

## ***FAQ Elastic Therapeutic Taping***

The emerging popularity of elastic therapeutic tape (ETT) 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 to) 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
- Lymphatic reduction by lifting skin to increase lymphatic pathways.
- Supports ligaments by increasing the stability of joints

Is ETT effective?

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

### **ETT Precautions and Contraindications**

Most elastic tape is latex-free and can be worn for three to five days to support joints, muscles, and decrease edema and inflammation, etc.

Elastic tape should not apply with the following contraindications:

- Known allergies to adhesive and acrylic.
- Open wounds
- Scars that are not fully healed
- Present skin irritation
- Active skin conditions, like dermatitis or psoriasis

Please ask your patient if he/she/they are taking anticoagulants. These patients may experience small hemorrhage of the skin due to the lifting effects of the tape. They also may experience skin irritations; the etiology is unknown (Kumbrink, 2014).

### **Taping Application**

The tape is usually applied with stretch. This may vary from 10, 25, 50, 75, to 100%. The stretch is based on the anatomical and patient need. For edema reduction, the tape can be applied with no stretch. Sometimes positioning the patient in the correct lymphatic flow movement pattern is all is needed.

There is no exact way to apply the tape. The strips can be cut as I-, Y-, or X-tapes, or in lymphatic reduction, fan-shaped and narrow single strips (Kumbrink, 2014). To facilitate a muscle, the tape is applied from the origin to the insertion. To inhabit a muscle, it is taped from insertion to origin (Davison et al., 2016).

Elastic tape should be applied on a clean skin surface. Excessive oils or presence of lotion should be removed before tape application. It is recommended to wait 1-2 hours after sport and leisure for tape application due to sweat. Large amounts of hair may reduce the effectiveness of the adherence of the tape. A therapist may want to trim or remove the hair in the area that the tape will be placed (Kumbrink, 2014).

The tape can be worn for several days therefore, one is able to get the tape wet by showering and swimming. Patients should pat the tape with towel when drying off to decrease the chance of skin irritation. Other possible risks for skin irritation can be exposure to direct high heat. Yet, saunas are okay due to the skin's temperature adjusts accordingly.

To remove the tape, it is best to get the tape water for easy of removal (Kumbrink, 2014).

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

- 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

- When you are applying tape to promote ROM or correct for proper ROM (e.g. 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

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

**CPT 97140-** Manual therapy: techniques may be performed on individuals with symptoms that may include a limited range of motion, muscle spasm, pain, scar tissue or contracted tissue and/or soft tissue swelling, inflammation or restriction.

- To decrease muscle spasms

- To support muscle either facilitate or inhibit.
- To increase lymphatic flow to decrease edema
- To encourage active range of motion therefore to increase range of motion
- Decrease soft tissue inflammation and pain

References:

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)
4. Kumbrink, B. (2014). *K-Taping: An illustrated guide – Basics – Techniques – Indications*. Springer-Verlag Berlin Heidelberg 2012, 2014. DOI 10.1007/978-3-662-43573-1
5. Davison, E. A. , Anderson, C. T. , Ponist, B. H. , Werner, D. M. , Jacobs, M. E. , Thompson, A. J. , & Cook, M. R. (2016). Inhibitory Effect of the Kinesio Taping® Method on the Gastrocnemius Muscle. *American Journal of Sports Science and Medicine*, 4(2), 33-38.