

COMPLEX REGIONAL PAIN SYNDROME IS complicated to diagnose and treat. Every weapon in the arsenal of pain management treatment must be considered to offer patients a decent quality of life. The Kinesio Taping Method may offer some significant relief to many people afflicted by CRPS.

Q: What is Kinesio® Tape and the Kinesio Taping® Method?

A: The Kinesio Taping Method was founded in 1979 by Kenzo Kase, a Japanese chiropractor. It is a therapeutic treatment method for pain syndromes and movement disorders related to orthopedic injury, neurological trauma, inflammatory processes, edema, poor posture, and muscle imbalance. Kinesio Tape is an elastic therapeutic tape designed to mimic the qualities of skin. It is roughly the same thickness as skin, stretches like skin, breathes like skin, and acts as a barrier like skin.

Q: Is this kind of taping only for athletes?

A: While many athletes use Kinesio Tape for athletic injuries, 85% of the people who are taped are average citizens with a wide variety of diagnoses, including CRPS. The difference between Kinesio Tape and other kinds of elastic and rigid therapeutic tapes is that it is not solely an orthopedic modality. It works in a completely different way. The tape does not just treat muscles, joints and ligaments. It affects the circulatory system, the nervous system and the fascial system which controls the connective tissue in your body.

Q: How does it work?

A: Kinesio Tape is applied to the skin in a slightly stretched position and adheres to it. When the tape recoils from the

stretched position, it lifts the skin creating visible convolutions on the surface. As the skin is lifted, several physiological systems are affected. First, the superficial lymphatic channels are opened, allowing for more efficient circulation. Congested fluid which causes edema (swelling) is cleared taking with it pain-inducing lactic acid and other waste products. Oxygen-rich blood, responsible for healing, can now enter the area more easily. Both the lifting effect on the skin and the reduction of edema take pressure off pain receptors embedded under the skin. Pain is reduced as a result. Also, the convolutions created

be applied to limit pathological movement patterns, like hyper-mobility of a joint or postural abnormalities that develop with injury and cause secondary pain and dysfunction.

Q: How quickly do you get the benefit from the tape?

A: If properly applied, as soon as the tape is placed on the skin, the effect starts. You may feel an immediate reduction in pain, improvement in ROM or greater muscle control. Edema usually starts to resolve within a few hours.

Q: How long do the effects last?

A: The effects of the tape can last from 3 to 5 days, or generally as long as the tape remains on the skin.

Q: Can I shower with it?

A: You can go about your daily routine with the tape on, including showering, swimming, etc. For very active people, the tape may

have to be re-applied more often, or a spray adherent may have to be used over the tape.

Q: You keep saying “properly applied.” Can’t anyone apply the tape?

A: No, a health professional familiar with your injury, illness or disease process who is a Certified Kinesio Taping Practitioner® (CKTP®) must apply the tape. CRPS is difficult to treat under the best of circumstances and no untrained person should lay a hand on you with this tape or any other modality. A full history of your health and condition must be taken and a thorough evaluation of your current condition must be completed before the tape is administered. There are specific guidelines

Q&A: The Kinesio Taping® Method and the Treatment of CRPS

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in the skin move as the patient moves. The movement in the skin brings the brain’s attention away from the pain, much like rubbing your hand gently over the skin when something hurts. The technical term for this is “activating the endogenous analgesic system.”

Also, when properly applied, Kinesio Tape can help to promote normal muscle function. It can facilitate a weak muscle or calm down a muscle spasm. By changing the tension on the tissue, it can also break down adhesions in the connective tissue, known as “fascia,” that cause joint contractures and muscle tightness; it can break down scar tissue that may be limiting range of motion; it can help to support ligaments and tendons; and it can

for cutting the tape, applying the right amount of tension in the tape, putting it on the correct direction, targeting the tissue responsible for the symptoms or causes, etc. Someone not trained and certified in the Kinesio Taping® Method will not know how to use this modality effectively. They could do potential harm, particularly in someone with a condition like CRPS which can be easily exacerbated with the wrong neural input.

