KINESIOLOGY
TAPE GUIDE
Relief ~ Recover ~ Results
by Physix Gear Sport
Hi, It’s Adam again, Co-Founder of Physix Gear Sport. Our team would like to thank you for giving us a wonderful opportunity to service you. It is our desire to keep you satisfied with our products and support. You are our inspiration in doing our very best. Thank you and remember; we value you!

We’ve left you a gift below... 😊 -Adam

USA CUSTOMERS
15% OFF ANY PHYSIX GEAR PRODUCT
Friends & Family Access Coupon-> 15OFFUSA
One redemption per person

UK CUSTOMERS
15% OFF ANY PHYSIX GEAR PRODUCT
Friends & Family Access Coupon-> 15OFFUK1
One redemption per person
CONTENTS

WHAT IS KINESIOLOGY TAPE? ................................................................. 6
HOW DOES IT WORK? ........................................................................ 7
WHAT ARE THE INTENDED USES? .................................................. 8
KINESIOLOGY TAPE CUTTING TECHNIQUES ................................... 9
ANY ADVERSE REACTION TO THE TAPE? ....................................... 10
SKIN PREPARATION BEFORE TAPING ........................................... 11
UNDERSTANDING THE IMPORTANCE OF ANCHORS ................... 12
MAKE IT STICK .................................................................................. 13
TAPE PREPARATION & TENSION .................................................... 14
TAPE APPLICATION ........................................................................... 15
NECK – PAIN ..................................................................................... 17
  STEP 1 ............................................................................................ 17
  STEP 2 ............................................................................................ 18
NECK – TENSION or FATIGUE ........................................................ 19
  STEP 1 ............................................................................................ 19
  STEP 2 ............................................................................................ 20
MID BACK – PAIN ............................................................................. 21
  STEP 1 ............................................................................................ 21
  STEP 2 ............................................................................................ 22
MID BACK – TENSION or POSTURE .............................................. 23
  STEP 1 ............................................................................................ 23
  STEP 2 ............................................................................................ 24
LOWER BACK – PAIN ........................................................................ 25
  STEP 1 ............................................................................................ 25
  STEP 2 ............................................................................................ 26
LOWER BACK – FATIGUE ............................................................... 27
  STEP 2 ............................................................................................ 28
  STEP 3 ............................................................................................ 29
  STEP 4 ............................................................................................ 30
SACRO-ILIAC JOINT – FATIGUE .................................................... 31
  STEP 1 ............................................................................................ 31
  STEP 2 ............................................................................................ 32
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shoulder – Rotator Cuff</td>
<td>33</td>
</tr>
<tr>
<td>Shoulder – Stability</td>
<td>37</td>
</tr>
<tr>
<td>Elbow – Medial Pain (Golfer’s Elbow)</td>
<td>41</td>
</tr>
<tr>
<td>Elbow – Lateral Pain (Tennis Elbow)</td>
<td>43</td>
</tr>
<tr>
<td>Wrist – Carpal Tunnel Syndrome</td>
<td>45</td>
</tr>
<tr>
<td>Thumb – Pain (Dequervain’s Syndrome)</td>
<td>48</td>
</tr>
<tr>
<td>Hip – Stability</td>
<td>51</td>
</tr>
<tr>
<td>Hip – Sciatica</td>
<td>55</td>
</tr>
<tr>
<td>Knee – Stability</td>
<td>57</td>
</tr>
</tbody>
</table>
KINEE – MEDIAL PAIN

STEP 2 ........................................................................................................................................................................61
STEP 3 ........................................................................................................................................................................62

KINIEE – LATERAL PAIN

STEP 1 ........................................................................................................................................................................63
STEP 2 ........................................................................................................................................................................64
STEP 3 ........................................................................................................................................................................65

KINEE – PATELLE PAIN

STEP 1 ........................................................................................................................................................................66
STEP 2 ........................................................................................................................................................................67

KINEE – SHIN SPLINTS

STEP 1 ........................................................................................................................................................................68
STEP 2 ........................................................................................................................................................................69

KINEE – CALF PAIN

STEP 1 ........................................................................................................................................................................70
STEP 2 ........................................................................................................................................................................71

