

The Therapeutic Taping Method: Genuine Value-Added Therapy

By Tracy Barnes, DC, DICCP, CKTI

Elastic therapeutic taping was developed by Kenzo Kase, DC, in Japan for use with his own patients. From the very beginning, elastic therapeutic tape was designed to work in concert with chiropractic care.

Chiropractic improves the efficiency of the body to heal itself through the use of manipulations to release restricted nerve pathways that inhibit normal function. It is non-invasive and succeeds without the use of pharmaceuticals. Elastic therapeutic taping succeeds in a similar manner.

Dr. Kase developed his technique to work with the body's innate healing systems to achieve and maintain a healthy balance. Applying tape is an extension of the treating practitioner's hands-on treatment, lasting three to five days, assisting in muscle facilitation for post-injury rehab, decreased swelling for injuries and/or decreased muscle spasm for overuse sprains. In practice, tape allows the body the proprioceptive input to maintain subluxation correction by its influence on muscle function. If we can appropriately facilitate and inhibit muscle function both anteriorly and posteriorly, we can further allow the body to attain and maintain homeostasis.

Well-Tailored to the Chiropractic Model

In the United States, elastic therapeutic taping is generally a billable insurance modality. Dr. Kase originally introduced the technique in Japan and elsewhere through the chiropractic and sports medicine community. In the US, though, an interesting thing happened. Once physical and occupational therapists got wind of the elastic therapeutic taping option, they caught on quickly to its benefits and insisted it be a billing option in their treatment programs. Since PTs and OTs are part of a treatment team supervised by MDs, this allowed elastic therapeutic taping to be codified as a medical option for insurance and regulatory purposes. As a result, states, insurance companies, associations and agencies have been quick and cooperative in paying elastic therapeutic taping reimbursements.

Ron Frers, a licensed massage therapist and certified kinesio taping practitioner (CKTP) who works in a chiropractic setting, notes, "To my knowledge, sending a copy of the attending CKTP's certification along with the billing has assisted our company in never being denied payment, nor having a payment adjusted or reduced." He adds, "For a DC practice it is a billable modality, the patients like it and they show improvement almost immediately. Especially with acute patients, pain is reduced and a sense of security comes to the taped area. Elastic therapeutic taping fits easily into a chiropractic practice. It can be applied post-massage or at any time during the treatment protocol."

The original intent of the therapeutic taping experience was for the manual adjustment to stay in place between office visits: for the doctor's touch to remain with the patient for a more extended time period of two to five days. Physiological effects include decreasing pain, muscle hypertonicity and swelling, increasing range of motion and circulation, improving function and providing support, to name just a few. I've found that since it can be worn for up to five days, it prolongs the work we can do in one office session. As Dr. Kase says, "The tape ... It's like you keep your hands on the patient."

Like a Phone Call to Your Brain

The tape is like an elastic band. Imagine if you were to attach (say, by stapling) an elastic band to one end of the muscle, stretch it and then staple it the other end of the muscle. It would create a mechanical recoil and a neurological stimulation / recoil, just as therapists do during rehab when they tape the skin / muscle to promote facilitation. For instance, in treating edema, since 90 percent of swelling occurs just below the skin and above the last layer of muscle, the convolutions created during a lymphatic application create a lymphatic pump that is effective for 24 hours a day for three to five days. For some DCs, this is the best-selling modality in the office.

I tell patients that the tape is like a phone call to your brain. Even when we forget the tape is there, as we move, it continues to call the nervous system and give it messages to restore function in an area. With staff, we would go over the same thing we communicate to our patients: information about how the tape works, who uses it and why, cautions for taking it off as needed and that it has no latex or medication in it.

Major distributors sell to the practitioners, who provide the service and product to the patient. Although many chiropractic offices do have displays, posters and literature about elastic therapeutic taping available, they primarily provide a service, rather than selling tape.

In most cases the service itself has proved lucrative for practitioners. Taping instructor and practitioner Scott Hainz, DC, CKTI, provides some context: "On the average I get \$35 per visit for tape. This is cash or insurance. If you only tape an average of 45 patients a week for 48 weeks, it comes to \$75,000 increase in revenue."

"A True Win-Win!"

Ron Frers is affiliated with Comprehensive Physician Services of Tampa, Fla., where every massage therapist and DC has completed some elastic therapeutic training and many are CKTP certified. In their seven office locations, they estimate that elastic therapeutic taping has been a profitable modality for them, returning close to \$100 per application. They've found elastic therapeutic taping to be cost-effective, as it takes about 5 to 8 minutes to apply, with an average material cost of \$2-\$3 or less per application. He notes that the key is to use the tape when medically necessary and not to overuse it.

