

# Medical Taping Concept Bulletin nº 2

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*The objective of the Medical Taping Concept Bulletin is to provide health care professionals with clinical examples on the use of the Medical Taping Concept in clinical care.\**

*The elastic tape used in this method has a similar elasticity and thickness to human skin. The elasticity of the tape in relation to the elasticity of the skin is used to create a lifting effect on the epidermis. Thus, more "space" is created in the area of the subcutis, where various receptors, blood, and lymph vessels are located*

### Medical Taping for Parkinson's disease

Josya Sijmonsma  
josya@fysionair.nl

The popularity of the Medical Taping Concept has risen enormously in Europe over the past decade.

Many professional therapists have already started using this method, while others are familiar with it, mainly from seeing it at large sporting events, as there are more and more athletes whose accomplishments are achieved with the aid of Medical Taping.

However, most people are still unaware that this method has a much wider scope than the orthopaedic tapes used for athletes. Below, you will find a case description on the application of Medical Taping for Parkinson's disease.

### Description of the problem and intervention with Medical Taping

Mrs S., a fifty-six (56) year-old woman, had suffered from idiopathic Parkinson's for over five (5) years. Her disease was becoming increasingly problematic for her, partially due to the fact that she has a number of asymmetric abnormalities, causing her to lean more and more to the "left".

Besides the fact that this was affecting her balance and movement, it also led to severe backache, and it was for this reason that she visited our clinic for therapy with Medical Taping.

\* Also known as Neuromuscular Taping Concept

All the characteristic symptoms of Parkinson's disease were noticeable during the examination. The most obvious was the shift of the spinal column that became visible on inspection.



Posture at the beginning of the therapy

The back complaints were concentrated in the lumbar area, where the shift was noticeable. It seemed logical to suppose that the disorder caused by Parkinson's had produced the asymmetry, causing secondary backache.

The basic idea is that the symmetry in posture and movement should be restored as much as possible, and that the therapy needs to be built up, step by step, with a combination of techniques in order to achieve this

Each time a tape is applied, it is followed by an immediate assessment of its effect and a decision on the next most logical step, after which the next tape is applied. This procedure is repeated until no more improvements can be reached at this session.

A)

B)



Results at the end of the 60 minutes session. See Figure B for black outline of neutral coloured tape

For comments and suggestions please contact:

Editor: Marc Van Zuilen (info@fisioterapia-alcobendas.com)

Assistant Editor: Samira Seifi (info@aneid.com)

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## Applied techniques

The case described above concerns a neurological disorder that is causing an orthopaedic problem. A lumbar shift, such as the one shown in the first photograph, always involves a muscular imbalance, which in this case has been further complicated by the underlying Parkinson's disease.

There are several methods available to achieve a posture correction with the aid of Medical Taping. One of the great advantages of the Medical Taping Concept is that during the treatment, various techniques can be combined to achieve the foremost objective.

The following techniques were used during this therapy:

- Muscular technique: better muscular balance can be achieved by toning, or detoning, the muscles. The following muscular tapes were applied here:
  1. Dorsal: detoning the lumbar Erector trunci, the cervical Erector and the Quadratus lumborum on the left side and the Levator scapula on the right;
  2. Dorsal: toning the Quadratus lumborum and the Latissimus dorsi on the right;
  3. Ventral: toning the Rectus abdominis and the Obliquus externus, both on the right;
  4. Ventral: detoning the Iliopsoas and pectoralis major, both left and right.

All the detoning tapes are blue and all the toning tapes are pink. The colour choice was determined by the principles in colour therapy, in which it is assumed that blue has a more relaxing and sedative effect, while pink has a more stimulating and activating effect. (Although I do not particularly wish to advocate the use of colour therapy, it was given the benefit of the doubt and has been used accordingly.)

All the other non-muscular tapes seen in the photograph have been applied in a neutral colour.

- Fascia technique: a 'jiggle technique' can be used to influence the position of the joints. In this case, this technique has been used from the top of the shoulder to the thoracolumbar transition, left and right symmetrically, to stimulate thoracic extension.
- Influencing the terminal position: a better posture can be stimulated through proprioception. This technique has been applied across the cervical processus spinosi to resist the anterior position of the head.
- Ligament technique: to stabilise the joints, used here lengthways in the direction of the left and right SI joint, and transverse across both SI joints to increase the stability of the pelvis.

- Neuro-reflector influencing: via stimulation of the skin, the vegetative nerve system can be influenced. An X tape in the ortho-sympathetic area applied thoracically between both scapulae has been used here to achieve a normalising effect within the vegetative nervous system.

## Short-term and long-term effects

By the end of the session, the posture in stance had visibly improved compared to the initial situation. The pain experienced by the patient had been reduced and movements seem to be suppler.

Considering the intensive and massive tape therapy, there was a telephone follow-up within three days, during which Mrs S. reported that she had had no pain for two days and that walking and moving were much easier for her. We decided not to make any new appointments and to wait and see how matters progressed.

After more than two weeks, the tape construction started to come loose, but the pain did not return and movements were still much more supple than the lady was accustomed. The tendency to gradually lean to the (left) had disappeared, even after sitting in a chair for any length of time.

