Rounded Corner

Methods of Application;
Names Change, but Song Remains the Same

Those of you who have attended one of our live classes or taken our online course will immediately recognize the Learn2Tape Application Grid. The first column of the grid introduces practitioners to 4 primary types of applications: Pain, Joint, Muscle, and Swelling. The first row identifies the sequence of steps a practitioner takes during application: Identify your objective, locate your target, choose a method of application, position your client and tension the Therapeutic Zone of the tape before adhering.

We've been using the terms "Compression Method" and "Directional Method" to identify the 2 basic methods of tape application. In our continued efforts to create a simplified approach to kinesiology taping, Learn2Tape has decided to change the names of these methods. We're moving away from theoretical terminology and replacing it with language that more clearly identifies each method of application. The two methods can easily be distinguished by identifying the first section of the tape that is adhered to the skin, so the names will be changed to reflect this difference.

If you peruse the vast amount of literature on the subject of kinesiology taping you'll see theories describing both the compressive effects of the tape and the varying sensory impulses created by stretching it in different directions before adhering to the skin. Anchoring the first end of the tape at the muscle origin and then stretching it was thought to provide a different stimulus than first anchoring at the insertion and stretching in the opposite direction. Kinesiology tape's rise in popularity has prompted many to take a closer look at these theories and a review of research on the subject calls some of the original thinking into question. While a majority of clients report positive outcomes with these applications, the question yet to answered is "How is the application of kinesiology tape achieving these results?".

When we apply tape using the "Compression Method" the Therapeutic Zone (middle section), is the first section of the tape to contact the clients skin. Compression can be defined as the "*process or result of becoming smaller or pressed together.*" Is it possible for a strip of elastic tape applied to the surface of the skin to create a downward force and compress the underlying tissue against the bone? This theory may not accurately reflect the influence of the tape on the

body. Therefore, we are changing the name “Compression Method” to “Zone Method” to avoid any confusion between theory of application and method of application.

When we apply tape using the “Directional Method” the Anchor (first end of the tape) is adhered prior to stretching the Therapeutic Zone. Anchoring tape at the origin and stretching toward the insertion was thought to provide sensory input that provided muscle tissue with additional tone. Anchoring at the insertion and stretching toward the origin was thought to provide sensory input that decreased elevated tone. Research into this theory has indicated that the direction of application may have no bearing on the potential outcome of the application. Therefore, we are changing the name “Directional Method” to “Anchor Method” since the Anchor is the first section of the tape to contact the clients skin.

Learn2Tape is committed to providing our members with the most current information and to updating our materials as new data becomes available. While the method names are being changed for clarity, the application methods that have been providing positive results for well over 30 years now will remain unchanged. Over the next several months, we will be automatically updating your eCourse & eBook by implementing these changes.