ANKLE – STABILITY

STEP 1 ........................................................................................................................................................................72
STEP 2 ........................................................................................................................................................................73

ANKLE – PLANTAR FASCIITIS

STEP 2 ........................................................................................................................................................................74
STEP 3 ........................................................................................................................................................................75

FOOT – BUNION

STEP 1 ........................................................................................................................................................................76
STEP 2 ........................................................................................................................................................................77
STEP 3 ........................................................................................................................................................................78
STEP 4 ........................................................................................................................................................................79
STEP 5 ........................................................................................................................................................................80

FOOT – FOOT DROP

STEP 1 ........................................................................................................................................................................81
STEP 2 ........................................................................................................................................................................82
STEP 3 ........................................................................................................................................................................83
WHAT IS KINESIOLOGY TAPE?

Kinesiology is the study of the mechanics of body movements. This specialized tape was invented by a Chiropractor over 30 years ago.

Since then, it has made its way to the Olympics, gaining more and more recognition. The tape is made out of 95% cotton and 5% spandex for elasticity. The tape is almost identical to human skin in both thickness and elasticity.

One side is coated with strong porous, latex free, acrylic glue. It contains no medication. Because of its porous quality, allowing the skin to breathe, it can be worn for 3-5 days. The tape is water resistant, so taking showers and swimming will not affect the tape.

The kinesiology tape can be applied to the skin, stretched or unstretched, depending on the intended result.
HOW DOES IT WORK?

Kinesiology tape affects several physiological systems. The tape lifts the skin slightly, but sufficiently, to open superficial lymphatic channels, increasing circulation. Swelling and pain inducing toxins dissipate faster. Oxygen rich blood also enters the area at a faster rate. The lifting effect on the skin and the increased circulation reduces swelling and takes pressure off nerve pain receptors under the skin, thus alleviating pain.

When the Kinesiology tape is applied over joints, it will facilitate muscle contractions and assist in joint motion, in addition to providing increased joint stability without limiting motion. The tape can also serve as a conscious reminder, preventing inadvertent use of the injured or painful joint or muscles.
WHAT ARE THE INTENDED USES?

The Kinesiology tape can provide the following results:

(1) To reduce swelling and inflammation
(2) To decrease pain
(3) To provide joint stability
(4) To assist muscle during joint motion
(5) To provide a conscious reminder

Applying the tape “unstretched” to muscles or joints will help reduce swelling and pain. Applying the tape “stretched” to muscles or joints will increase stability, support and assist muscle contraction and joint motion. Many applications will include both methods for maximum benefits.
Regardless of the length of tape, we recommend to round off all ends to prevent the corners from lifting easily due to clothing friction against the skin.

The I-Strip is most widely used. The length will vary based on the length of the targeted muscle. We found that 6” to 10” per I-Strip is sufficient for 90% of all applications. Up to 4 pieces may be required to achieve maximum benefits per application for larger joints.

A Fan-Strip is primarily used to reduce swelling or contusions over small and large areas. Cover the entire area with the tape for better results. Crisscrossing multiple Fan-Strips has shown better results. The Fan-Strip is always applied unstretched.

Some techniques also utilize a Y-Strip or X-Strip. Follow the recommended instructions for now.

Once you become more familiar with taping techniques, we encourage you to start developing your own applications. Just make sure you read and understand the adverse reaction section.
PLEASE READ CAREFULLY BEFORE APPLYING!

ANY ADVERSE REACTION TO THE TAPE?

Adverse reactions to the tape are not common but they do happen!

Any itching or redness around or underneath the tape may indicate an allergic reaction -- remove the tape immediately and discontinue usage.

Do not apply the tape over active malignancy, infection, deep vein thrombosis, open wound or skin irritation.

If you are pregnant, do a test-patch first to look for any adverse reaction when applying to your belly. The tape can support the weight of your abdomen, but it can also increase circulation. Observe for possible bruises under the tape. Precautions must be taken if patients have a history of cardiac, circulatory, respiratory or renal conditions due to increased circulatory effects of the tape.

CONSULT YOUR PHYSICIAN BEFORE USE.

