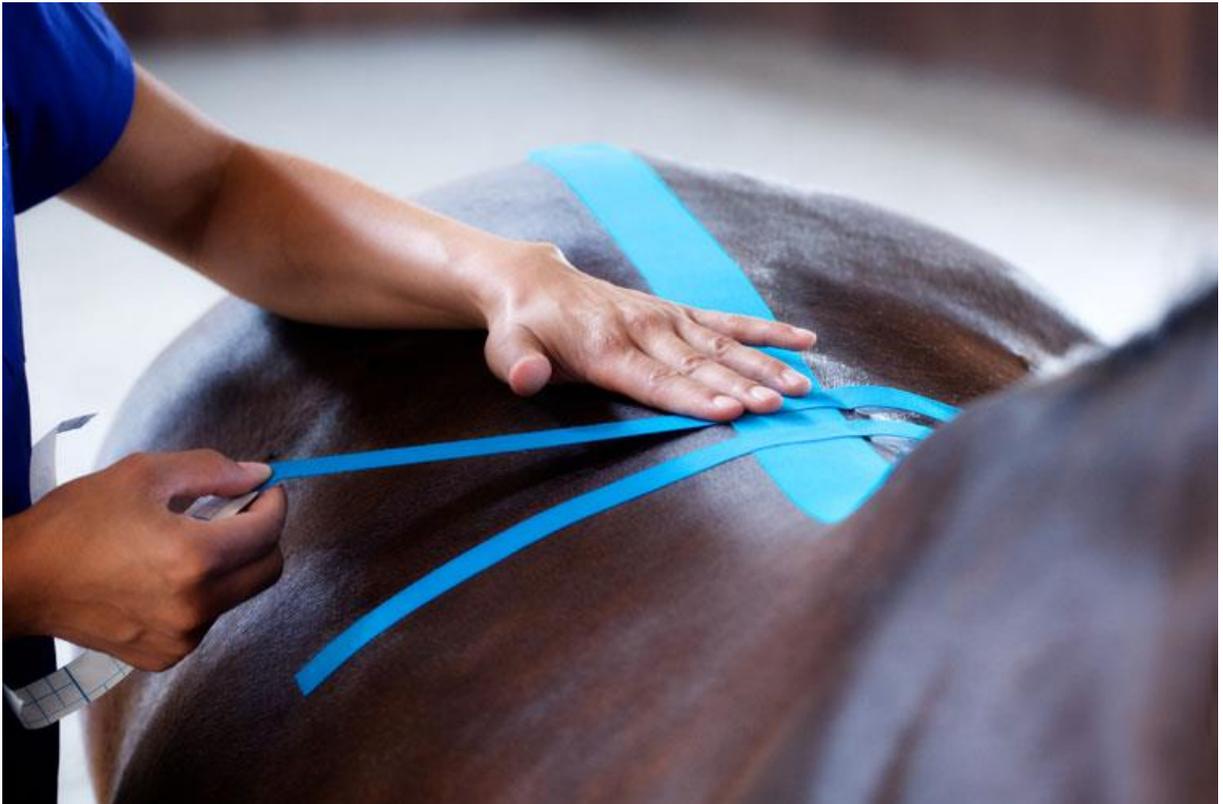




Classical Horse Training

Combining art with science to achieve balance and harmony



KINESIOLOGY TAPE FOR HORSES

MANUAL

FOREWORD

This document is the result of many years of research and personal experience worldwide. I sincerely hope that it will be useful to your personal learning experience and contribute to your personal training and development. This document goes together with the video assigned to you in the Online Support Program. Make sure to first watch the video and use the manual as an additional learning tool. I wish you a lot of fun and lightbulb moments diving into these materials.

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INTRODUCTION

In this manual I'd like to share with you the basics of applying kinesiology tape in order to support your horse. But what does kinesiology actually stand for? The word comes from the Greek *kínēsis*, 'movement' and *-λογία-logía*, 'study'.

Kinesiology is thus the science or study or movement. So in the broad sense of the word it can be defined as:

“the study of human and nonhuman animal-body movements, performance, and functions by applying the science of biomechanics, anatomy, physiology, psychology, and neuroscience.”

So kinesiology basically is the broad umbrella that encouples all the topics of interest presented in the Classical Horse Training Online Program.

Knowing that kinesiology concerns movement, the aim of the use of kinesiology tape is to maintain mobility and activate different systems to improve body function as opposed to conventional inelastic tape which fixates, restricts motion and alters microcirculation. The tape allows full range of motion while interacting via a lifting motion with the skin. The way the tape is applied determines it's actions on the body.

Kinesiology tape was developed by Japanese chiropractor Kenso Kase in the mid 1970s as the result of many years of research towards a gentle method of treating muscular pain syndromes in humans. The aim of kinesiology tape was defined as:

“to deliver minute stimuli to the cutaneous receptors in the skin by means of the adhesive tapes, in order to stimulate the body's regenerative and self-healing processes at the reflexive level.”

It is important to realize that kinesiology tape greatly differs from conventional sport tape. Conventional sport tape is white in colour and not elastic in nature. The tape is stiff and stabilizes joints by limiting potential harmful movements and reducing pain of an injured joint. However, since the tape is stiff in nature, it restricts joint mobility, circulation and lymphatic flow as well as the dynamic state of fascia. As such, this type of supportive taping is only suitable as a short-term measure – for example during a sporting competition.

Kinesiology tape on the other hand is elastic and used for a completely different purpose. Unlike conventional sport tape, it does not restrict joint mobility in any way. In fact, the tape is intended to influence movement, but not to hinder it. As such, kinesiology tape provides more benefits to athletes and is widely used today in the sports medicine field both in competition – to enhance performance and prevent possible injuries - and rehabilitation – to enhance injury treatment.



Illustration of non-elastic conventional sport tape on the left versus elastic kinesiology tape on the right.

After the many positive results in human sports medicine, it was only a matter of time before the taping method created a demand for animals too, but there was a requirement for the tape to be modified due to the presence of the animal's coat and the differences in skin elasticity, tissue structure and volume. There are also differences in the diagnosed problems and frequency at which they occur. All of these factors were taken into consideration in the development of equine kinesiology tape – currently branded as Vetkin Tape.

The material of VetKin-Tape® is comfortable for the horse and adheres very well to the coat. It has a similar composition to skin in its elasticity, thickness and weight and because of this it should feel like a 'second skin' and not overload the sensory system. When applied

correctly, it will not cause any discomfort and can be used in combination with daily activities.

