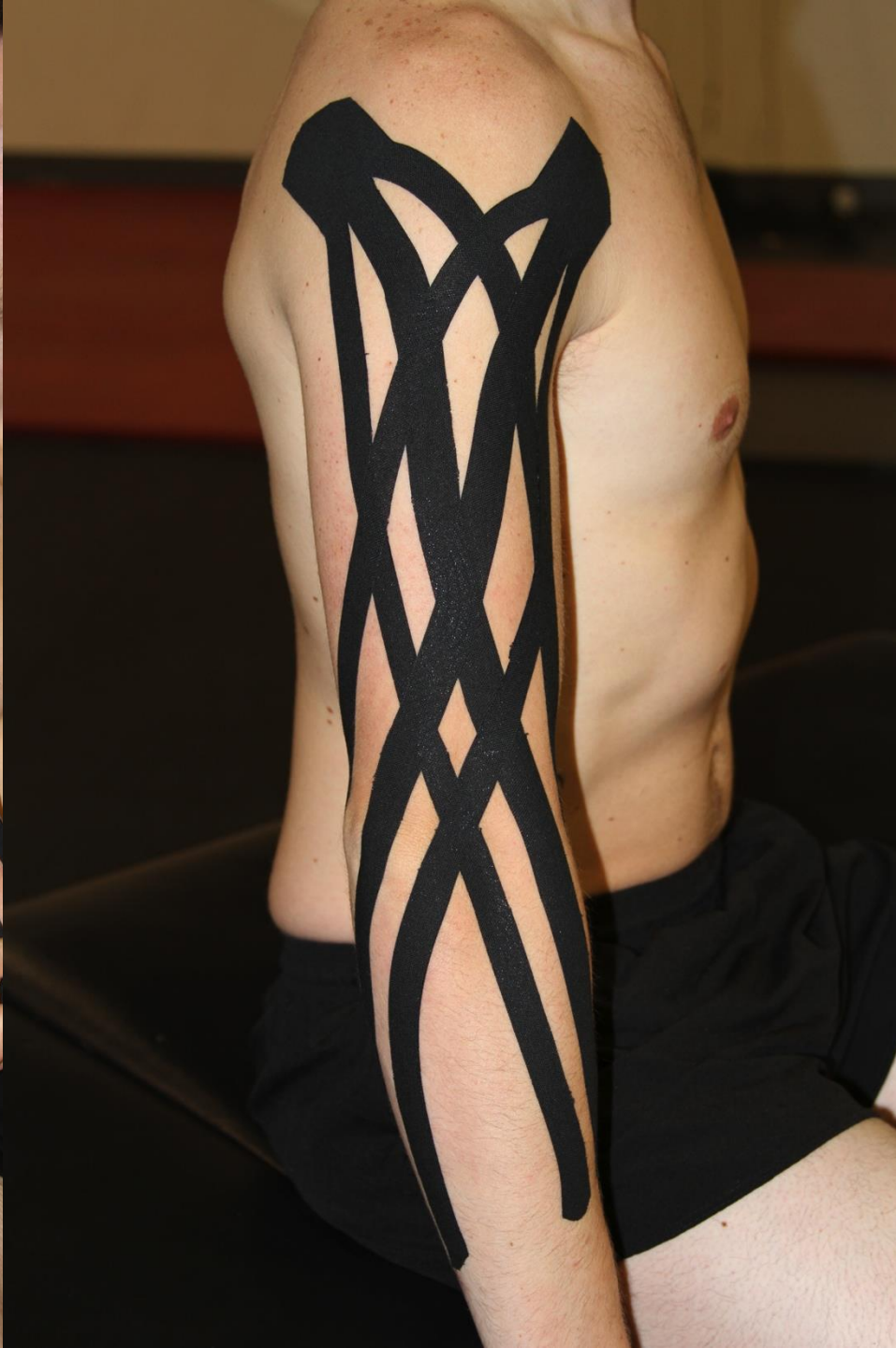














Understand the Framework

**Edema application is to create a
‘basket’ around the area and
create more VOLUME via
decompression to improve fluid
dynamics and speed the healing
process.**