Taping applications will last three to five days, so in deciding when to tape it is advantageous to administer applications when they will be most needed. For instance, taping may help when the patient will not be getting therapy for several days, especially on weekends. In acute situations any time is advisable.

Administrator Kim Sanders says that over a two- or three-month patient tenure for treatment, elastic therapeutic tape is applied to 100 percent of the patients one or two times a week for the first two or three weeks. From the fourth to twelfth weeks, 20-25 percent of the patients will receive elastic therapeutic taping once or maybe twice a week. "Every patient can benefit from (elastic therapeutic) taping," Sanders says. She is a great proponent and feels that the treatment has paid off both for patients and for their practice: "a true win-win!"

Strategies to successfully offer elastic therapeutic taping to the patient and family are pretty much built in. Because it is often used as an adjunct to or extension of other therapies, taping tends to be introduced organically the first time around. Patients who have had the experience of feeling the extended relief and support from taping will then ask for it in different circumstances and recommend it to others for similar relief. Frers notes that the tape is applied at the end of every new patient's first office visit on the area of their body exhibiting the greatest amount of discomfort. "This has proved to be very successful in having a patient who is in pain feel better immediately and as a result, we have witnessed excellent patient compliance with subsequent scheduled appointments," he adds.

Due to the broad range of therapies and conditions that can be treated with elastic therapeutic taping, the percentage could run to 80 percent or higher in a practice where the staff and doctors are well-trained in the modality.

In my practice, if it hurts, we tape it. I've used the taping method on kids as young as a few months old for colic-related symptoms and on a 92-year-old gentleman with low back pain. I use it to assist women during their pregnancies to alleviate pain from a variety of dysfunctions, and I use it on athletes young and old. For me, it's at least 80 percent of my patients on any given day that I use (elastic therapeutic) tape for something.

Walking Advertisements

Because of awareness in the sports and health communities, elastic therapeutic taping provides a unique opportunity to attract patients to other chiropractic services. Offering taping is a draw to the practice for athletes of various skill levels. In addition to the usual pattern of recommendations, where someone who is feeling great shares their "secret" with friends, colleagues and relatives, the tape may be visible when the patient is at a sporting event or going through everyday activities. Questions about the tape may then lead to conversations about the healing power of the tape and the benefits of visiting that practitioner.

I had a patient one time who I had taped for her low back pain. She left my office and immediately went to the paint store to purchase paint for a home project. She was kneeling down on the floor, looking at the lower shelves, when a voice behind her said (insert Kentucky accent), "You've been to the chiropractor, haven't you?" The patient said yes, she had been to my office and right there in the paint store ensued a conversation with another of my patients and the referral of several new patients who were intrigued by their testimony!

I've had this scenario happen multiple times; the tape is seen by someone; they ask questions of the person wearing it; and *voila!* – phone calls to my office.

Surveys Say...

Elastic therapeutic taping is a widely accepted therapy, in particular for rehabilitative purposes. In a recent survey by MPA Media, DCs who incorporate rehabilitation into their practice signaled their high level of satisfaction with the therapeutic taping. At 76 percent among chiropractors who provide rehabilitation, therapeutic taping was the second most commonly used technique, coming after exercises but finishing

ahead of ultrasound and Graston therapy in the survey. When asked how they bill for rehabilitation services, 74 percent said they bill through CPT codes, while others use a model of built-in service, fee-based service or direct payment.

Of those who use rehab and therapeutic taping, 94 percent – nearly all respondents – understand and believe in the taping philosophy. From the same group, DCs had the most success with treating neck and shoulders with therapeutic tape, followed by ankles and feet, knees, wrists and hands, and back. They reported many different benefits of using therapeutic tape, including better patient outcomes, increased patient satisfaction with care, more referrals, enhanced reputation in the community and increased practice income.

Chiropractic practices vary greatly and not every DC will embrace elastic therapeutic taping. However, those who do have developed a great respect for it as a highly effective therapeutic modality with the potential to be a very effective treatment and a profitable addition to their practice.

Dr. Tracy Barnes is in private practice in Louisville, Ky. She graduated from Palmer Chiropractic College - West in 1992, has taught anatomy and physiology since 1999, and also teaches internationally on a variety of pediatric topics. She became a Certified Kinesio Taping Instructor (CKTI) in 2004 and has taught the taping method all over the world.



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