The **differences** between animal to human kinesiology tapes are:

- The glue that is used
- Flexibility of the tape
- Thickness and size of the tape

The characteristics of the tape are as following:

- **Composition:** A breathable Elastic Cotton
- **Adhesive:** Latex free, medical grade. No medication. Wave pattern
- **Stretch:** up to 180%, 2 way stretch

In the coming chapters I will elaborate on which systems are influenced by the tape, the effects of tape and how to apply the tape correctly. *Please take into account that this manual is intended as merely an introduction to taping – please access the video category ‘bodywor’ for a regular inflow of instruction videos!*



SCIENTIFIC THEORY

Kinesiology tape achieves therapeutic effects on multiple systems at the neurophysiological and physical level. When the tape is applied, the adhesive bonding of the tape with the horse's coat influences the cutaneous receptors as soon as the horse starts moving which initiates displacements in the skin and the tissue layers beneath it.

This works as following: normally, the skin would follow the movements of the horse. However, the tape prevents the skin from doing so and instead initiates a different movement pattern in the skin and thus stimulating different cutaneous receptors – which are sensory receptors in the skin. This facilitates proprioceptive feedback which improves and assists in correction of posture and biomechanics. Furthermore, the nociceptors are influenced, which reduce the pain sensation.

While on one hand the tape initiates displacements in the skin and tissue layers beneath it, it can also raise the skin when prestretching the body part to be taped while applying the tape. When the prestretching is released, the tissue is able to return to a neutral position and the tape produces convolutions which push the hairs upright and exercise a light pull on the skin underneath. *“This reduces pressure in the tissue, thus expanding the interstitial space and relieving the strain on the cutaneous receptors. As a result of this expansion of space in the tissue, the pain receptors are switched off, the blood circulation and the lymph flow are boosted, and any pressure on the overburdened area is reduced.”* – Ettl 2017



In summary, it can thus be said that when applied correctly, kinesiology tape influences the following 6 major neurophysiological and physical systems:

- Neurosensory systems
- Skin (dermis and epidermis)
- Fascia (superficial and deep)
- Circulatory/Lymphatic
- Muscles (detone / tone)
- Joints (assist & pain relief)

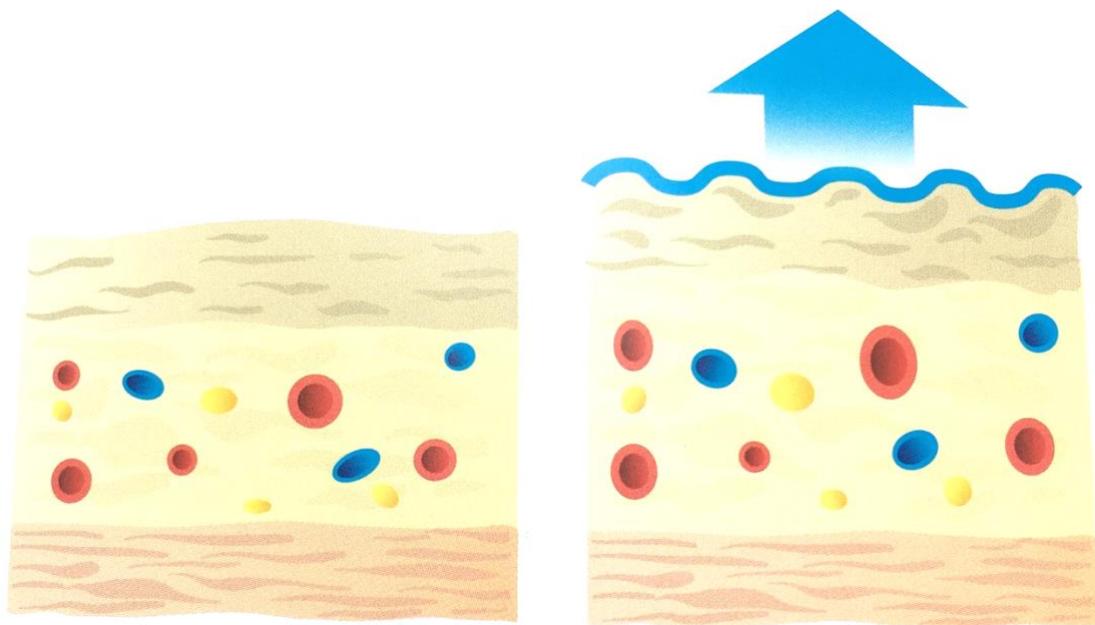


1. Taping affects the **sensory systems** of the horse and as such it can be utilized to improve proprioception. Furthermore, the tape changes the signals on pain pathways and thus plays an important role in pain management. Since pain modulation is complex, I will devote a separate chapter to this topic.
2. Veterinary taping influences all levels of the **skin** via sensory feedback and a lifting / decompression effect depending on the way it is applied.
3. Veterinary Taping promotes a lifting action on the superficial **fascia** when appropriately applied creating space, promoting hydration and easing pressure on the internal structures of the fascia thereby influencing the underlying structures as well.
4. Studies have shown that kinesiology taping can improve **blood flow** in the skin. This also leads to increased oxygenation of tissues and removal of lactic acid. As such, taping can also improve the horse's endurance and recovery.

It also promotes **lymphatic flow** to reduce congestion in pressure by providing a channel for the lymph to flow. The theory holds that when tape is applied, it creates extra subcutaneous space, which changes the pressure gradient in the area

underneath the skin. This change in pressure is what enhances the flow of lymphatic fluid:

“The lifting effect decompresses the skin and fascia, promoting more flexible filaments between the endothelial cells of the initial lymph vessels and the elastin and collagen promoting opening of the valve which become compressed with inflammation, fluid stasis, bruising etc. Liquid likes to move along guide bars, the tape provides these ‘bars’ and allowing quicker movement of the lymph in the direction of the pull of correctly applied tape, thereby promoting circulation and lymphatic drainage to assist in reduction of swelling and promoting healing of injured tissues.” – Butler 2015



The expansion of space support blood circulation and lymph flow.

5. Depending on its application, kinesiology tape can both relax or support a **muscle**.
6. Kinesiology tape can create space in the **joints**. Even though the increase in space is slight, it still helps to reduce the chance of joint irritation

Apart from the neurophysiological and physical levels, taping can also gain reflexive access – via the skin - to the **organs**. As such, it can influence the respiratory system, the gastrointestinal tract, the liver and the kidneys. Finally, tape can tap in on **energetic pathways** such as meridians, acupuncture points and myofascial trigger points – which are often located in the same place.