PAIN
FLUID DYNAMICS
POSTURE
MOVEMENT
PERFORMANCE

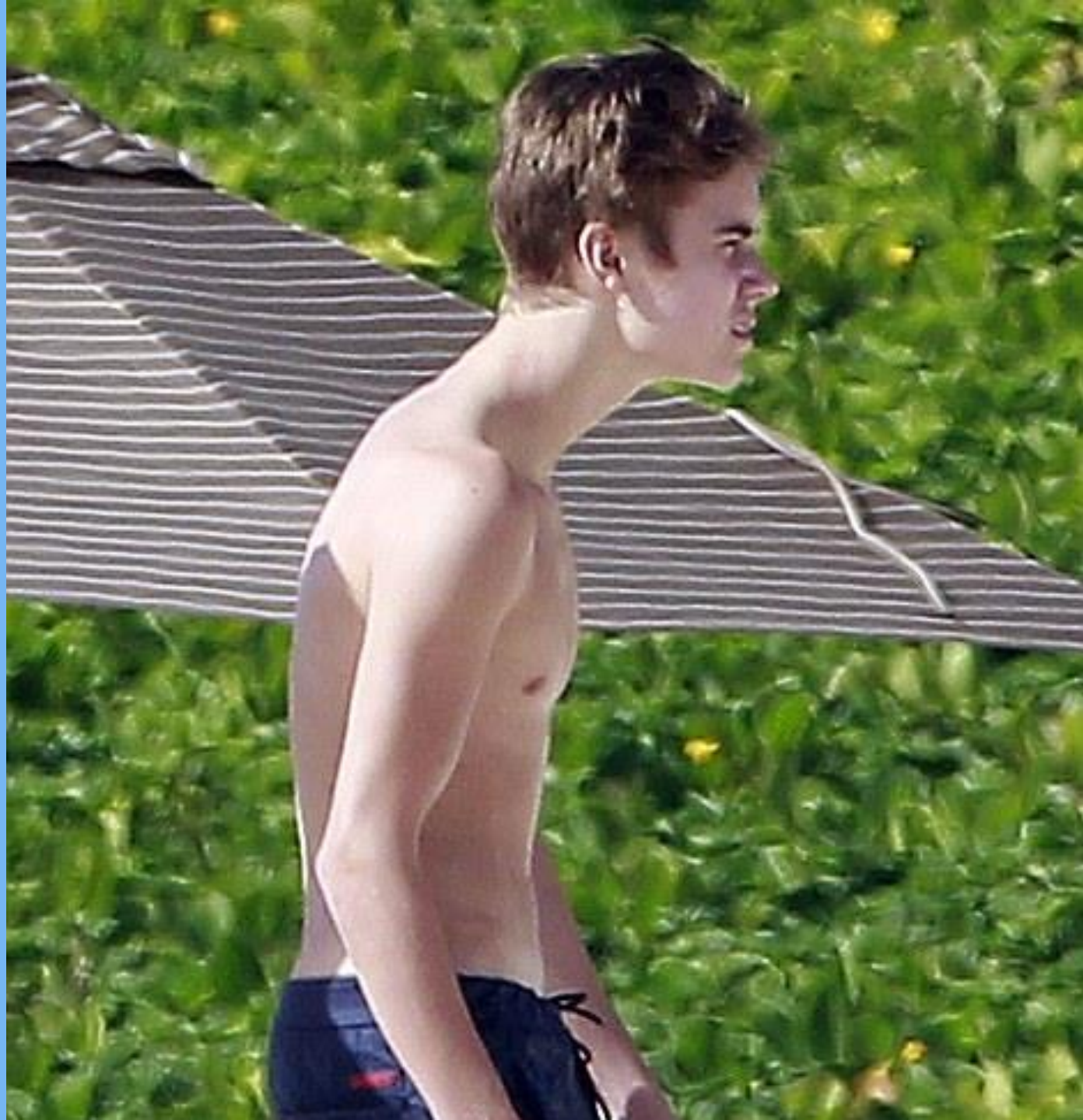


**Posture = Function =
Performance**

Upper Cross Flexion based society

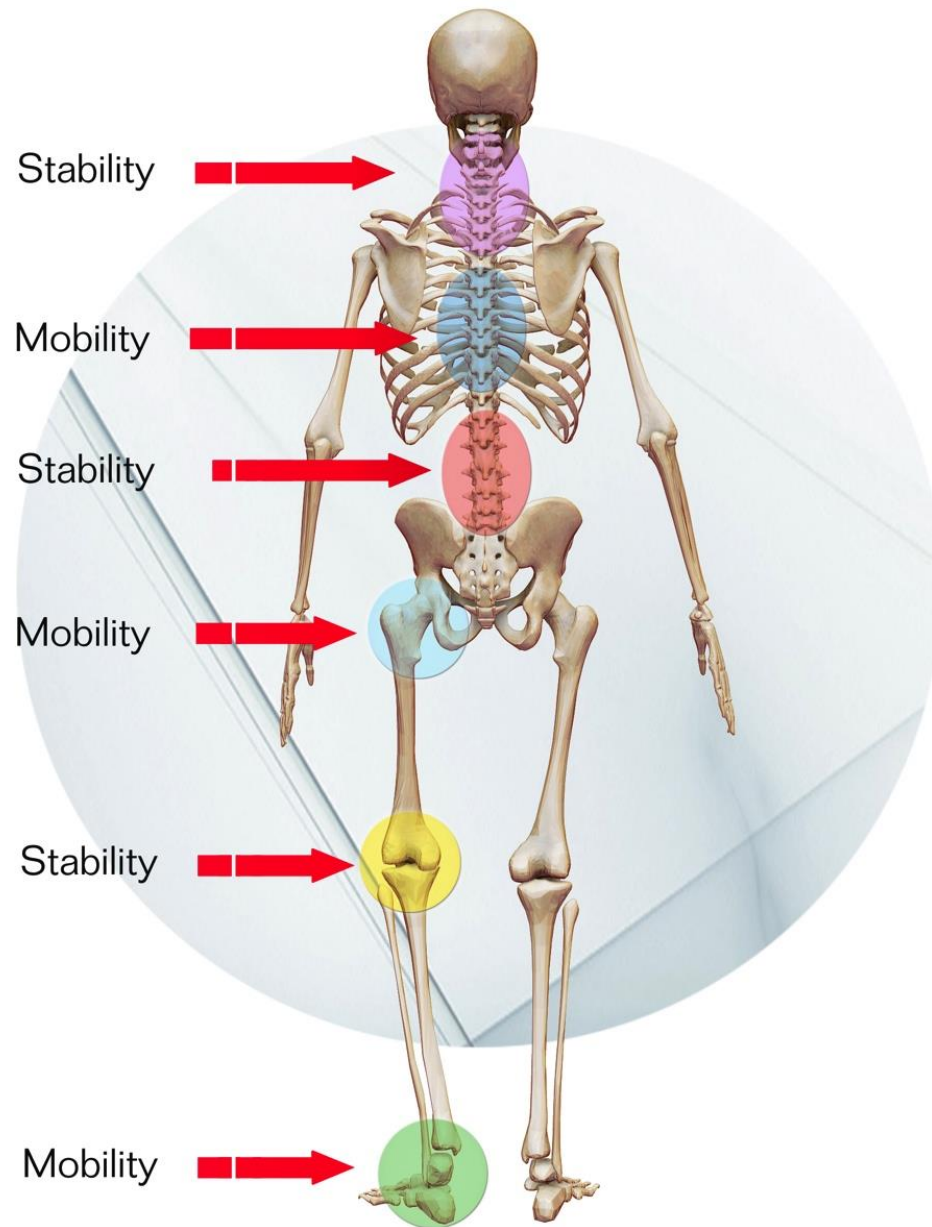


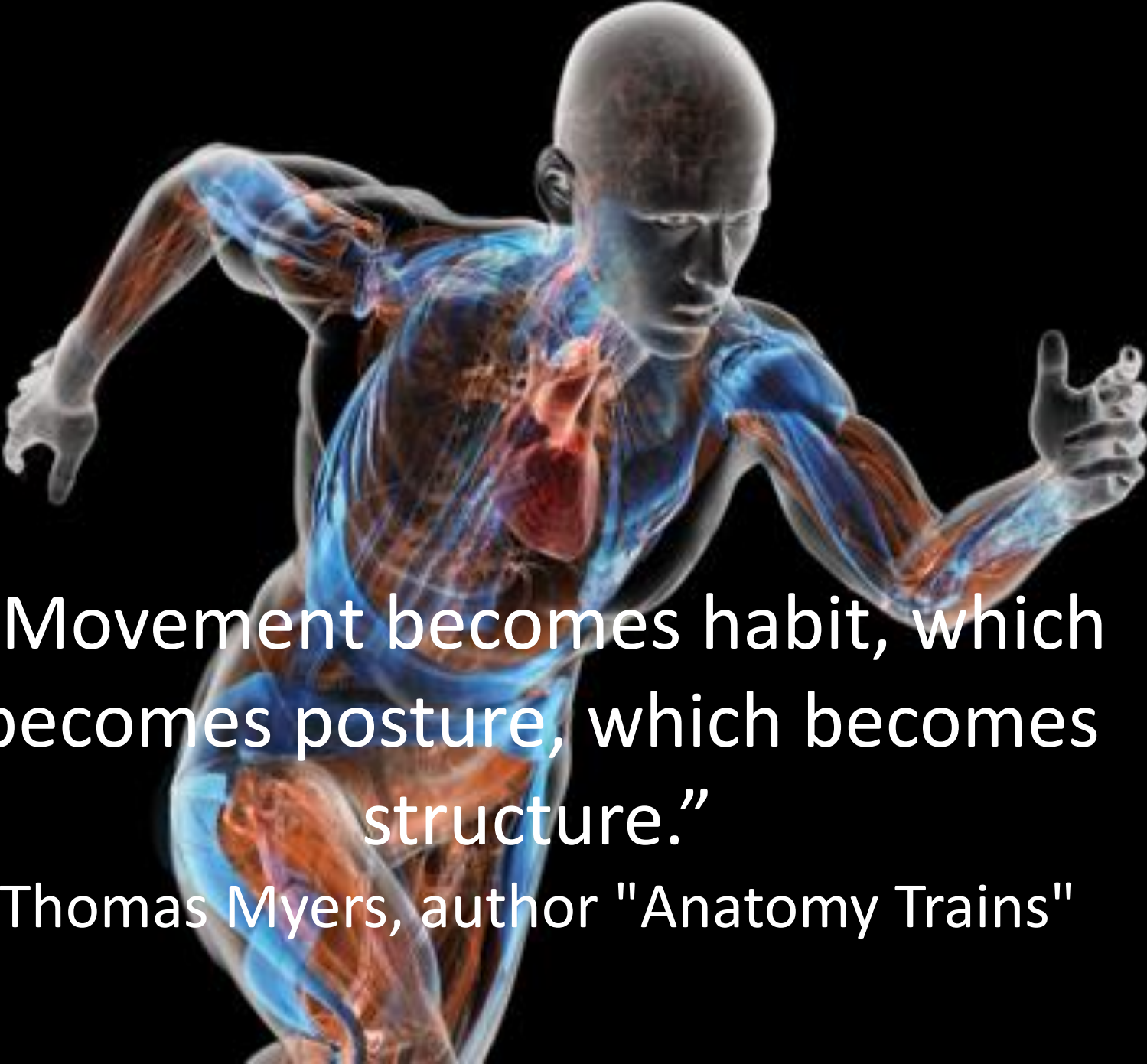




Research shows that kinesthetic guidance (ie. Tape) can be translated into behavior

