

Kinesio Taping Therapy in Degenerative

Cervical Disorders

Daejin University Medical Center Department of Neurology,

Korean Spine Medicine Research Association, Vice-president,

Yonsei Univ. Medical College, Professor, KTA, Instructor Koh Do Yle



Koh Doyle M.D. Curriculum Vitae :

- Spine Neurosurgeon at Yonsei Univ.

Medical college in Korea

- Chiropractor at RMIT University
- Chiropractic college in Australia

My Clinic Schedule

Mon, Wen, Fri : In the morning: - Spine operation (cage, pedicle screw, laminectomy)

In the afternoon : - Chemonucleolysis by chymopapaine for only sciatic patients with soft disc

- IDET(Intradiscal electrothermal therapy) for chronic discogenic back pain patients
- Prolotherapy for ligament injury patients with positive jump sign

Tue, Thu, Sat : - Only taping therapy with 3 doctors

(neurosurgery, family medicine, pain & anesthesia)

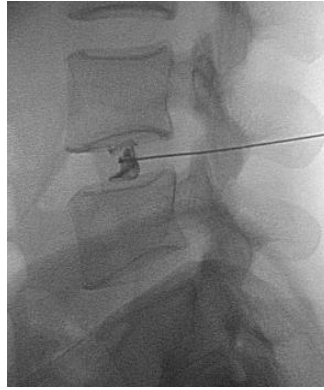
- 80 patients/day

My Treatment Protocols

1. Taping treatments for 3 weeks on uncomfortable patients with physical therapy for 2 months
 - If no effects, stop the taping therapy
 - If improved, taping therapy is continued for 3 months
2. After the 3-month taping therapy, chronic ligament pain, not muscle pain is continued, the prolotherapy was done.
3. If the case was indicated as chemonucleolysis, IDET, triamcinolon cyriax injection, trigger point injection, and Chiropractic adjust, these therapies were performed.

Female, 32 yrs

C.C.: severe left leg pain for 1 month



Male, 41 yrs,

C.C.: chronic back pain with both sciatica



Objective

The purpose of this study was to assess the effects of Kinesio-Taping therapy in Degenerative Cervical Disorders

- Study Design**
1. Patients taking prior pain killer medication completed and were treated only with the taping therapy
 2. The treatment period was 12 weeks
 3. The taping therapy was made twice a week

Methods

1. 43 patients with male or female, at least 18 years of age and older were selected for this study. The pain was continued daily for at least 3 months and all patients were treated at other hospitals with no apparent improvement in the symptom.
- Diagnosis of cervicogenic pain was made from clinical signs and symptoms (i.e., pain, paresthesia, dysesthesia, numbness) plus cervical MRI, CT scan and electromyographic/nerve conduction velocity testing evidence when appropriate

4. Patients showed a normal cognitive and communicative ability in completing a background questionnaire and responding to conversations

Exclusion

- a) Depression severe enough to mandate treatment with an antidepressant medication
- b) Medically stable(D.M.gout, pregnancy)
- c) Severe myelopathy or indication of surgery

Signs & Symptoms of patients

Signs & Symptoms	Numbers of Patients
Only neck pain	6
Neck pain with arm pain (unilateral)	32
Neck pain with arm pain (both)	5
Total	43

Signs duration before the taping therapy

Signs duration	No. of Patients
3 < signs < 6months	9
6 < signs < 12months	16
Signs > 12 months	18

Diagnosis

DIAGNOSIS	Numbers of Patients
Cervical disc (including mild degenerative disc)	22
Cervical OPLL	8
Thoracic outlet syndromes	7
Referred pain of myofascial pain syndrome	6

MRI	43
CT	15

EMG & NCV	4
Total	

Male, 68 yrs

C.C. : Severe right arm pain and neck pain for 6 months



Clinical results in pain after taping therapy for 3 months

Disease \ Result	No effect	Poor	Good	Excellent	Total
C-disc	2	2	15	3	22(81%)
C-OPLL	3	2	3	0	8(37%)
TOS	0	0	3	4	7(100%)
MPS	0	0	3	3	6(100%)
Total	5	4	24	10	43