Finally, through influencing all these systems, the tape supports the body's own healing process.

PAIN MODULATION

Since pain modulation is often considered number one priority in kinesiology taping, this topic requires a bit more explanation. Pain modulation is complex, since there is a constant feedback process and multiple levels of influences acting against each other.

The gate control theory of pain evolved from *Ronald Melzak and Patrick Wall* in 1965. It is a mechanism for the transmission and regulation of pain. Although it isn't a completely correct model, it has transformed our understanding of pain and as such it can be considered very useful to get a general idea of the concept of pain.

So basically, pain is the result of a neurological process through the activation of certain pain receptors called **nociceptors**. Nociceptors are a group of sensory neurons with specialized nerve endings widely distributed in the skin, deep tissues – including muscles and joints – and most visceral organs. Afferent nociceptors contain at least 2 types of fibers:

- **A Delta fiber** → Myelinated– fast, relatively thick – carries intense pain quickly. For example: light squeezing of the skin.
- **C fiber** → Slow, small unmyelinated. Transmit acute pain but much more slowly such as dull, aching, throbbing, burning, depression or nausea. Example: Crushing of the skin.

Nociceptors are activated by a so-called noxious stimulus which an “actually or potentially tissue damaging event.” So for example, when a horse makes a slide and hurts tissue in the process. When this happens, the nociceptors are activated and A delta and C fibers enter the dorsal horn of the spinal cord and starts an ascending circuit to the brain – with the exclusion of certain reflexes:

“There are multiple bilateral pathways for conveying noxious stimuli to the brain. There are local reflexes in the body that do not transmit to the brain, just to the dorsal horn of the spinal cord: i.e withdrawal reflex – knee jerk reflex.” – Butler

The ascending pathway of noxious stimulus all the way to the brain is complex, so I’ll try to keep it as simple as the complexity allows¹. Once the A-Delta / C fibers (first order neurons) enter the dorsal horn of the spinal cord, they will synapse with and relay the signal to marginal cells – so called second order neurons – which enter the spinothalamic tract all the way up to the brain where the perception of pain is perceived.

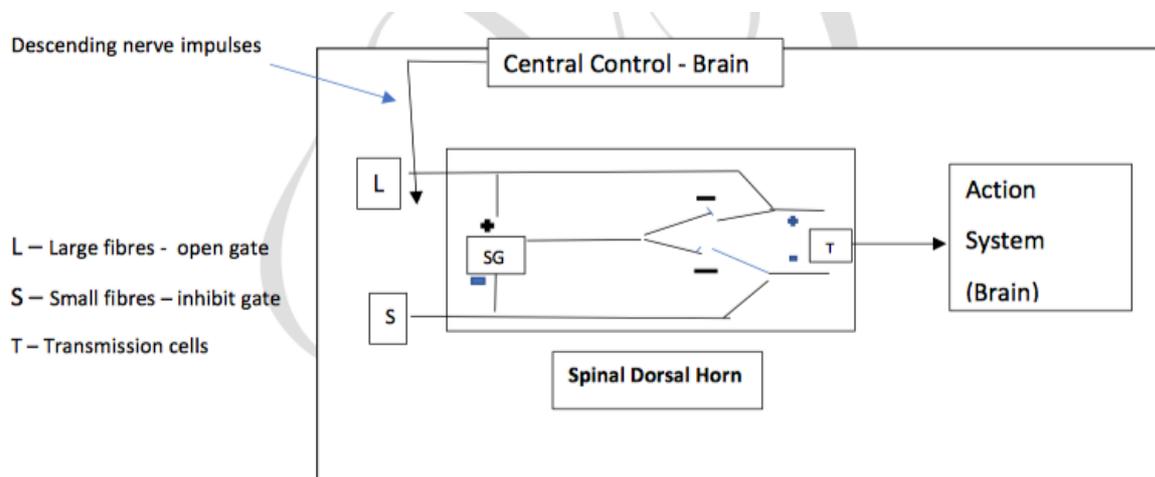
Where there is an ascending pathway, there is also a descending pathway. While the ascending pathway is mainly responsible for transmitting the pain signal, the descending pathway is responsible for controlling and inhibiting the ascending pathway essentially. The descending pathway goes via the periaqueductal gray matter that surrounds the 3rd ventricle of the brain and the cerebral aqueduct of the ventricular system. Through various synapses, the descending pathway will stop the continuation of the pain impulse up to the brain:

“The descending pathways directly and indirectly inhibit nociceptors in the laminae that are being stimulated by A-delta and C-fibers.”

¹ A very useful information video on pain can be accessed via:
<https://www.youtube.com/watch?v=5c8maFAhqlc>

So those are the basics on pain. Opposite to pain stimuli, non-pain stimuli such as touch, pressure and vibration activate **nociceptive fibers** that can close the 'gates' to painful input preventing pain sensation from progressing to the central nervous system. This is why we hold or rub a painful area and it eases the pain and this phenomenon also explains how veterinary taping can ease pain.

Lamina I nociceptive cells in the dorsal horn are proposed to serve a homeostasis role with regard to pain by coordinating the organisms response to the nociceptive stimuli to maintain equilibrium.



Veterinary Taping application is thought to affect non-nociceptive A Beta Fibers which inhibits A delta and C fibers. As such, the sensation of pain is reduced.

COMMON INDICATIONS OF TAPING

In the previous chapter I already elaborated on all the systems that can positively affected by kinesiology taping. In this chapter I will summarize the most important benefits and clinical indications for which taping is used.

Since it affects so many systems, kinesiology tape can be used to reduce or control pain, , facilitate proprioceptive feedback on posture, manage swelling or oedema, increase joint range of motion, support or relax muscles and improve fascial function. It also promotes improved function and comfort during rehabilitation of injuries or biomechanical unsoundness. As such, the most common clinical indication include:

- Limb deformities
- Shin Soreness
- Bowed tendon(s)
- Stifle weakness / issues
- Joint issues / arthritis
- Oedema / stable legs
- Wound healing
- Poor posture
- Suspensory ligament desmites
- Tendonitis / ruptures
- Sacroiliac dysfunction
- Muscle Tears
- Fascia tension
- Acupuncture / meridan points
- Hyper- or hypotonic muscles
- Scars



Kinesiology tape does not substitute, but complement manual therapy. When applied correctly, kinesiology tape can prolong and intensify the after-effects of manual therapy many times over.