30 times faster than visual guidance can and many thousands of times faster than audio guidance (Birdwhistell, 1971).





Movement becomes habit, which
becomes posture, which becomes
structure.”

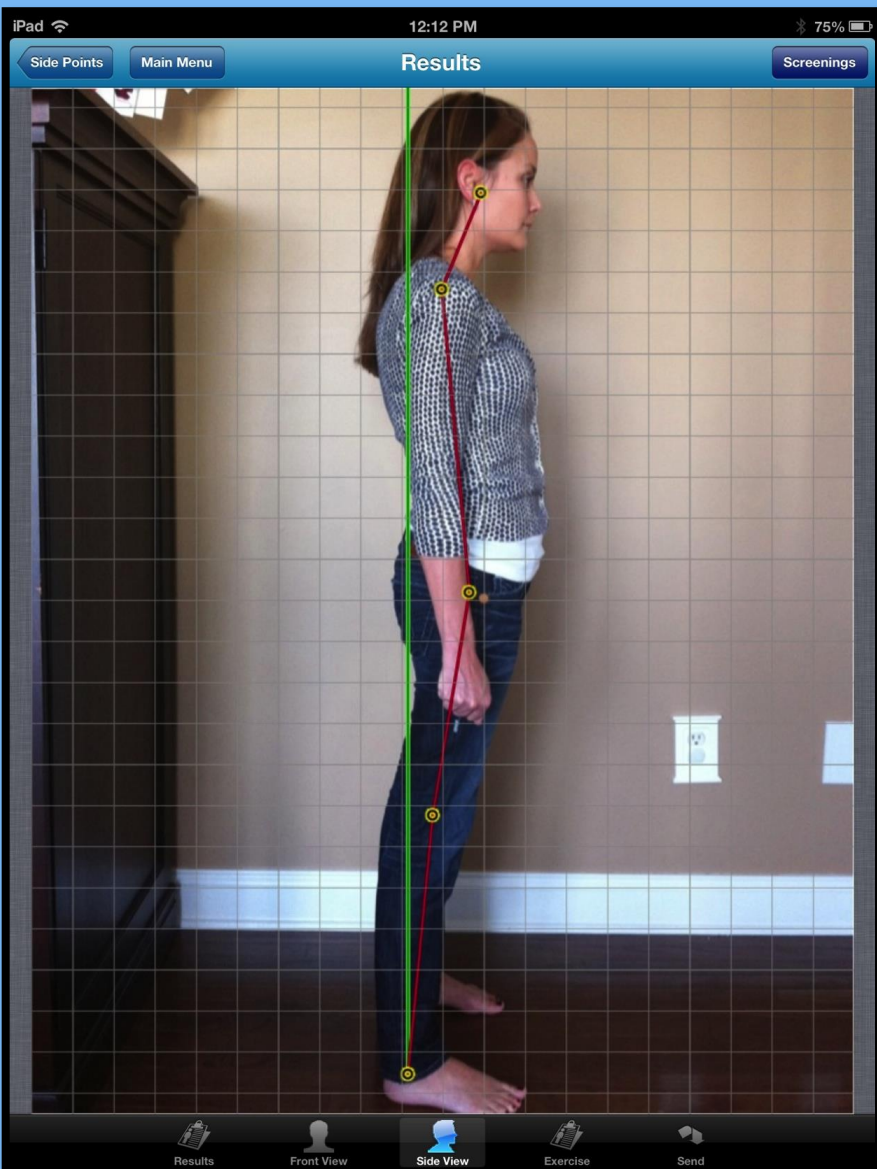
Thomas Myers, author "Anatomy Trains"

Muscular strain is
applied along
traceable
“Myofascial Lines”

