

Foot and Ankle



Dyanna Haley-Rezac, PT, DPT, OCS, CSCS, CKTP Scott Rezac, PT, DPT, OCS, CSCS, CKTP, CEAS, ACCE

History of Kinesio Taping

New adjunct for clinician tool box



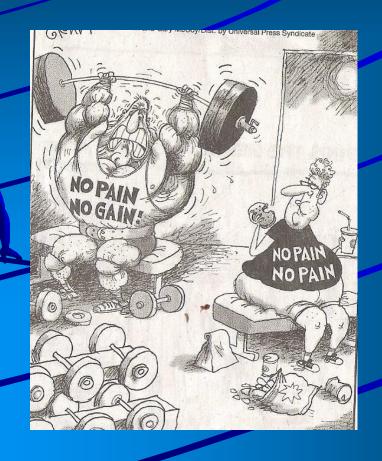


Application of Kinesio Tape

- Skin free of oils and dry
- Spray adherent can be used
- Lightly rub to activate heat sensitive adhesive
- Using a hair dryer after showering can help maintain elasticity and prevent uncomfortable wet tape
- Clip or shave thick or "furry" hair
- Can apply as many of the individual techniques as needed recommend taping for pain and function
- No tension at beginning and end of tape
- Round ends of tape to prevent rolling

Application of Kinesio Tape

- + The Rezac Principles
 - Should not produce or increase pain



Application of Kinesio Tape

The Rezac
Principles
Use the least
amount of tape
necessary to
accomplish
goal.

Close to Home by John McPherson



"Give me a break! A couple of shirtless construction workers outside the window, and you two completely lose track of what you're doing!"

Muscle Facilitation



- Functional origin to insertion (stable to mobile segment)
- + Apply 30-40% stretch
- Stimulation of muscle contraction

Muscle Inhibition

- Functional insertion to origin (mobile to stable segment)
- + Apply 0-10% stretch
- Muscle Relaxation / Lengthening
- * Proprioceptive feedback (rebounding) opposite to direction of muscle contraction





unloading

- Decrease pressure / pain over a bursa, tendon or joint
- Unload
 - Maximal stretch over area to unload
 - No stretch on ends
- + Space Correction
 - -2 4 space strips
 - Approx 3 squares long
 - Maximal stretch over middle 1/3, no stretch lateral 2/3





Edema/Lymphedema





- Reduction through active joint motion
- 0-10% stretch over edematous site
- Fan shape most common
- Lymphatic Drainage
 - Negative pressure mechanism
 - → Decreased pressure under tape
 - Higher pressure areas diffuse to lower areas
 - Compression similar to lymphatic massage
 - -0-5% stretch
 - Direction of lymphatic flow

Plantar Fascía Unload

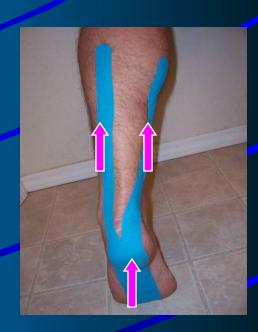
Gastroc/Soleus/Achilles Complex Unload



Step 1: With foot in dorsiflexion, begin tape at transverse arch on plantar aspect of foot. Apply moderate stretch to calcaneus. Can also fan and/or direct to 1st ray for improved 1st distribution.

Step 2: Split tape into a V and apply to medial and lateral aspects of the gastroc/soleus complex with minimal stretch.

Very effective when combined with navicular lift



Navicular Lift

- Stability and deceleration of pronation moment during stance
- Can be augmented with plantar fascia unloading and gastroc inhibition

Step 1: 0% stretch from lateral dorsum to navicular tubercle

Step2: 30-40% from tubercle to anteriolateral tibia





Tibialis Anterior Facilitation or Inhibiltion

- Facilitate DF
- + Inhibite with space correction for shin splints
- Tibialis Anterior
 - O: lateral tibial condyle, proximal tibia and interosseus membrane
 - I: medial cunneiform, base of 1st metatarsal
 - A: IV foot, DF ankle

Facilitation: lateral tibia to 1st met 30-40% stretch Inhibition: 1st met to lateral tibial 0-10% stretch







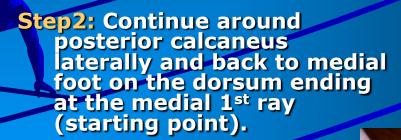
Hallux Valgus Correction





 Valgus or Varus can be used on any toe.





Step3: A small strip can be used around the toe to secure ends without any stretch.





Edema/Lymphedema

- Edema Reduction
 - For acute ankle sprains or post-surgical foot/ankle.
 - Anchor distally and lie strips without stretch around edema area without stretch.
 - Strips should end directed toward the femoral duct.





Questions, Comments, Rotten Fomatoes?