Although kinesiology tape can be utilised as a therapy form on its own, it is most valuable when regarded complementary to manual therapy. By applying tape, you can prolong and intensify the after effects of manual therapy many times over. As such, by no means should taping be regarded as a substitute of manual therapy – but rather as a valuable addition.

Finally, DO NOT EXPECT MIRACLES. Despite the many potential benefits, tape doesn't hold magical properties. Proper management and training still form the basics of making and keeping a horse happy and healthy. Taping can be a nice addition to all those things, but do not chase rainbows and expect it to make all problems go away.

CONTRA INDICATIONS OF TAPING

Although it has many potential benefits and is relatively safe to use, there are certain contra indications to applying tape.

DO NOT apply the tape in the following situations:

- Over **open wounds** – these should always be seen by a veterinarian. The kinesiology tape generally will not stick to open wounds but could be irritating.
- **Malignant cancer** – melanomas etc- the increase in circulation may increase the spread and growth of malignant cancers
- **Infection** – kinesiology tape increases circulation and as such may contribute to spreading infection

- **Congestive heart failure** – horses with congestive heart failure may not be able to deal with the mobilization of fluid that can occur with the tape
- **Advanced kidney disease** – as above
- **Deep vein thrombosis or other blood clots** – kinesiology tape can lead to emboli breaking free from the clots which can cause heart attack, strokes and other issues. Taping over a blood clot can be life threatening.
- **Unexplained lameness.** Not until a vet has made a diagnosis is it possible to decide whether and in what shape tapes can be applied.

USE CAUTION when applying kinesiology tape in the following situations:

- **Fracture** - depending where the fracture is located and when it occurred it may be associated with blood clots, circulation damage and other soft tissue injuries. Always consult with a veterinarian before taping over a fracture.
- **Surgical wounds** – kinesiology tape can improve the rate of healing after surgery and reduce scar formation but it is best to consult with a veterinarian before taping over sutures or staples. May be best to wait until these are removed or tape around the wound.
- **Neurological conditions** – kinesiology tape can improve nerve function BUT if a horse is experiencing symptoms associated with neurological disease it is always advised to seek medical advice before taping.
- **Skin irritations** – Although the skin is hypo allergen, naturally you need to be careful if the horse has a sensitive skin as the tape is directly placed on this organ.

In general, always be aware of what you may be masking which may need further diagnostic tests and diagnosis by a veterinarian before proceeding (Butler 2017).



TAPING PRINCIPLES

Before you get started, you need to be able to make an informed decision as to where and how to tape on the horse's body to set you up for success. As such, it is key to adhere to the following logical step-by-step protocol:

- Assessment
- Reason for taping
- Application aim
- Selecting colour
- Taping technique
- Length & width of tape
- Taping application



So first of all, you need to perform a **basic assessment** on anatomy & biomechanics to determine the horse's stronger and weaker parts of the body that might benefit from support².

Once the assessment is concluded, the next step is to determine the **reason for taping** which can be divided in roughly two main purposes:

² How to perform a basic assessment is explained in the category videos → biomechanics

- Therapeutic reason – rehabilitation / corrective
- Performance reason – support / assistance

Therapeutic reasons can include injury of the joints, fascia, tendons, ligaments and muscles. For example, scars and/or tears.

The tape can be used for performance reasons if you want to support recovery or assist the horse's performance and strength. For example, the tracking of the patella's, improve muscle action, reduce fatigue or support when starting a high level of training.

The third step in the process is to determine the **application aim** – i.e. the intended (neuro) physiological purpose. This is a very important step as it will also determine the position and direction of the tape application. Physiological purposes include:

- Support
- Relaxation
- Decompress
- Assist contraction
- Improve circulation
- Assist proprioception

It is clear to see how the outcome of this step relies on the reason for taping as described at the previous step. For example, if the reason for taping is to enhance performance then your aim will not be to apply a relaxation tape as this is contradictory.

Next, you need to **select the colour of the tape**. How different colours have an effect on the body is still a topic of controversy. Ultimately, what matters most is the correct application of the tape. However, that being said, choosing a targeted colour can be of some use.

For example, it would make sense to use red or orange for a supportive tape and for example a lighter colour such as blue or black for a detoning tape. When in doubt, it is

advised to show the horse a couple of colours and go with the one the horse 'picks'.



After the colour has been selected, The fifth step is to select the **taping technique & taping pattern** that goes with the selected application aim.

The five basic types of cut include:

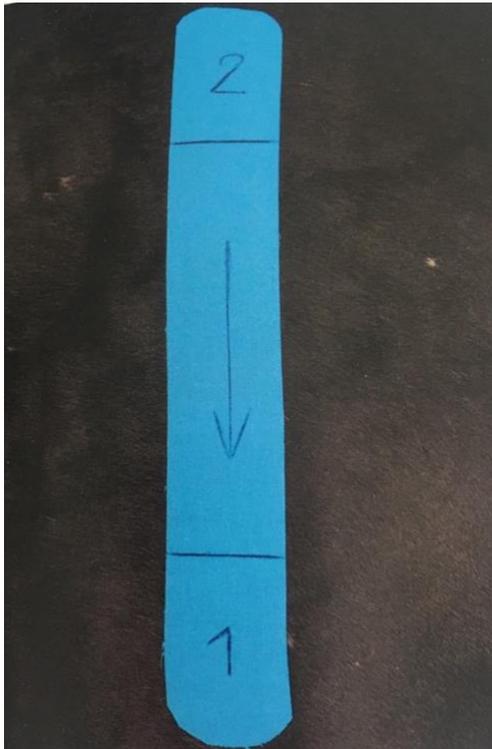
- Basic I cut – a single piece of tape
- Y shape – 2 strips with one end intact
- Fan shape – multiple strips with one end intact
- X shape – tape splits on the ends with the middle intact
- Perforated tape – hole in the centre of the tape



From left to right: fan shape, I tape, Y tape, perforated tape, X tape.

The above styles of cut can be used for any of the following techniques depending on the area requiring taping, but generally there is a type of cut suited best to the technique.

- Muscle tone → Support → I cut / X tape
- Muscle detone → relaxation → I cut / X tape
- Ligament applications → support → I cut
- Functional correction → support → Y cut
- Fascial correction → lift → I cut / Y cut
- Space correction / scars → decompression → I cut / Y shape /
- Circulation/lymphatic correction → fluid removal → Fan shape
- Biomechanical → all of the above



Independent from cutting shape, each tape can be divided into three sections:

- The starting base (1)
- The functional section
- The end base (2)

The starting base (1) of the tape determines the direction of pull of the tape.