Thomas Myers – Anatomy Trains

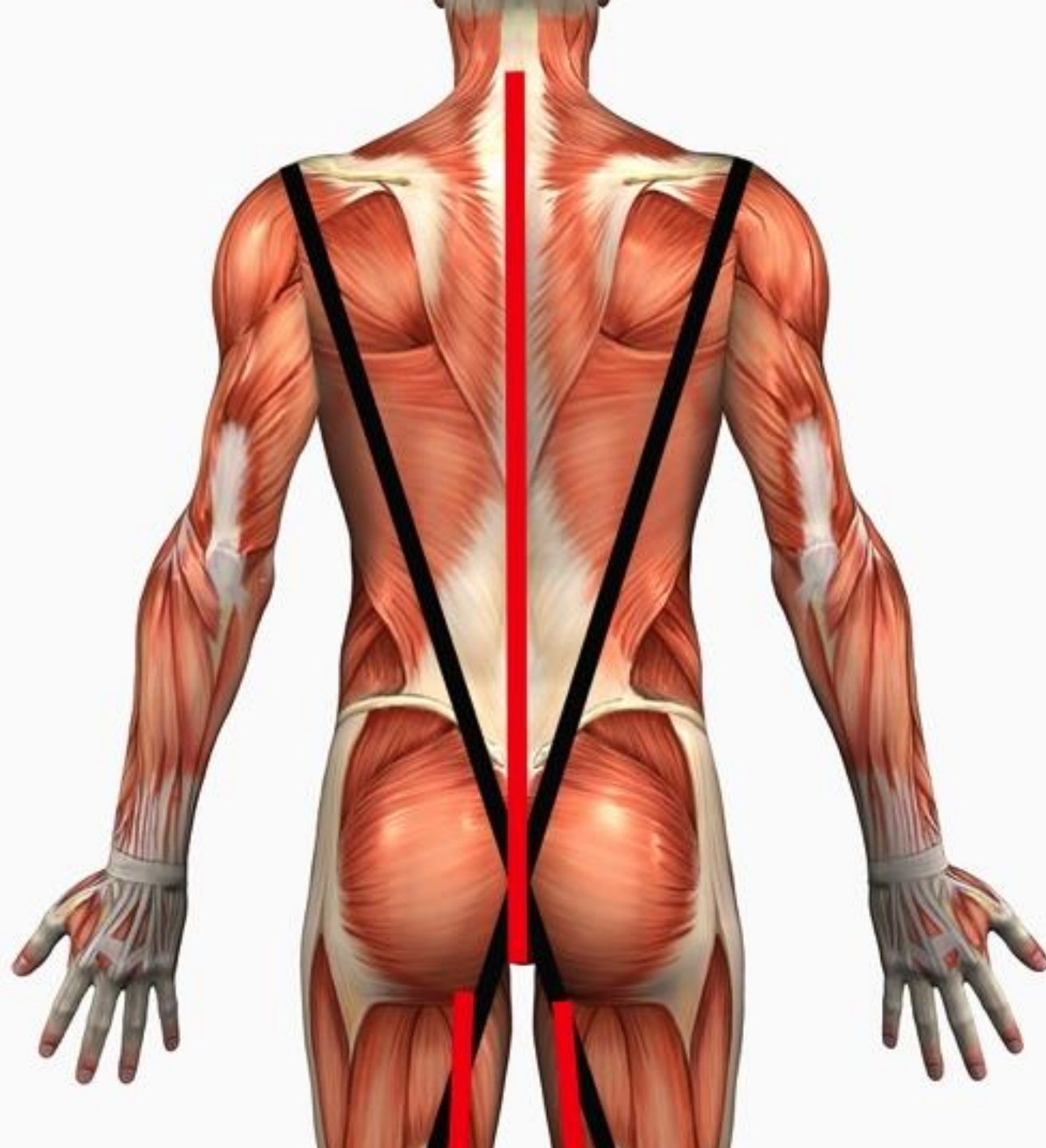


Posture Analysis - STATIC



Bio-Checkpoints:

1. Feet
2. Ankle
3. Knees
4. LPHC
5. Scapula/Thoracic
6. Cervical
7. Upper Extremity



Postural Taping

Goal: To assist in establishing a targeted posture to facilitate normal movement patterns:

Steps:

1. Place the body into the position opposite to the unwanted posture.
2. Apply the stabilization tape along the fascial line to facilitate the intended posture (via cutaneous stimulation).
3. Apply the tape with little to no stretch.















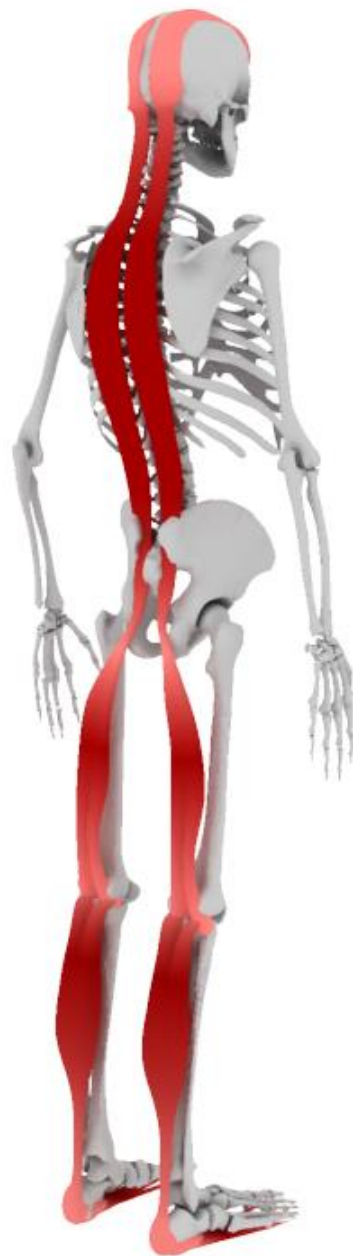
















Understand the Framework

**Put the patient in the intended posture.
Apply tape with no stretch.**

When the patient goes into the undesired posture, the tape will stimulate the mechanoreceptors in the skin (and fascia) to aid in proprioception and positioning, without restricting motion.

