



FAQ's Elastic Therapeutic Taping

The emerging popularity of elastic therapeutic tape (ETT) and has led to the development of similar products and a multitude of creative uses for this type of tape. It has gained rapid popularity over the past decade evolving as a mainstay in therapy clinics, sports arenas, and chiropractic offices and, as a treatment intervention for professional and Olympic athletes (Jacobs, 2013).

What are common brands of ETT?

Listed are a few common (but not limited too) brands of ETT;

- Kinesio Tex Tape
- Kinesiology Tape
- RockTape
- Spider Tech Tape
- TheraBand Kinesiology Tape

What is the difference between ETT and Strapping?

ETT is used to **control and/or guide** motion. It is often confused with strapping where its primary purpose is used to **stabilize, restrict or immobilize motion**.

What are the goals of ETT?

Goals of elastic therapeutic taping can include.

- Decreasing pain and abnormal sensation in skin and muscle
- Reducing edema and inflammatory processes
- Normalizing muscle tone and abnormality of fascia involved in pathology
- Supporting weak muscles and preventing overstretch therefore reducing fatigue
- Reducing spasm or over contraction of a shortened muscle
- Improving range of motion
- Providing muscle and proprioceptive re-education
- Re-establishing muscular balance to correct misalignment
- Supporting/directing normal joint alignment
- Enhancing functional performance for ADLs and work/life activities via support and alignment of involved structures
- Improving kinesthetic awareness of proper posture and structural alignment
- Increasing circulation

Is ETT effective?

- There are varying reports of ETT effectiveness. The clinician is encouraged to do their own literature search in order to support their clinical application (Parreira, Thelan).

How do I code for this service?

Code according to your intent. Why are you using this method? What is the goal for application and patient's use? Always consider medical necessity and intended outcome (APTA):

- In your professional opinion is the patient likely to benefit from the taping procedure?
- Is this in accordance with generally accepted standards of care?
- Is this procedure in line with treatment goals?
- What is the clinical intent or outcome?

All of the above must be incorporated and clearly documented to allow for appropriate billing. The clinician should have a reasonable expectation that the service will result in a clinically significant change to affect a level of functional improvement within a reasonable time frame. The intended outcome should determine which CPT code is most appropriate for the procedure performed.

Note: These suggested codes are timed units therefore consider the instruction and application in your coding.

CPT 97112 -Neuromuscular: *reeducation* of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception ^[1]_[SEP]

- To promote movement of lymphatic's/subcutaneous edema
- To facilitate normal movement patterns (scapula retraction)

CPT 97110-Therapeutic Exercise: to develop strength and endurance, range of motion and flexibility ^[1]_[SEP]

- When you are applying tape to promote ROM or correct for proper ROM (I/E., reorienting a displaced sagittal band, redirecting the 5th EDC dorsally...)
- When supporting a weakened muscle tendon unit in order for it to gain strength

CPT 97533-Sensory Integration: to enhance sensory processing and promote adaptive responses to environmental demands ^[1]_[SEP]

- Decrease irritation/sensitivity to a regenerating nerve or hypersensitive scar

Reference:

1. Jacobs, M., Austin, N. 2013 Orthotic Intervention of the Hand and Upper Extremity, 2013. LWW Wolters Kluwer

2. APTA coding guidance FAQ: "Orthotics, Prosthetics, Casting, Strapping and Taping"
3. Parreira P; *Journal of Physiotherapy* 60 (2014) 31–39
4. Thelan M; *Journal Orthop, Sports, Phys ther* 2008; 38(7)