Both the starting and end base only serve to anchor the tape and are therefore ALWAYS applied without stretch. The bases should be at least 5 cm long to ensure good adhesion.

The middle part is the effective part of the tape and is applied – depending on it's intended effect – with a stretch ranging from 0-75%. Depending on the application technique, the area to be taped is either pre-stretched – often in detoning applications - or left in a neutral state of tension.

Once the type of cut has been selected, the next step is to actually decide on the width of the tape and measure the length needed.

Kinesiology tape is available in five-metre rolls with a width of 3,6 or 10 centimeter. The 6 centimeter is the most commonly used width. The 3 centimeter is mostly suitable for cross over applications and the 10 centimeter is suited if you need to cover a large area.

The length of the tape required is simply determined by rolling of the tape over the area to be taped – make sure to included the anchor bases in the measurement. However, in tape applications that require pre-stretching, it is necessary to ascertain the length of the tape with stretching of the tissue. If you accidently measured the tape too long, don't worry, as you can easily trim the tape upon application – which will be explained in the next chapters.



The final step is to actually **cut and apply the tape**. I will describe this process in-depth in the coming chapter below.

APPLICATION PROCESS

The application process of the tape can be divided into four phases:

- Preparation
- Pre-cutting
- Application
- After care



PREPARATION

The first phase of preparation of the area to be taped is vital in the success of the taping application. To set yourself up for success, checkbox the following preparatory tasks:

- **1. Clean and dry the coat.** The coat must be free from oils, lotions and any shampoos with an oily base as these will prevent the tape from sticking.



You can use baby powder to absorb oils in the coat, brush and then clean to move remove the extra powder.

Furthermore, you can use the pre-taping sprays provided by Vetkin or clean the area with a microfiber cloth and rubbing alcohol.

Finally, make sure the coat is completely dry as otherwise the tape won't stick.

- **2. Check the coat's length.** A thick winter coat might be tricky as the tape might pull on the hairs. As such, a long coat might need to be clipped to the length of a regular summer coat.
- **3. Check the horse's body temperature.** The tape is best applied in resting body temperature. When the horse is sweating or has just been trained the tape might not stick as well.



- **4. Gather your tools.** It is recommended to use titanium blade scissors and to keep the tape within hand reach – I can greatly recommend a fashionable fanny pack as this also allows you to easily manage the waste paper 😊

APPLICATION

So now it's time to finally put that tape on your horse. Make sure to practice a bit beforehand on a fellow human as well as on the horse before applying it 'for real'.

- **1. Cut the tape alongside the paper** and determine the direction of pull / effect.



The I cut is pretty straight forward – just cut off a straight piece of the tape and round of the edges.

For a Y cut, cut straight down the middle lengthwise and leave the start / end base (depending on the application) uncut.

For a X tape, the middle of the tape is left uncut, while the strips are cut starting from the end.

For a fan tape – a.k.a. the octopus – leave the starting base uncut while cutting the rest of the tape lengthwise 2-3 times producing 3-4 arms.

Finally, for a perforated tape, fold it in the middle and cut out a triangular segment producing a diamond shaped hole when the tape is unfolded. Make sure the diamond hole isn't too large and that enough tape is left to affix it to the horse's coat.



FOR ANY TYPE OF CUT, ALWAYS MAKE SURE TO ROUND OFF THE EDGES!



- **2. Tear the paper** across the tape

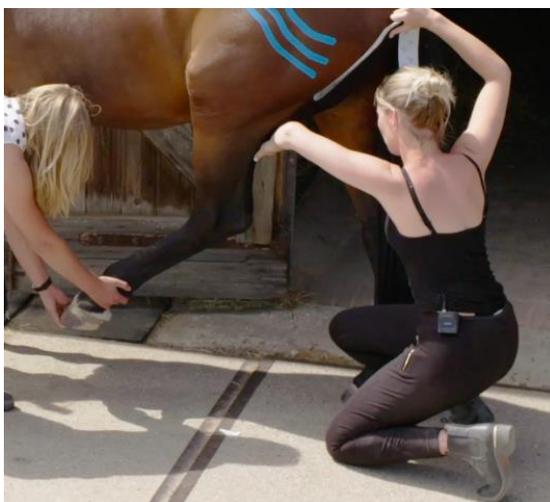
For centred applications, tear the tape in the middle of the backing paper. When the tape is pulled at both ends at the same time, the backing paper detaches itself all the way to the bases.



For tapes fixed from the starting bases, tear the backing paper at the transition point between the starting base and the functional area.

- **3. Consider the positioning** of the horse.

In most mild tension applications the body part to be taped as to be positioned in a lengthened / stretched position and the tape is applied using the paper of method. When the horse returns to a neutral position the tape will recoil and create convolutions. Convolutions of the tape are a desired effect as they raise the skin and thus create space. As such, pressure on tissue is reduced – which also eases pain and increases circulation.



When pre-stretching of the limbs is not possible, the next best solution is to push the skin forward by pulling the starting base of the tape against the taping direction – thereby pulling the the horse's skin with it. In this case, You'll need an assistant to help as it hardly ever if possible to affix the tape with just one hand.

- **3. Apply the tape** using the recommended stretch for the type of taping technique selected – remember that the tape is already 10% stretched on the paper so take that into account when you stretch the tape for tension.

Always apply the tape at least 20-30 minutes before exercise!

A mild stretch (10%-30%) is most suited for nerve, ligament, lymph applications or muscle detoning purposes. This is best done through the paper-off method. In this method, the tape is torn at the starting base and the backing paper is peeled off the tape while at the same time affixing it to the horse's coat. *Remember: the tape end first applied will be the direction of pull!*

A medium to full stretch between 35%-85 % is most suited for supportive, decompressing or lifting applications. This is best done through centred applications where the tape is torn in the middle of the backing paper and then stretched accordingly. *Always make sure that the first and last 5cm of the tape are applied without stretch to prevent lifting.*

If applying the tape in the direction of the coat – place the primary end down, hold that end down removing any slack in the area, keep holding it down as you apply the remainder of the tape pressing it in to place as you lay it down from the primary end. Lay the tail down with absolutely no stretch, to aid this you can stretch the skin away from the tape as it is laid down.

If applying the tape in the opposite direction of the coat – lay down the primary end with no stretch, hold the primary end in place, stretch the tape the required distance of the taping and lay it down. Remove all skin slack so the tape will interact along the lie of the coat to aid in preventing it from lifting.

Additional anchors can be applied if necessary to hold the end of a piece of tape in place. However, Do not continue all the way around and connect the tape with itself as this can create a tourniquet.