Neural Taping



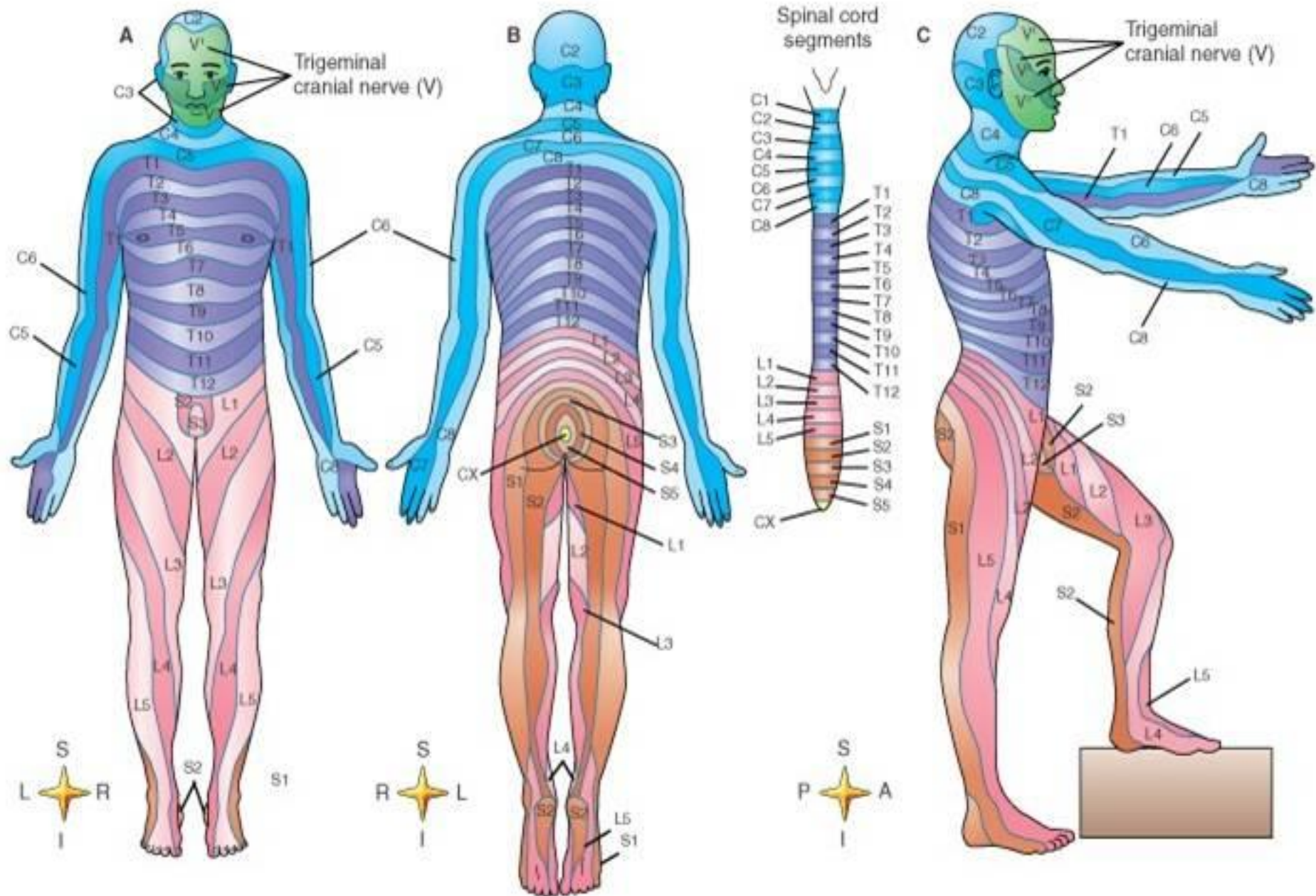
Neural Taping Theoretical Construct

Decrease Pressure =  Regeneration & Repair

 Axonal Transport

 Nerve Conduction

 Reduction of Pain/Neuro Symptoms







SCAR TAPING



Scar Taping

Goal: Improving mobility and flexibility of post surgical incisions

Created via the biomechanical lifting effect (similar to skin rolling) and skin shear effect (micro-massage mechanism).

CLINICAL IMPORTANCE OF ACTIVE SCARS: ABNORMAL SCARS AS A CAUSE OF MYOFASCIAL PAIN

Karel Lewit, MD,^a and Sarka Olsanska^b

ABSTRACT

Background: Active scars are a model of soft tissue lesions. Soft tissues surround the locomotor system everywhere. These tissues shift and stretch in harmony with joints and muscles. Active scars interfere with this type of movement, thus disturbing the function of the entire motor system.

Objective: The purpose of this article is to show the importance of such scars, their diagnosis, and the importance of manipulative therapy.

Methods: After discussing the diagnosis, 51 cases are presented, the majority being scars after operation. The patients suffered from various types of myofascial pain from all sections of the locomotor system. The type of operation and the clinical symptoms are given. The method of treatment is soft tissue manipulation, making use mainly of the barrier phenomenon.

Results: In 36 of the cases, treatment of scars proved highly relevant, giving striking results at first treatment and in the course of therapy. In 13 further cases, the scar was partly relevant, ie, one of several pathogenic lesions. It proved irrelevant in 3 cases.

Conclusion: The treatment of active scars can be of importance in a great number of cases; untreated, active scars are an important cause of therapeutic failure. Treatment also widens the scope of manipulative therapy. (J Manipulative Physiol Ther 2004;27:399-402)

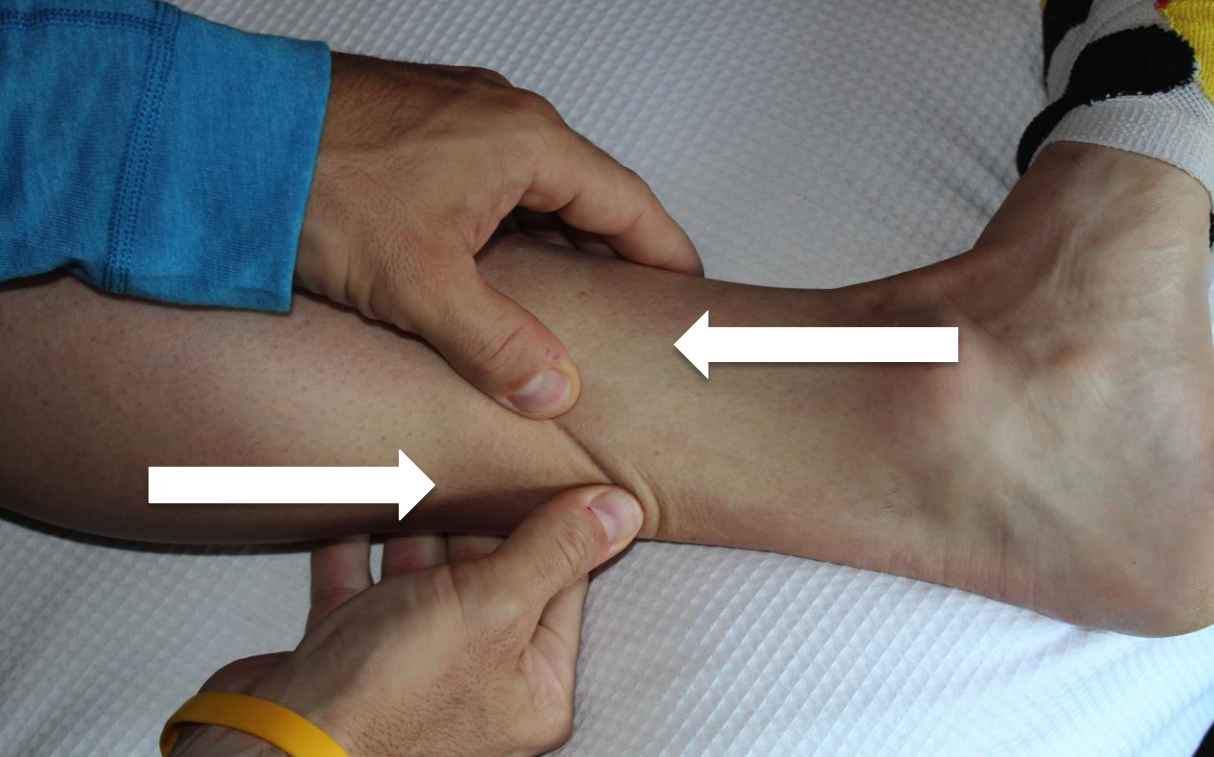
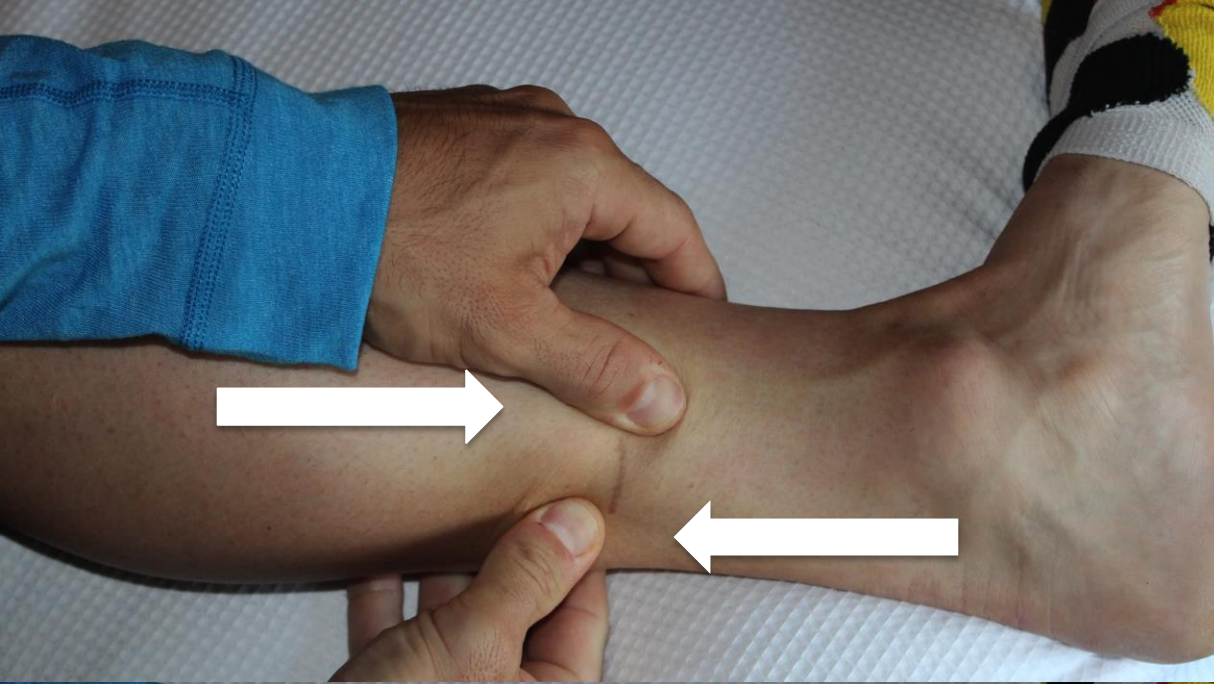
Key Indexing Terms: *Myofascial Pain; Soft Tissue; Chiropractic Manipulation*