As we age, our skin becomes thinner and loses elasticity. Long term use of aspirin has been known to predispose patients to this condition. If your skin bruises or tears easily OBSERVE EXTREME CAUTION while removing the tape as it may cause tearing, bruising and bleeding. We recommend using warm water with gentle soap to remove the tape. DO NOT PULL THE TAPE OFF HARSHLY.

Patients who are taking blood thinner medications may observe bruising under the skin due to the increased circulation effects. DO NOT USE THE TAPE IF YOU ARE ON BLOOD THINNERS OR BRUISE EASILY. Consult your physician if you are not sure.

This instruction manual is provided for educational purposes only and is not intended to replace medical advice. Muscle or joint pain could indicate a serious condition, you should always consult your physician before applying the tape.
SKIN PREPARATION BEFORE TAPING

1) Clean the skin with soap or alcohol. The area has to be clean and dry.

2) Remove any lotion. Any type of grease or oil residue will prevent the tape from adhering to the skin properly.

3) Make sure your hands are also clean and dry.

4) Shave the area in case of excessive hair.
UNDERSTANDING THE IMPORTANCE OF ANCHORS

It is important to understand that anchors are used when the tape is to be stretched when applying to the skin. We refer as “anchors”, 1.5 to 2 inches at both ends of the Kinesiology tape, which are never stretched. Without those anchors, the tape would roll up and not stay in place very long.
MAKE IT STICK

The majority of complaints regarding the Kinesiology tape not sticking very well are due to no or not enough anchor length at both ends. The other reason for the tape not to stick well is due to overstretching the tape when applying.

The acrylic glue used by 95% of Kinesiology tape manufacturers is the same Japanese glue that has been improved over the last 15 years.

The acrylic glue is heat activated. After applying the tape: rub it with your fingers to cause friction (heat). Be careful not to roll off the anchors at both ends due to too much rubbing. Unlike most other types of tape, Kinesiology tape is a one-time stick-on, meaning that after the tape is applied to the skin, peeling it off will render the glue inactive.

It is strongly recommended to shave the body part where the tape will be applied, for two reasons:

- The tape will stick better
- Removing the tape should be painless
In preparing the tape, rounding the corners or cut the edges of the tape. Corners of the tape might become catching points on clothing, and other things which could affect the Kinesiology tape’s adhesiveness. Cutting the edges is a vital step in helping stop the tape from peeling off.

**Tape Tension**

Tape tension is one critical factor in Kinesiology taping. Tape tension can vary depending on different circumstances involved. For swelling problems, 25% tape tension could be applied. Tension applied generally on muscle and joint problems is usually 75% tension. For support or correction of injuries, 75% tension can be applied.

Another important thing to consider is to apply “no tension” on both ends of the tape. If no tension is applied on both ends, the tape provides lifting effects whilst provide better decompression of the Kinesiology tape. On the other hand, applying tension on the ends will compress the tissues more than unload or decompress it.
TAPE APPLICATION

1. End-to-End Tape Application: Create an anchor tab near one edge of the tape by folding the tape 2 or 3 inches from the edge. At the line, tear the 2 or 3 inches of the backing (paper) then create a crease which you can use to peel the tape from edge to edge. Now in applying the tape, simply stick the edge of tape (the part with torn backing) then rub it for a few seconds. Finally, pull and remove the remaining paper backing from the tape starting at the anchor tab created.

Note: Remember not to touch the adhesive and that’s why creating an anchor tab is important in Kinesiology tape application. If the tape’s adhesive is touched, it will already stick and this would affect the adhesiveness, longevity and effectiveness of the tape.
2. Center Tape Application: Horizontal pieces of tape can also be used to further provide better decompression to the tissues underneath the skin and unloading support over the injured part of the body. In this method, the tape is folded at the center. Tear along at the middle line and then peel the backing apart before sticking the tape over the injured part. This tape application method is applied similarly to Band-Aid plasters.