Q: Are there side effects to the tape?

A: Because the tape is made of cotton and there is no latex in it or the adhesive, skin reactions are very few when the tape is applied with the correct amount of tension. However, they do sometimes occur and when they do the tape must be removed.

Q: Are there contra-indications to the use of Kinesio® Tape?

A: A few. We do not apply the tape over active malignancy, infection, deep vein thrombosis, open wounds, or skin irritation. There are other conditions for which there are precautions. Greater care must be taken if the patient has a cardiac, circulatory, respiratory or renal condition that may not tolerate large amounts of fluid being directed toward the trunk. This is another reason a trained health professional who is a CKTP should be consulted.

Q: How can Kinesio Tape help someone with CRPS?

A: While Kinesio Tape cannot cure the underlying cause, it can help to manage the symptoms associated with CRPS. For instance, it is very effective in managing lymphedema, a common symptom of CRPS. Applied with the correct cut and tension, the tape can direct fluid from

the extremities to the nearest functioning lymph node, clearing the lymphatic congestion and reducing the edema. The burning pain and hypersensitivity often experienced on the surface of the skin can likewise be addressed with Kinesio Taping. At present, there is evidence to suggest that CRPS symptoms may be the result of both an inflammatory process of the sensory nervous system and a processing problem at the level of the brain. To address the damage to the nerves in the epidermal layer of skin, the tape is applied in thin strips with very light tension to stimulate stem cells to reproduce and heal the epidermal tissue layer. Applied in other ways, the tape can also help to calm muscle spasm, mobilize tissue responsible for loss of range of motion, and facilitate weakened muscles. Many physical and occupational therapists who work with CRPS patients use Kinesio Tape in their practice to enhance the results they get from the work they do with their hands and other treatment modalities.

A: How can I find a therapist who knows how to use Kinesio Tape?

Q: The Kinesio Taping Association website, www.kinesiotaping.com, has a CKTP locator which lists Certified Kinesio Taping Practitioners around the country. You can start there. You can also

call your local chapter of the American Physical Therapy Association (APTA) or American Occupational Association (AOTA) and they may be able to help you. Most certified practitioners of the Kinesio Taping Method usually advertise that they offer the service and the in-

formation may be readily available on the web or by calling the therapy practices and asking them. ■



RSDSA Clarifies its Position on the PROP Petition

In a recent electronic alert, the RSDSA incorrectly characterized the PROP petition to the FDA that seeks relabeling of opioid pain medications. Our email alert stated that under the new labeling, if adopted, opioid medications would no longer be prescribed to treat (1) ‘moderate’ pain, (2) for longer than 90 days, or (3) in doses greater than the equivalent of 100 milligrams of morphine. RSDSA apologizes to PROP and to our constituents for the error.

FDA labeling regulates advertising and how pharmaceutical manufacturers and distributors describe and promote the use of their products; but the FDA does not regulate physician prescribing. Physicians are free to prescribe according to their education, training, and experience and for the best interests of their patients. To say or imply the PROP seeks “prohibition” of any prescribing practice is incorrect.

Nevertheless, RSDSA is concerned that a change in labeling might adversely affect insurance coverage for medications prescribed for conditions that are no longer listed in the FDA-approved labeling. Such prescribing is called “off-label” use. Off-label prescribing is common and accepted. Denial of coverage for off-label prescriptions, if it occurs, would limit access to opioid pain medication. No one can state with certainty how the health care insurance industry or regulatory agencies, other than the FDA, will act in response to altered labeling of opioid pain medications. Over 60% of people with chronic pain due to CRPS depend on opioid pain medication. RSDSA seeks to protect CRPS patients’ access to opioid pain medications covered by health care insurance.

Are you a member of our 20-year study on the long-term effects of CRPS?

If not, please sign up today at <http://www.crpssurvey.org/>