Early Phase: Edema Control





Tissue Glide Assessment



Reducing Risk

1. Apply over incisions/wounds only after they are closed (typically 2 weeks after wound is closed)
2. Caution with:
 - Diabetics
 - Venous Insufficiency
 - Peripheral Neuropathy

Step # 2: Multi-Directional Tissue Strain





Pitting Scar Correction







PAIN
FLUID DYNAMICS
POSTURE
MOVEMENT
PERFORMANCE

Movement/PERFORMANCE

A close-up, action shot of a triathlete in a blue, white, and red jersey riding a mountain bike. The rider is holding a blue water bottle and has a race number '186' on the handlebars. The background is blurred, suggesting motion.

skintelligence



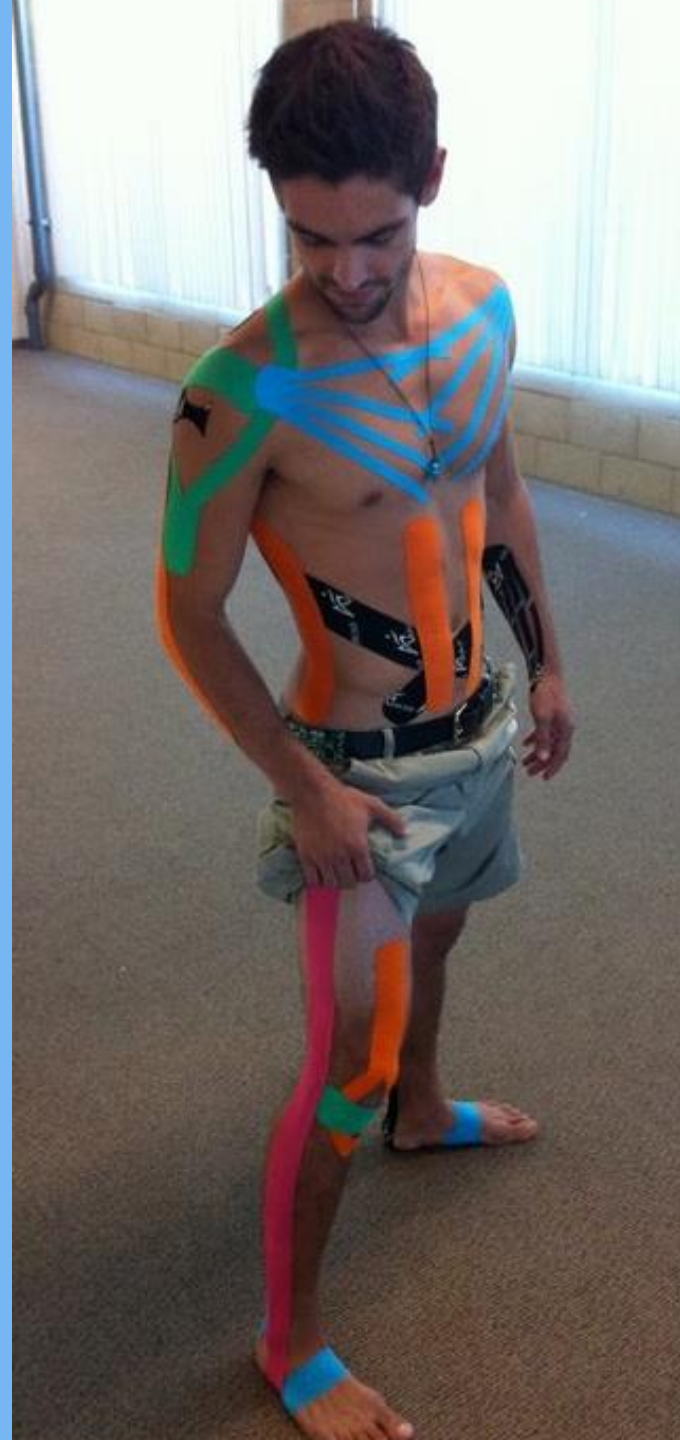
FMT Education

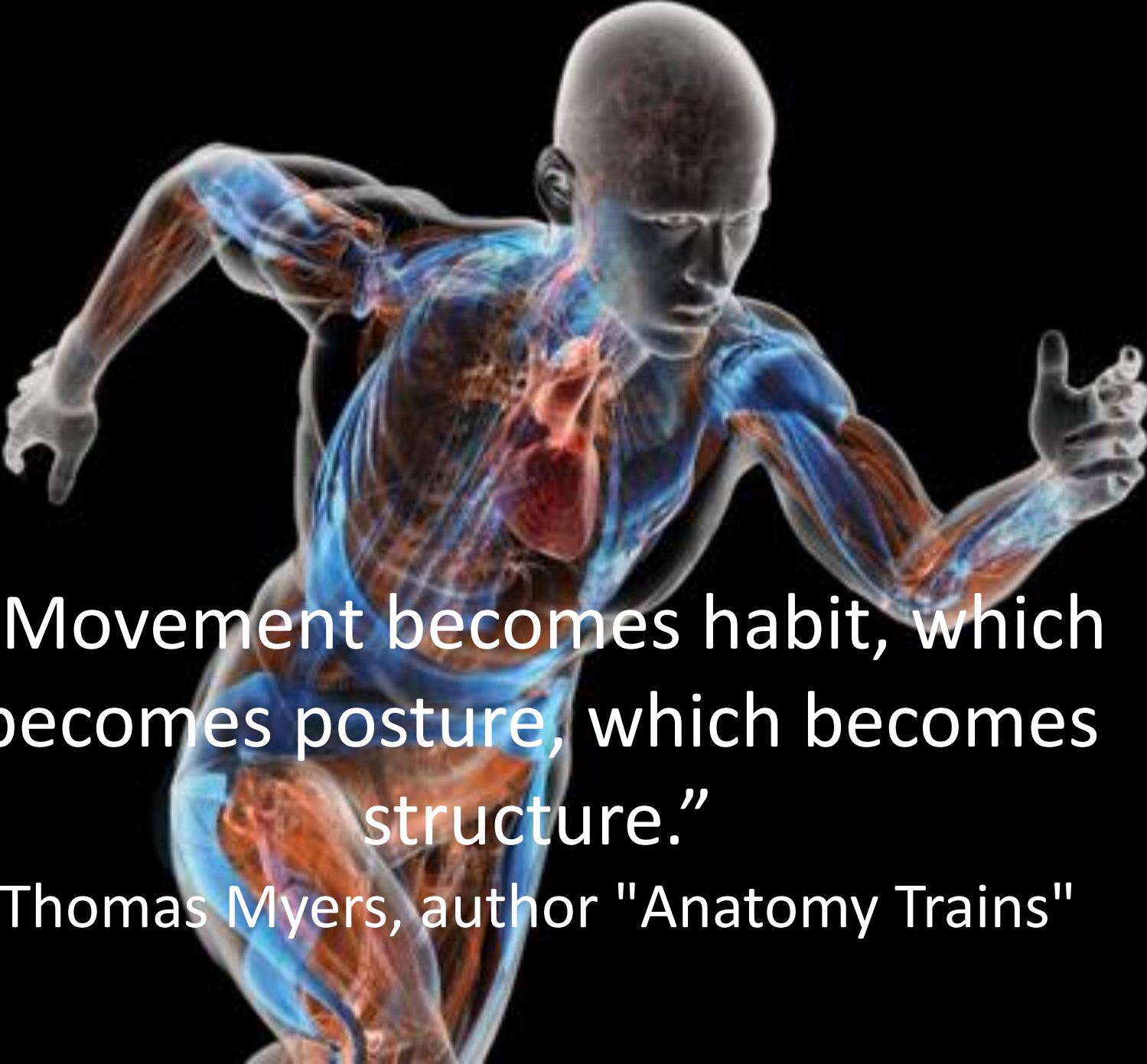


FMT Supports what has been **CLINICALLY PROVEN**

- 1. stimulating sensory receptors on skin (afferent information) in regards to our movement
- 1. stimulating blood flow, lymph and inflammation drainage
- 1. Supports the skin as an auxillary system of feedback to the body (especially in compromised states of injury and fatigue)

Functional vs. Structural
Movement vs. Muscles
Sensory vs. Mechanical
Assisting vs. Resisting
Elastic vs. Rigid
Integrate vs. Isolate





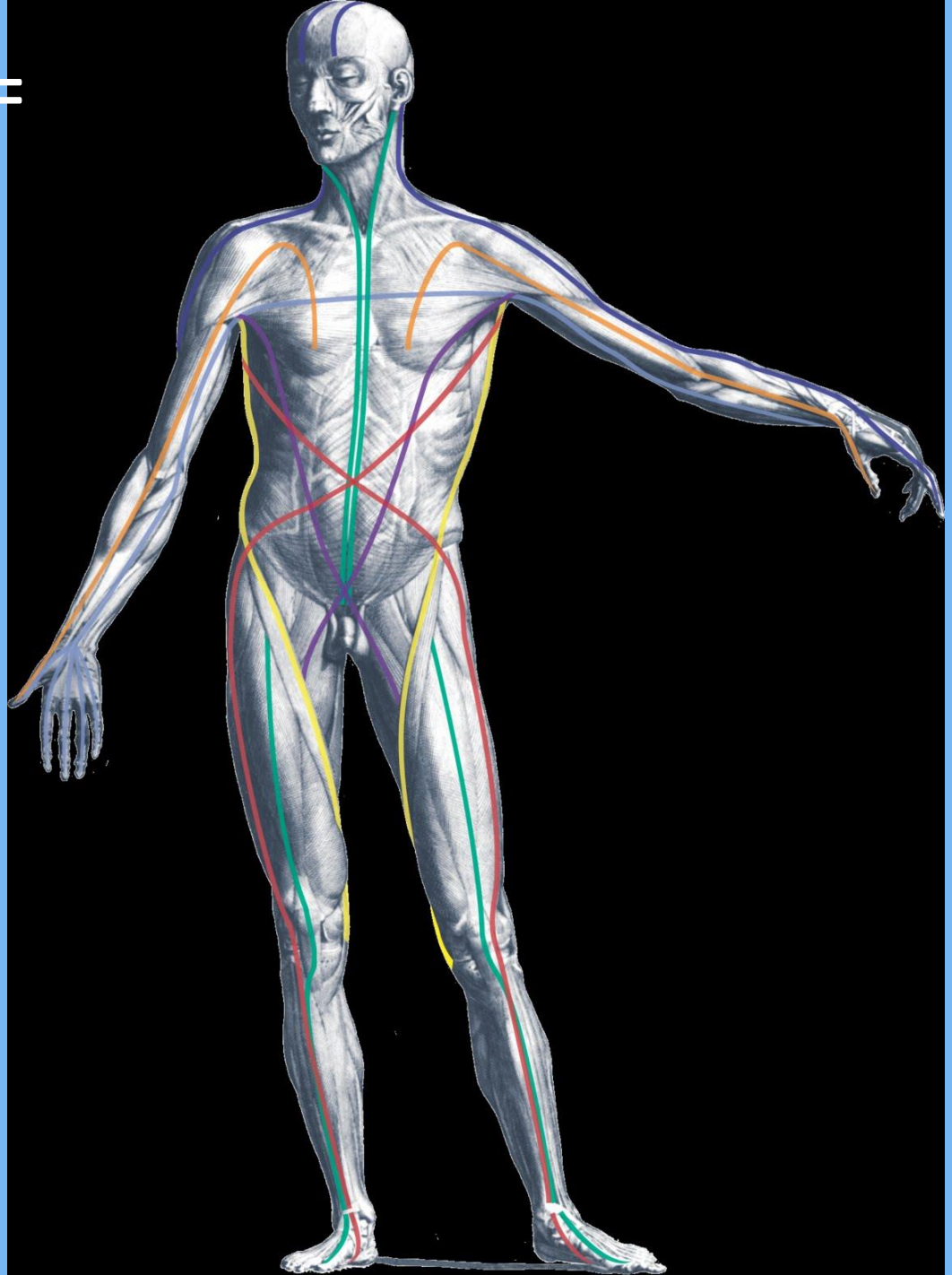
Movement becomes habit, which
becomes posture, which becomes
structure.”

