Pain is a major motivating factor which drives a patient to seek help from a therapist. Clients will invest their trust in the therapist’s skills in anticipation that these will reduce the pain and make a difference to their health. Kinesiology tape (KT) is designed to mirror the body’s skin properties through its use of thin adhesive elastic material capable of stretching between 30 to 40 per cent of its resting length. This distinctive elastic feature is the key factor behind claims that KT can potentially increase circulation, reduce pain and correct mechanical dysfunction.

The underlying pain relief mechanisms of KT remain poorly understood. It is speculated that KT decreases pain by lifting the skin and therefore relieving pressure and irritation of neurosensory receptors. According to the gate-control theory proposed by Melzack and Wall (1965) the response to KT concerning pain relief may be explained by a decreased nociceptive input of skin, joints and skeletal muscles by sensory stimulation of the skin.

Empirical research is currently contradictory and inconclusive. Some researchers have found that the application of KT to a pained area significantly reduces the pain perceived by the individuals, while other studies have not found significant pain relief with the use of KT. Gonzalez-Inglesias et al (2009) reported that there was a significant decrease in pain immediately after the application of KT and at 24 hours post application. Thelen et al (2008) did not show a significant decrease in pain, although there was an increased range of movement, while Miller et al (2013) showed a three-day delay in a reduction of pain when using the visual analogue scale during movement. Oliveira et al (2013) measured pain at rest, during daily living activity and movements that required effort, following the application of KT to the injured site. The results showed there was not a significant decrease in pain when KT was applied following injury but there were positive effects in the pain reduction after two weeks of application.

Immediate reduction in pain, upon application of KT, appears to be a common finding although the degree to which it is reduced and the results associated with its long-term benefits vary considerably. Over a longer period of time KT seems to be less effective but there is a lack...
of reliable empirical evidence to support this conclusively. This is highlighted by inconsistent methodological approaches (tension of tape and duration of application) to the analysis of such effects. None of the research within pain measures the patient’s perception or beliefs of KT, which will also have an effect on the reduction of musculoskeletal pain.4

Despite the increasing use of KT in clinical practice, its true merit as a pain relieving ergogenic aid is uncertain.15 The growing popularity of KT can only be attributed, in some respects, to anecdotal evidence for its therapeutic benefit. However, the research surrounding KT is still in its infancy and the scientific evidence to support its use and effects in the role of pain reduction is still being established.2,16

We both still use KT in a clinical setting and our continued research in the area feeds into our clinical application.

References
4 Lim ECW and Tay MGX (2015). Kinesio taping in musculoskeletal pain and disability that lasts for more than 4 weeks: is it time to peel off the tape and throw it out with the sweat? A systematic review with meta-analysis focused on pain and also methods of tape application, British Journal of Sport Medicine DOI:10.1136/bjsports-2014-094151