If you accidentally measured the tape a bit too long, gently trim the edge with the scissors.



- **3. Give it a good rub** in the direction of the hairs– remember that the glue of the tape is activated by heat.

The tape usually sticks well to the horse's coat, but if the horse will be performing heavy exercise or sweating in the next 2-4 days you can use an adhesive or hair spray (check for chemicals though to avoid skin irritation). Same principle goes for horses with a heavy winter coat.

AFTER CARE

- Walk the horse for 10 minutes after applying the tape to ensure comfort and allowing the body to respond – remember that movement is key to success in taping!

It is important to note that some horses may react behaviorally to the tape. This is due to the horses highly evolved proprioception mechanism. Furthermore, some horses might kick out or twitch as it might feel a bit 'odd'. Thus, give the horse proper time to adjust to the new situation.

- Monitor the horse for comfort and benefits of the tape closely for the first 4-5 days

If there is any skin irritation or negative side effects then the tape should be removed immediately. However, these reactions are extremely rare.

- If the edge of the tape lift or come off you should trim it to allow the remainder of the tape to stay on correctly.
- Vetkin Tape® can remain in place for **2-21 days**. If you are creating biomechanical support then it can be left on for as long as it is not creating a problem. If you are applying to reduce oedema then you are best to reapply if required after 3-4 days or sooner.
- Due to the tapes permeability, it can be used in wet situations i.e. in the rain and hydrotherapy because it is water repellent to a certain level and dries quickly.

- When you want to remove the tape follow the next guidelines:
 - Stretch of the tissue and then roll it off very gently in the direction of the coat. NEVER pull the tape off vertically.
 - Always maintain 2 hands in contact with the horse when removing the tape so you can push yourself or the horse away if it kicks out.
 - Olive oil or eucalyptus oil will aid in removal of the tape. However, don't use olive oil if you want to reapply the tape.



Gently 'roll' the tape off.

PRACTICAL EXAMPLES

TO GET STARTED WITH TAPE, IT IS ALWAYS GOOD TO PRACTISE FIRST WITH THE THORACOLUMBAR FASCIA LIFT TAPE AS DESCRIBED BELOW!!

I LEFT OUT TENDON / LIGAMENT APPLICATIONS → THESE WILL FOLLOW LATER

FASCIA CORRECTIONS

Goal: To release, promote and improve fascial movement and hydration. This also influences the horse's sensory receptors.

"The aim of the fascia application is to dissolve adhesions in the connective tissue, in order to improve mobility in the deeper skin layers."

Common indications: Fascial agglutinations; scars; muscle ruptures; fascial tension

Preferred cut: Y-cut and I cut

Application method: Paper off, Stimulus or Double pull technique

Important notes: You can feel fascial agglutinations through a skin mobility test. Lay your flat hand on the horse's coat and trying to push the skin in all directions – and compare to both sides of the same region. If agglutinations are present, the skin will have a blocked direction and a free direction when you move it.

Fascial tape applications do not require any pre-stretching of the area to be taped!

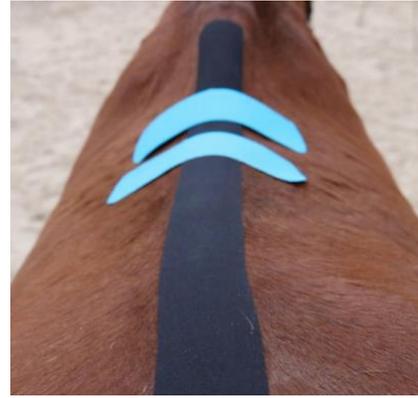
The start- and end bases of the tapes are always placed outside of the agglutination.

Practical examples:

1. Thoracolumbar Fascial lift

- Cut a basic I tape and apply the starting base at the wither and roll of the backing paper without pushing the tape down to the spine. Start using the paper off method at the area where the tape meeting the back naturally – so around the lower back area.
- Apply a belly lift and place down the tape on the back.
- Give it a good rub
- Cut additional I tapes and place pieces across the back starting at the middle with no stretch either in straight or crossing fasion.
- On each side, apply 15% (paper off) to 30% stretch. Remember to apply the end bases without stretch.
- Continue up the back if needed and done.





Note: this tape can easily be combined with additional support tape over the sacroiliac region.

2. Superficial fascia

Often used for Thoracolumbar fascia, Gluteal Fascia, Stifle and/or Crural Fascia.

- Measure and cut a Y shaped tape and place down the starting base in direction towards the tissue is to be pushed – but outside of the agglutination.

- Affix both arms separately and tangential to the target area using the stimulus technique: apply the arm with variable stretch whereby the tape is pressed unto the coat in stage.

So basically go on in an 'on-off' pattern: stretch – release – stretch release on the length of the tape while rubbing the applied segments to general heat. The stretch should vary between 10-50% (so 10% is no additional stretch). The variable stretch and constant changing force vector will provide uneven displacement of the skin, as well as varying, and partially opposite, directions of pull in the skin and underlying fascia. As such, the interstitial space between the tape arms is expanded which results in a reduction of pressure and easing of tension in the area of agglutinations.



- You can apply both in a straight or wavy pattern
- Remember to apply the end bases without additional stretch

Gluteal fascia taping starting from a single anchor for tight gluteal fascia secondary to SI problems

3. Deep fascia

Used for deep / persistent agglutinations → for example scars and muscle ruptures

- Measure and cut one or two Y tapes and affix the starting base outside of the agglutination – tapes can be used opposite to each other.

- Affix the tape with the double pull technique: simultaneously pull on both tape arms with high tension (up to 75-100%) tangentially along the agglutinated area – so the starting base is not held in place by a hand.
- Apply the end bases without stretch and give the tape a good rub.

Double Y tapes can be used for deep scars



MUSCLE APPLICATIONS

Goal: to relax (detone) a muscle if tense, hypertonic or spasming. To support (tone) a weak or hypotonic muscle or to assist overworked muscles which are atrophied due to an underlying problem.

Common indications: Detone muscle applications are commonly used to assist a rehabilitation process. Often applied at: *Middle Gluteal, Longissimus Dorsi, Hamstrings, Brachiocephalic, Flexor or Extensor muscles.*

Toning tapes are commonly used to assist the horse's training as it reduces the onset of fatigue. It can also be used to support the rehabilitation process. Often applied at: *Triceps, Middle Gluteal, Quadriceps, Tensor Fasciae Latae, Longissimus, Transverse Abdominus, Biceps Femoris.*

Preferred cut: I tape / Y tape and sometimes fan tape

Application method: Detoning tape via paper off technique while often prestretching the horse. Toning via Vector technique with up to 30% stretch.