Thomas Myers, author "Anatomy Trains"

Kinetic Chain = Functional Anatomy

Muscles act in
synergy not in
isolation

Muscular strain is
applied along
traceable
“Myofascial Lines”





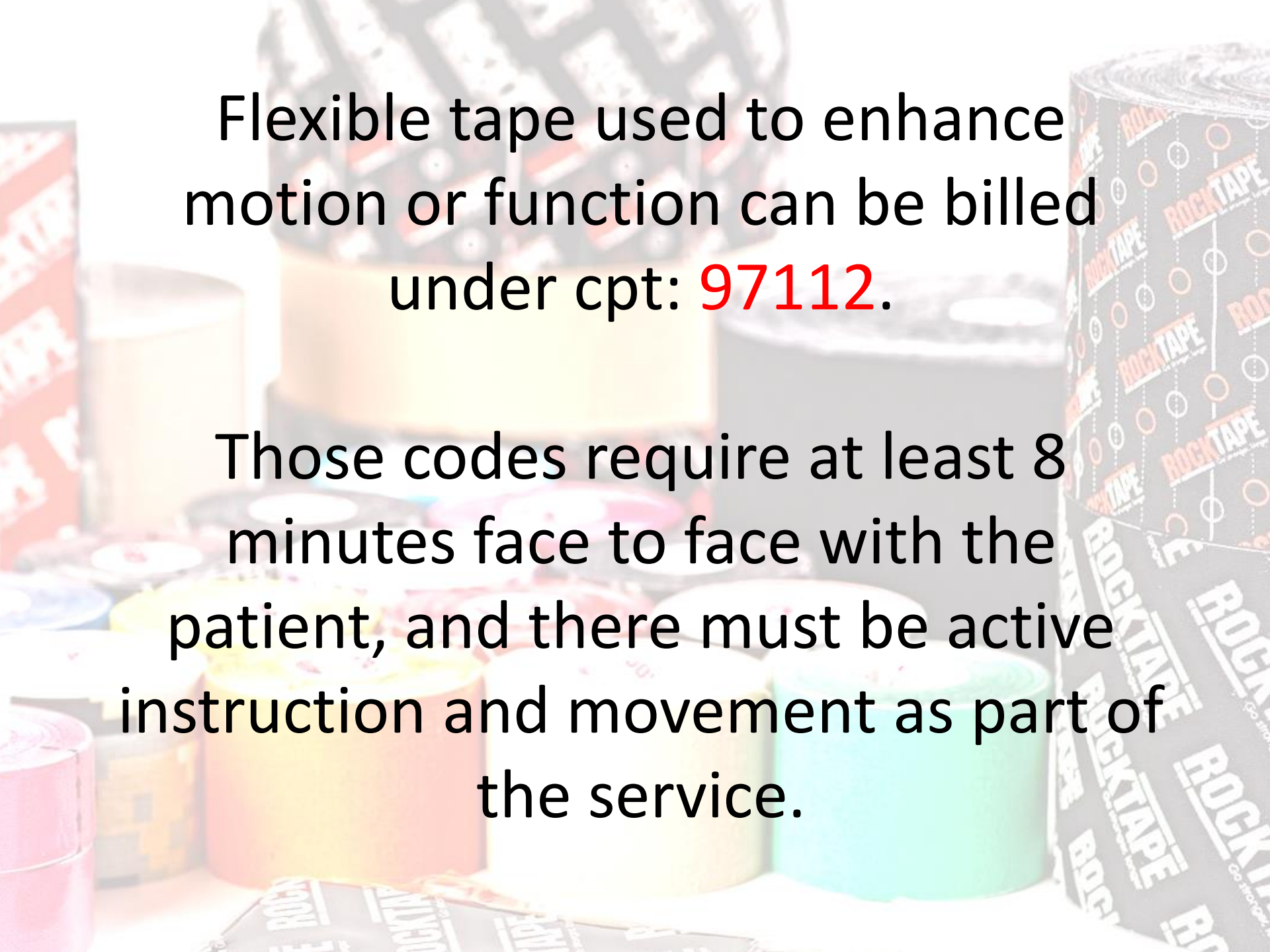


The background features three sequential anatomical illustrations of a male figure in a running pose, set against a light blue gradient. The first figure on the left shows detailed muscle anatomy in a realistic reddish-brown color. The middle figure shows a semi-transparent layer over the muscles, highlighting the underlying structure. The third figure on the right shows only the skeletal structure. The text 'Taping Movements, Not Muscles' is overlaid in the center, with 'Movements' in red and the rest in black.

Taping **Movements**, Not Muscles



TEAM
ROCKTAPE
Go stronger, longer



Flexible tape used to enhance motion or function can be billed under cpt: **97112**.

Those codes require at least 8 minutes face to face with the patient, and there must be active instruction and movement as part of the service.

The background of the image is a collage of various US dollar bills, including \$100, \$50, and \$20 bills, arranged in a slightly overlapping and tilted manner. The bills are in shades of green and yellow.

WHOLESALE: \$10/roll



ROCKTAPE

Go Stronger, Longer



IT'S NOT WHETHER
YOU GET KNOCKED
DOWN; IT'S
WHETHER YOU
GET UP.

KISS YOUR MOM

have
hearsal,
bunt

THE HARDER YOU WORK,
THE HARDER IT IS TO

you
lead
we
pai