In the course of the months following the first session, the effect of the therapy started to wear off. The pattern of movement gradually dropped to the level it had been before the first taping session. A second appointment for treatment was made after nearly seven months. The tape therapy at the second session was the same as the first session, although it was less intensive.

These sessions were repeated at the same intervals for the two years that followed the first contact. The lady returned to the clinic once every six or seven months for tape therapy, while taking a course of exercises with a physiotherapist in her home town.

The contact came to an end after two years for two reasons: the geographical distance to the surgery where the patient underwent the tape therapy is 170 kilometres. The lady lived alone and the journey was too long for her to undertake regularly.

The second reason is a happier one: since she started therapy, many more physiotherapists have followed the Medical Taping course and have employed in their practice, and the lady managed to find a therapist in closer to her home.

## Medical Taping for neurological disorders

The case described here may provide some idea of the possibilities of Medical Taping for neurological problems. Two aspects of this case may induce other therapists to apply the Medical Taping Concept more often to neurological syndromes as auxiliary treatment, i.e. the speed with which the results are achieved and the low frequency of the sessions applied here.

As the effect of the muscular and corrective techniques was brought about by reflector influencing, the results are immediately noticeable. If the therapist works efficiently to prevent a muscular imbalance with toning and detoning, it will produce immediate muscular balance.

The extent of the results will depend on the severity of the underlying pathology. In this context, it must be pointed out that the body's own reflexes and possibilities must be employed. If the capacity is lacking, there will be no great effect. In other words, in the event of full denervation, a toning tape will not produce any extra muscle activity in the affected muscle. This may be reason to exercise caution when using Medical Taping for muscle dystrophy in particular.

I chose to employ a very low frequency for the therapy for a practical reason, i.e. the distance between the home and the clinic, and on the other due to the nature of the disorder. Parkinson's disease is a progressive disorder; the aim of the therapy can merely be to optimise the situation and to prolong the optimised situation for as long as possible. Exercise therapy is therefore necessary. Because the tape can be used to acquire better muscular balance, the exercises can be done at a higher level during the period in which the tape is worn. The tape will have effect as long as it attached to the body - twenty four hours a day - allowing a higher level of movement in the ADL too, which may be regarded as an intensive form of continual exercise therapy.

In the case described above, due to the technique's provoking this continual exercise therapy, the impact of the Medical Taping treatment diminished gradually over the months rather than disappearing the moment the tape was removed.

Similar effects can be observed during the treatment of congenital and non-congenital spasms. However, if we can expect to gain any improvement from Medical Taping, the sessions are held at a much higher frequency.



## Neurological taping versus orthopaedic taping

Taping for neurological disorders is regularly called 'neurological taping'. In my opinion, this term is somewhat confusing, as treatment for neurological syndromes makes use of exactly the same taping techniques as taping for orthopaedic disorders.

Consequently, there is no difference between 'neurological taping' and 'orthopaedic taping'; the methods are the same – only the objective for which the tape is applied differs.

More concretely, the detoning of a biceps is always the same, whether it is a matter of detoning due to a spasm after a CVA or for a biceps rupture in an Olympic javelin thrower. The patient may differ, the ailment may differ and the aim of the therapy may differ. However, in both cases, the therapist wants to detone the biceps and the applied technique is exactly the same.

### Josya Sijmonsma.

was born in 1962 in Drachten, the Netherlands. After her study for physical therapist which she completed in 1985, she specialised among other things in lymphatic therapy, Medical Taping, Manuel therapy Mulligan, myofeedback, meridian therapy and trigger point treatment.



Since 2002 she gives specific courses and lectures on Medical Taping in the Netherlands, Portugal, Germany and Belgium for professionals. She is an all-round expert on Medical Taping and provides courses in the different topics of Medical Taping, such as basic, advanced, lymphatic, neurologic, podiatric, and meridian Taping.

In 2004 she published in Dutch the "*Medical Taping Manual*", this book was translated into English (2009) and Spanish (2007) - ISBN 90-9018931-9

Josya Sijmonsma  
Volkering 10  
7471 TE GOOR  
tel. 0641365804  
E mail: info@fysionair.nl

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TapeConcept Ltd.  
 Amathusia Village 7  
 P.O. Box 50724  
 4532 Agios Tychonas  
 Limmassol  
 Tel/Fax: +357-2531-4460  
 E-mail: [info@tapeconcept.com](mailto:info@tapeconcept.com)  
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## Neuromuscular Taping

### Only for professionals

Cure Tape is registered in Europe as a Class I Medical Device

Product Characteristics:

- No chemical or pharmacological product delivered by tape.
- The adhesive is alcohol free with hypo-allergenic backing in wave form, reducing the risk of skin irritation and allowing the skin to breathe.
- Tape is not latex, but based on cotton fiber; providing elasticity similar to the human skin (130%-140% self stretching).
- Adhesive characteristics of the surfaces are activated by body heat.
- Tape is air and water-permeable, while still being water resistant, allowing the tape to be worn for several days (4 to 5 days) without loss in the quality of effect.