Important notes: You need to know your anatomy quite well to get along with muscle applications. As such, I advise you to first start with easy tapes and familiarize yourself with handling the tapes and only then to continue with technical muscle applications.

Taping from the origin towards the attachment has a toning effect as this will support contraction of the muscle because the forces of the tape lie in the same direction as the working direction of the muscle. The tape is usually applied up to 25% stretch.

On the opposite, **taping from the attachment towards the origin has a detoning effect.** For a detoning effect it is important to pre-stretch the tissue – and not the tape.

Due to interplay of muscles, it often makes sense to tape both agonists and antagonists. For example: a detoning tape for the brachiocephalic and a toning taping the trapezius.

Although Y cut and fan shape tape can also be used for certain muscle applications, I will not elaborate on these techniques yet to keep it simple so you can get started with the basic.

Practical examples:

1. Toning tape (basic I cut):

- Choose a bright and suited colour – such as red.
- Measure the length of the tape with the horse in a neutral position
- Tear the backing paper from the starting base – so as with the centred technique.
- Affix the starting base outside of the muscle origins and tape over the muscle belly with up to 30% stretch while following the course of the muscle towards the attachment.
- Affix the the end base without stretch and give it a good rub.



2. Detoning tape (basic I cut):

- Choose a more neutral and cooling colour such as blue.
- Measure the length of the tape with the horse in neutral or pre-stretched position.



- Tear the backing paper from the starting base and affix outside the muscle attachment.
- Pre-stretch the tissue and affix the tape using the paper-off technique (so no additional stretch) over the muscle belly towards the origin.
- Affix the end base without stretch, give it a good rub and allow the horse to return to a neutral position.
- You can apply an additional anchor if it looks like the tape may lift.
- You can combine the detone tape with an additional space tape with maximal tension over trigger points to amplify tensile stimulation of the muscle – see space tape later on.



SPACE CORRECTOR / SUPPORT

Goal: to decompress or stimulate tissue in a specific area. Creates a lifting effect in the centre. Also used for supporting joints.

Common indications: Scars, TMJ, joint support, acupuncture and myofascial points

Preferred cut: one to several I tapes or Y tapes

Applicated method: centred technique with moderate to full stretch

Important notes: When using joint support tapes – for example stifle, carpus and hock – decrease to paper off stretch when crossing over the front of the leg.

Make sure that the tape ends do not cross over each other in case of joint support as this could create a tourniquet.

Place anchors when needed with absolutely no stretch.

Practical examples:

1. Scars or trigger points

- Measure and cut 3-4 I tapes over the centre over the scar in neutral position
- Tear the paper in the middle and stretch the tape medium – to full over the area and affix it on the horse's skin.
- Continue in the same manner with the other tapes (to get a full 'cross').
- Allow it to recoil and affix the end bases.
- Give it a good rub and done
- Can be used in combination with a detoning tape if needed.



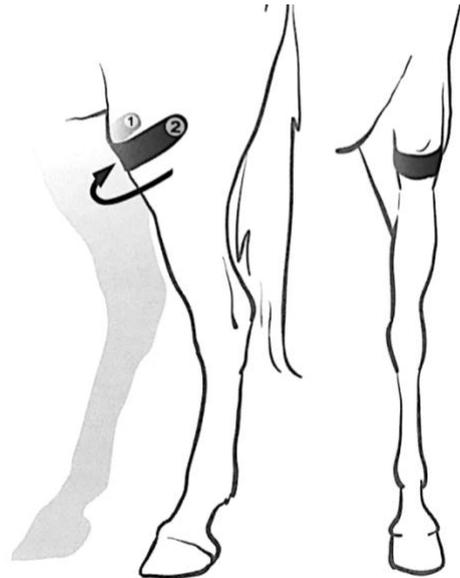
Left: A detoning tape can also be combined with a centred space time (maximum tension for trigger points on the part of the muscle that is likewise under tension).

2. Sacroiliac support

- The same technique can be used as described above with only one notable difference: Apply the tape with stretch, place over the area and place the ends down **without allowing recoil**.

3. Stifle

- Measure the tape around the stifle following the line of the crease where the patella sits.
- Take up 25-50% stretch and place over the patella with the limb slightly back then take around the back of the leg from each side to the back



OR

- Measure as above but start on the lateral aspect of the thigh with a slight angle toward the patella dip then around the medial thigh all the way around to end where you started with 10% (paper off stretch) and increasing to 25% over the patella area

SCAR TAPES

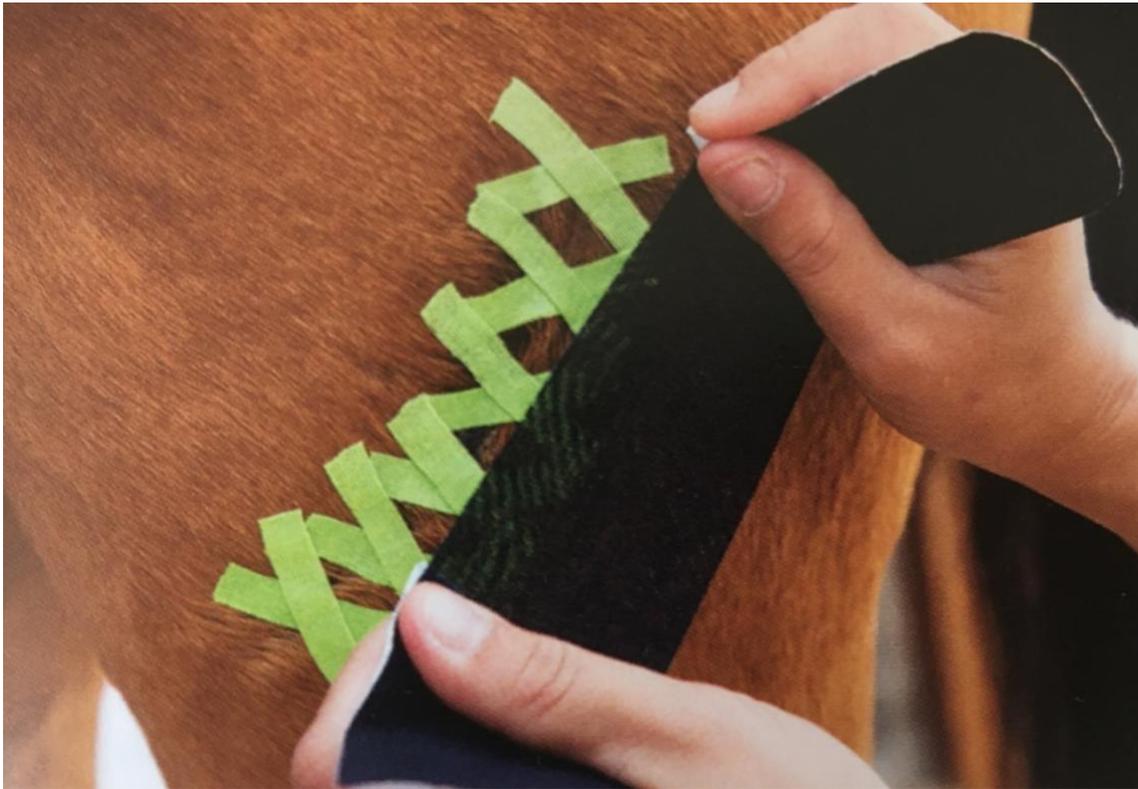
Goal: to keep the tissue stable and soft.