**Tape application tip:** The Kinesiology tape is heat activated and rubbing the tape would activate its bonding agent which helps it stick on the skin effectively. Rubbing would maximize the tape’s effectiveness whilst allows the tape to stay on the skin much longer.
NECK - PAIN

STEP 1
Bend your neck forward slightly. Starting mid-scapula, apply an 8” I-Strip up toward the neck, one on each side of the spine without stretching the tape.
STEP 2
Take a 6” I-Strip; apply 50% stretch in the middle of the tape across the base of the neck, over the previous 8” tape, sideways toward the shoulders. Keep in mind to leave 1.5” at both ends as anchors.
NECK — TENSION OR FATIGUE

STEP 1
Bend your neck forward and then apply the 8” I-Strip, from below the neck hair line, downward on each side of the spine with a 25% stretch. Keep in mind to leave 1.5” at all ends as anchors.
STEP 2
Take a 6” I-Strip; apply 50% stretch in the middle of the tape across the base of the neck, over the previous 8” tape, sideways toward the shoulders. Keep in mind to leave 1.5” at both ends as anchors.
MID BACK — PAIN

STEP 1
Bend your back slightly forward; apply a 10” I-Strip from the top of your shoulder blade downward, one on each side of the spine. Do not stretch.
STEP 2
Take the 8” I-Strip, apply 50% stretch in the middle of the tape, across the Scapulae and over the previous 10” tapes. Keep in mind to leave 1.5” at both ends as anchors.
MID BACK — TENSION OR POSTURE

STEP 1
Bend your back slightly forward; apply a 10” I-Strip from base of the neck downward, one each side of the spine. Apply with a 25% stretch. Keep in mind to leave 1.5” at all ends as anchors.
STEP 2
Take the 8” I-Strip, apply 50% stretch across the Scapulae and over the previous 10” tapes. Keep in mind to leave 1.5” at both ends as anchors.
LOWER BACK — PAIN

STEP 1
Bend your back slightly forward and then apply a 8” I-Strip from the Sacroiliac (dimples) upward, one on each side of the spine without stretching the tape.

8”
STEP 2
Take the last 8” I-Strip, apply 50% stretch in the middle of the tape, across the low back and over the previous 8” tapes. Keep in mind to leave 1.5” at both ends as anchors.
LOWER BACK – FATIGUE

STEP 1
Bend your back slightly forward and then apply an 8” I-Strip from the Sacrum upward on the spine directly with a 25% stretch. Keep in mind to leave 1.5” at both ends as anchors.
STEP 2
Keep your back slightly forward and then apply an 8" I-Strip across the back, 3" above the Sacroiliac joints (dimples), with a 50% stretch. Keep in mind to leave 1.5" at both ends as anchors.
STEP 3
Bend your back slightly forward and then apply an 8” I-Strip diagonally so the center of the tape crosses over the center point of the previous tapes with a 50% stretch. Keep in mind to leave 1.5” at both ends as anchors.
STEP 4
Bend your back slightly forward and then apply the last 8” I-Strip on the other diagonal, so the center of the tape crosses over the center point of the previous tapes, with a 50% stretch. Keep in mind to leave 1” at both ends as anchors.
SACRO-ILIAC JOINT — FATIGUE

STEP 1
Bend your back slightly forward and then apply a 10” I-Strip across the back, 1” above the Sacroiliac joints (dimples). Do not stretch.
STEP 2

Keep your back slightly forward and then apply a 6” I-Strip diagonally, over the Sacroiliac joints (dimples) and pointing toward the spine, with a 50% stretch. Keep in mind to leave 1.5” at both ends as anchors.
SHOULDER – ROTATOR CUFF

STEP 1
With the shoulder in a neutral position, apply the base of an 8” Y-Strip at the base of the Deltoid. Then apply the posterior leg upward toward the neck following the back of the shoulder, with a 25% stretch. Lastly, apply the anterior leg toward the neck following the front of the shoulder with a 25% stretch. Keep in mind to leave 1.5” at all ends as anchors.
STEP 2

Apply the base of an 8” Y-Strip to the front of the shoulder. Apply the lower leg of the tape, going through the middle portion of the Deltoid muscle, toward the middle of the shoulder blade, with a 25% stretch. Apply the upper leg of the tape, going through the upper portion of the Deltoid muscle, toward the top of the shoulder blade with a 25% stretch. Keep in mind to leave 1.5” at all ends as anchors.
STEP 3

With your shoulder rotated outward, and starting with the tape horizontal to the ground, apply a 7” I-Strip from the front of the shoulder toward the bottom tip of the shoulder blade, with a 25% stretch. Keep in mind to leave 1.5” at both ends as anchors.
STEP 4

With your shoulder in a neutral position, apply the last 7” I-Strip from the middle of the Deltoid muscle toward the neck, with a 25% stretch. Keep in mind to leave 1.5” at both ends as anchors.
SHOULDER — STABILITY

STEP 1
With the shoulder in a neutral position, apply a 6” I-Strip from the base of the Deltoid toward the front of the shoulder and up on top of the shoulder, with a 50% stretch. Keep in mind to leave 1.5” at all ends as anchors.
STEP 2
Without moving the shoulder, apply a 6” I-Strip from the base of the Deltoid toward the back of the shoulder, and then up on top of the shoulder, with a 50% stretch. Keep in mind to leave 1.5” at both ends as anchors.
STEP 3
With your shoulder rotated backward, apply an 8” I-Strip from the front of the shoulder toward the middle of the shoulder blade, going through the middle portion of the Deltoid muscle, with a 25% stretch. Keep in mind to leave 1.5” at both ends as anchors.
STEP 4

With the shoulder in a neutral position, apply the last 8” I-Strip from the base of the neck toward the middle of the Deltoid, with a 50% stretch. Keep in mind to leave 1.5” at both ends as anchors.
ELBOW — MEDIAL PAIN (GOLFER’S ELBOW)

STEP 1
Start with the elbow completely extended and palm up. Apply a 5” I-Strip from 2” above the elbow crease, beginning on the medial side of the elbow, continuing down the forearm, with a 25% stretch. The tape should not cover any superficial veins in the elbow crease area. Keep in mind to leave 1.5” at both ends as anchors.
STEP 2
With the elbow bent at 90° with the wrist in extension, apply the base of the 6” Y-Strip in the back of the elbow at the level of the elbow crease. Then take the superior leg and stretch 25% diagonally toward the thumb. Lastly, take the inferior leg and stretch 25% toward the little finger. Keep in mind to leave 1.5” at both ends as anchors.
ELBOW – LATERAL PAIN (TENNIS ELBOW)

STEP 1
Start with the elbow completely extended and palm up. Apply the 5” I-Strip from 2” above the elbow crease starting on the lateral side of the elbow, continuing down on the forearm, with a 25% stretch. The tape should not cover any superficial veins in the elbow crease area. Keep in mind to leave 1.5” on both ends as anchors.
STEP 2
With the elbow bent at 90° in front of you, wrist in full flexion, apply the base of the 7” Y-Strip in the back of the elbow and in line with the forearm. Then take the closest leg and stretch 25% at a slight angle toward the thumb. Lastly, take the other leg and stretch 25% toward the little finger. Keep in mind to leave 1.5” at all ends as anchors.
WRIST — CARPAL TUNNEL SYNDROME

STEP 1
Take the 9” I-Strip (1) and fold the first two inches (2) over and at that end, cut two triangles off the tape (3). By unfolding the tape you will have two holes for the fingers (4).
STEP 2

Insert the holes in the tape in your 3rd and 4th fingers, so the 2” base of the tape is in your palm. Then, with the elbow extended in front of you, palm down, apply the 9” IStrip upward, on what is now the top of your forearm, with a 50% stretch. Keep in mind to leave 1.5” at both ends as anchors.
STEP 3

Apply the 5” I-Strip around the wrist with a light stretch as to form a bracelet. Keep in mind to leave 1.5” at both ends as anchors.
**THUMB — PAIN (DEQUERVAIN’S SYNDROME)**

**STEP 1**
Take the 8” I-Strip and cut it right in the middle to create two 1” wide I-Strips.
STEP 2

Apply the base of the I-Strip on the distal back portion of the thumb. With the thumb in full flexion, apply the tape toward the elbow, with a 50% stretch. Keep in mind to leave 1.5” at both ends as anchors.
STEP 3

Apply the other 8” I-Strip on the thumb 1” below the first tape. Apply in the same fashion as above. The tape will obviously extend further toward the elbow than the previous tape. Keep in mind to leave 1.5” at both ends as anchors.
HIP — STABILITY