Preferred cut: I cut (see decompression technique described above), Y cut or perforated cut

Application method: Centred & Double Pull



Important notes: no scar is the same and thus techniques can greatly vary. See introduction video for various applications.



CIRCULATION / LYMPH TAPES

Goal: Increasing the circulation of blood and lymphatic flow while reducing pain.

“The aim is for the lymph tape to slightly raise the skin in order to relieve tension in the tissue and make more space available for the lymph to flow.”

Common indications: stable legs, hematoma, swellings, lymphedema.

Preferred cut: fan shape – a.k.a. octopus with a 3-4 multi tail and a 5 cm anchor.

The strips will create channels for fluid flow.

Application method: paper off method

Important notes: A knowledge of the position and flow direction of lymph vessels is essential in order to attach the tapes correctly!

DO NOT USE WITH AN ACUTE INFECTION.

Practical examples:

1. Swollen leg:

- Prepare 2 tapes of the same cut and length
- Place the end down at 45 degree angle proximally.
- Apply the tape with zero stretch with an anchor at the end.
- Place the other piece of tape at the opposite 45 degree angle so that the tape criss crosses over the other.
- Give it a good rub
- Done. *Specific end note: do not place an anchor at the top and bottom of the tape as this will compress the lymphatic channels.*



2. Lymph drainage fan technique

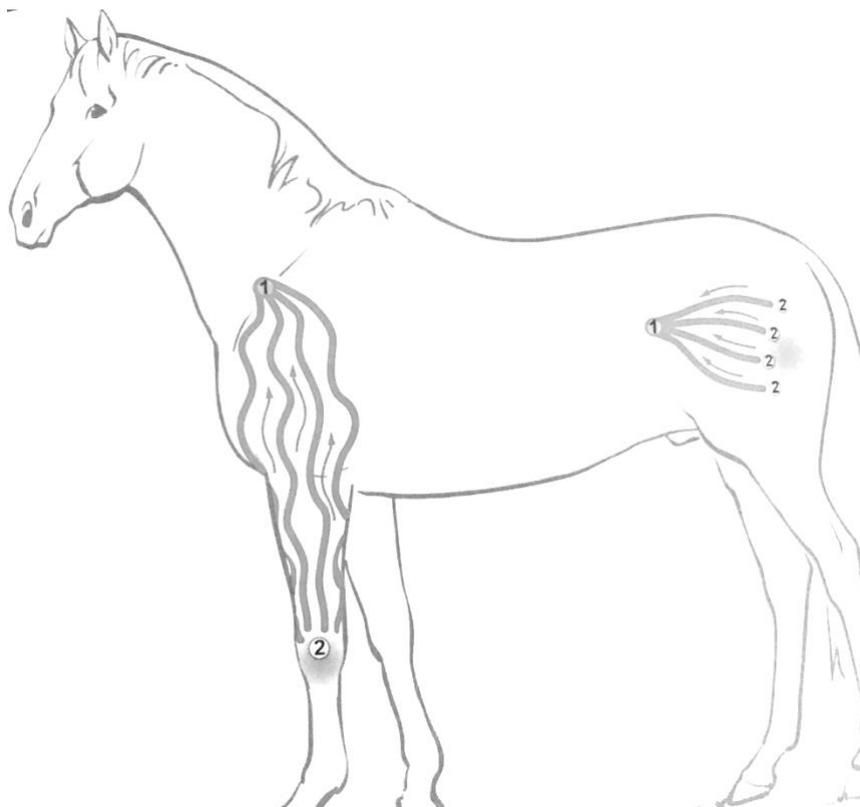
- Prepare one or two tapes of similar length
- If the area to be taped allows, pre-stretch to produce convolutions. For example: bend the head/neck.
- Place the starting base over the lymph node centre into which the lymph from the treated area is to be drained.
- Start by removing the backing paper of the top arm using the paper off method in a wavy line. Then, remove the backing paper of the bottom arm and apply using the paper off method in a wavy line. As such, the outer arms enclose the drainage area.
- Finally, the inner arms are spaced out evenly in wavy lines within the enclosed area. This way, the accumulated lymph at the starting base is gathered up and channeled onwards by the arms of the next tape.
- Give it a good rub
- Done. The lymph tape pulls towards the starting base and thus support lymphatic flow in stages while loosening up the tissue by means of convolutions.



3. Lymph drainage serpentine technique

This one is a bit more technically challenging than the fan technique as it is a longer tape. The advantages of using a single long tape is that there is no interruption of the lymph flow, because the tape arms run continuously. Furthermore, with long tape arms, it is possible to apply more extensive wavy lines covering a larger area and thus activating the lymph drainage process better.

Apart from this difference, the application process is exactly the same as described under the fan technique.



Left: serpentine technique – right fan technique

TENDON / LIGAMENT APPLICATIONS

These will come later when you can handle the basics of handling the tape and applying a basic fascia, muscle, lymph and scar tape.

CONCLUSION

This manual provided some basics regarding kinesiology taping. Please make sure to first acquire yourself with the tape before using it for technical purposes.

I can greatly recommend to also purchase the book 'Kinesiology taping for horses' by Renate Ertle.

Please keep track of the video portal for a regular update to improve your taping skills

Feel free to practice and remove the tape after, but make sure to not OVERTAPE your horse or to completely mummify it. Usually, less is more so I would recommend to start with the basic fascia tape on the back, a scar tape if your horse needs it and work your way up to other techniques gradually. Have fun!