STEP 1
Take the 12” I-Strip and cut 5” at both ends. This will leave a 2” uncut portion in the center of the tape and will serve as the main anchor.
STEP 2
Apply the 2” middle portion, which is the main anchor, right over the ball of the hip bone.
STEP 3
With your hip and knee flexed at 90°, starting with the toplegs, take the lower leg and stretch it 25% toward the middle portion of the tail bone. Then, take the top leg and stretch it 25% toward the Sacroiliac joint (dimple). Keep in mind to leave 1.5” at all ends as anchors.
STEP 4
With your hip and knee fully extended, take either leg and stretch it 25% toward the knee. Take the other leg and apply it next to the other leg with a 25% stretch toward the knee. Keep in mind to leave 1.5” at all ends as anchors.
HIP – SCIATICA

STEP 1
Take an 18” I-Strip and apply from the Sacroiliac joint downward, with a 25% stretch, passing by the mid-point, between the hip bone and the tail bone, down to the back of the leg, then diagonally toward the lateral side of the knee. If the pain goes below the knee, follow through the lateral side of the lower leg to the ankle, finishing on the bottom of the foot. Keep in mind to leave 1.5” at both ends as anchors.
STEP 2
Take the 5” I-Strip and apply with a 50% stretch, with the middle of the tape perpendicular to the previous long tape, in line with the hip and tail bones. Keep in mind to leave 1.5” at both ends as anchors.
KNEE – STABILITY

STEP 1
With your knee flexed at 90°, start by applying the 6” I-Strip horizontally, with the middle of the tape on the center of the knee 2” below the Patella, with a 50% stretch. Keep in mind to leave 1.5” at both ends as anchors.
STEP 2

Start with your knee flexed at 90°. Apply an 8” I-Strip starting in the middle of the thigh 4” above the Patella. Then continue down the medial side of the knee, with a slight bend, go over the previous tape, ending at the center of the lower leg, with anchors. 25% stretch. Keep in mind to leave 1.5” at both ends as
STEP 3

Start with your knee flexed at 90°. Apply an 8” I-Strip starting in the middle of the thigh 4” above the Patella. Then continue down across the lateral side of the knee, with a slight bend, go over the previous tape, ending at the center of the lower leg, with a 25% stretch. Keep in mind to leave 1.5” at both ends as anchors.
STEP 1
With your knee flexed at 90°, start by applying the 6” I-Strip horizontally, with the middle of the tape on the center of the knee 2” below the Patella, with a 50% stretch. Keep in mind to leave 1.5” at both ends as anchors.
STEP 2

Start with your knee flexed at 90°. Apply an 8” I-Strip starting in the middle of the thigh 4” above the Patella. Then continue down the medial side of the knee, with a slight bend, go over the previous tape, ending at the center of the lower leg, with a 25% stretch. Keep in mind to leave 1.5” at both ends as anchors.
STEP 3
Start with your knee fully extended. Apply the last 8” IStrip 3” above the Knee on the medial side of the thigh, continuing downward, with a 25% stretch. Keep in mind to leave 1.5” at both ends as anchors.
KNEE — LATERAL PAIN

STEP 1
With your knee flexed at 90°, start by applying the 6” I-Strip horizontally, with the middle of the tape on the center of the knee 2” below the Patella, with a 50% stretch. Keep in mind to leave 1.5” at both ends as anchors.
STEP 2
Start with your knee flexed at 90°. Apply an 8” I-Strip starting in the middle of the thigh 4” above the Patella. Then continue down across the lateral side of the knee, with a slight bend, go over the previous tape, ending at the center of the lower leg, with a 25% stretch. Keep in mind to leave 1.5” at both ends as anchors.
STEP 3
Start with your knee fully extended. Apply the last 8” I-Strip 3” above the Knee on the lateral side of the thigh, continuing downward, with a 25% stretch. Keep in mind to leave 1.5” at both ends as anchors.
KNEE — PATELLA PAIN

STEP 1
With your knee extended, apply an 8” I-Strip, starting from 3” above the midline of the Patella, with a 50% stretch. Then apply to the lateral edge of the Patella and then to the front of the leg. You should have a nice moon shape, pushing the knee cap inward. Keep in mind to leave 1.5” at both ends as anchors.
STEP 2
With your knee extended, start by applying the 6” I-Strip horizontally, with middle of the tape on the center of the knee right below the Patella, with a 50% stretch. Keep in mind to leave 1.5” at both ends as anchors.
KNEE — SHIN SPLINTS

STEP 1
With your foot/toes pointing away from you, apply an 8” YStrip, starting from 3” above the ankle. Take the medial leg of the tape and apply upward toward the medial side of the knee, with a 25% stretch. Do the same thing with the lateral leg, but on the lateral side. Keep in mind to leave 1.5” at all ends as anchors.
STEP 2

Apply the other 8” Y-Strip, starting at mid lower leg level, on the lateral side. Take the lower part of the tape and with a 50% stretch, apply it slightly upward as to spiral around the leg. Then take the upper part of the tape and do the same thing, just about 1” above the other tape part. Keep in mind to leave 1.5” at all ends as anchors.
KNEE – CALF PAIN

STEP 1
With your foot in a neutral position, apply a 12” I-Strip to the bottom of the heel, with a 2” anchor (no stretch). Then, with a 25% stretch, apply up the calf and slightly medial. Make sure not to reach the back of the knee. Cut the tape if necessary. Keep in mind to leave 1.5” at both ends as anchors.
**STEP 2**

With your foot still in a neutral position, apply the other 12” I-Strip to the bottom of the heel, with a 2” anchor (no stretch). Then, with a 25% stretch, apply up the calf and slightly lateral. Make sure not to reach the back of the knee. Cut the tape if necessary. Keep in mind to leave 1.5” at both ends as anchors.
ANKLE – STABILITY

STEP 1
With your foot in a neutral position, apply a 12” I-Strip to the top of the foot. With a 50% stretch, go sideways under the foot. Then apply with a slight angle, back on top of the foot, finishing in the back of the ankle. Keep in mind to leave 1.5” at both ends as anchors.
STEP 2

With your foot in a neutral position, apply the other 12” I-Strip to the top of the foot. With a 50% stretch, go sideways under the foot (in the opposite direction as the previous tape). Then apply with a slight angle, back on top of the foot, finishing in the back of the ankle. Keep in mind to leave 1.5” at both ends as anchors.
ANKLE – PLANTAR FASCIITIS

STEP 1

With your foot in a neutral position, apply a 12” I-Strip to the ball of the foot. Then, with a 50% stretch, apply under the foot to the heel and up the back of the leg. Keep in mind to leave 1.5” at both ends as anchors.
STEP 2
With your foot in a neutral position, apply an 8” I-Strip to the top of the foot. Then, with a 50% stretch, apply medially under the foot, then back on top of the foot. Keep in mind to leave 1.5” at both ends as anchors.
STEP 3
With your foot in a neutral position, apply an 8” I-Strip to the top of the foot, but slightly higher toward the ankle, overlapping the previous tape by 50%. Then, with a 50% stretch, apply medially under the foot, to finish back on top of the foot. Keep in mind to leave 1.5” at both ends as anchors.
FOOT – BUNION

STEP 1
Take the 10” I-Strip and split it to have two 1” wide IStrips.

10”
STEP 2
Placing the foot flat on a surface, apply the first I-Strip from inside the big toe toward the medial side of the foot. Apply a 50% stretch all the way around the heel. Keep in mind to leave 1.5” at both ends as anchors.
STEP 3
Repeat step 2 with the other I-Strip with a 1” overlap. Keep in mind to leave 1.5” at both ends as anchors.
STEP 4
Apply an 8” I-Strip, with a 50% stretch, from the top around the foot just below the bunion. Keep in mind to leave 1.5” at both ends as anchors.
FOOT — FOOT DROP

STEP 1
Take the 16” I-Strip and fold the first 2” over and at that end, cut 2 triangles off the tape. By unfolding the tape you will have 2 holes for the toes.
STEP 2

Insert the I-Strip in your 2nd and 3rd toes so the 2” base of the tape is on the ball of the foot. Then, with a 50% stretch, apply the tape from the front of the ankle up the leg. Keep in mind to leave 1.5” at both ends as anchors.
STEP 3
Apply the 6” I-Strip around the front of the ankle, with a 50% stretch, as to form an ankle bracelet. Keep in mind to leave 1.5” at both ends as anchors.