

KINESIOLOGY TAPING FOR HORSES





THE COMPLETE GUIDE TO
Taping for Equine Health, Fitness, and Performance

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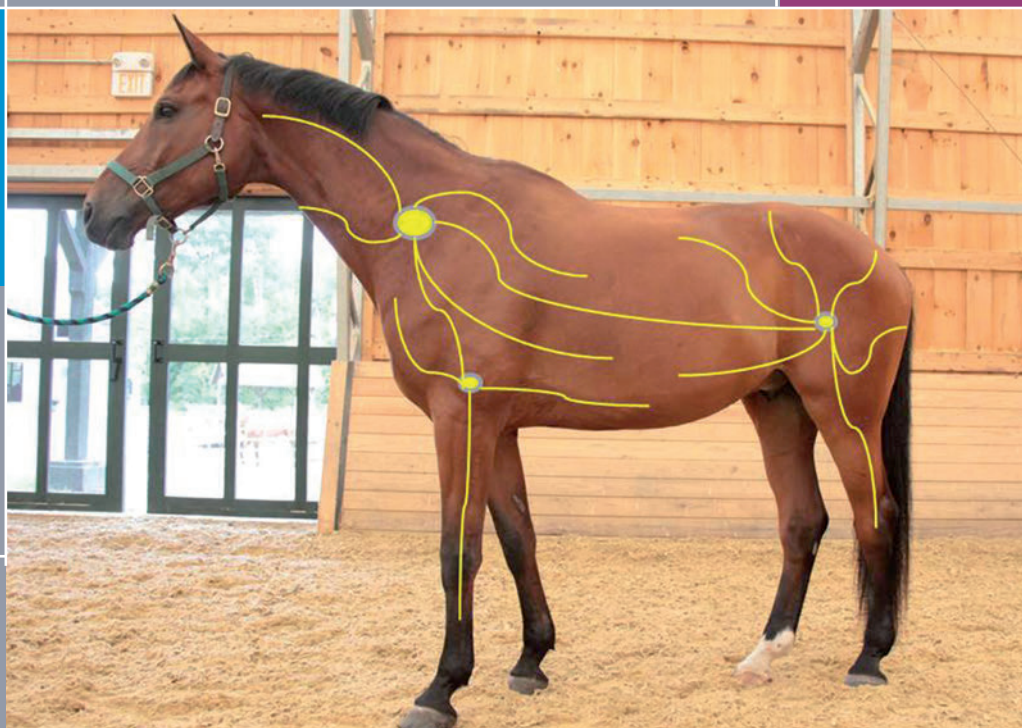
Contents

Introduction	1
1: Where Does Kinesiology Tape Come From?	6
2: What Is Kinesiology Tape Made Of?	12
3: The Effects of Kinesiology Tape	18
4: Indications for Equine Kinesiology Taping	26
5: Contraindications for Equine Kinesiology Taping	30
6: Preparation and Treatment of the Horse	30
7: Tips and Tricks for Kinesiology Taping	40



		8: Before Getting Started	52
		9: Muscle Taping	60
		10: Lymphatic Taping	68
		11: Scar Taping	76
		12: Fascia Taping	84
		13: Space Taping	90
		14: Hematoma Taping	96
			

15: Stabilization Taping	100
16: Tendon Taping	106
17: Cross Tapes	114
18: Case Studies	118
For More Information	137
Acknowledgments	139
Index	141



Chapter 10

Lymphatic Taping



Lymphatic Taping

Lymphatic Fluid and the Lymphatic System

“*Lympha*” is the Latin word for “clear water.” And that is what lymphatic fluid almost looks like: a clear, yellowish fluid, being the intermediate stage between blood plasma and tissue fluid.

The free lymphatic fluid will be absorbed from the tissue by delicate lymphatic capillaries. These capillaries then lead into larger lymphatic vessels and ducts and into lymphatic nodes, which work as a collection station and filter site for the lymphatic fluid. The fluid will then be transported farther to the subclavian veins where it is reabsorbed into the bloodstream.

Photo 10.1 is a schematic overview of the main lymphatic areas: the axillary lymphatic node is on the inside of the front leg, and the inguinal lymphatic node is on the inside of the hind leg. The most important node is right in front of the shoulder blade where the brachiocephalic muscles meet the shoulder. The lines indicate the direction of the lymphatic flow toward the nodes.

The lymph carries substances that cannot be transported in the blood-

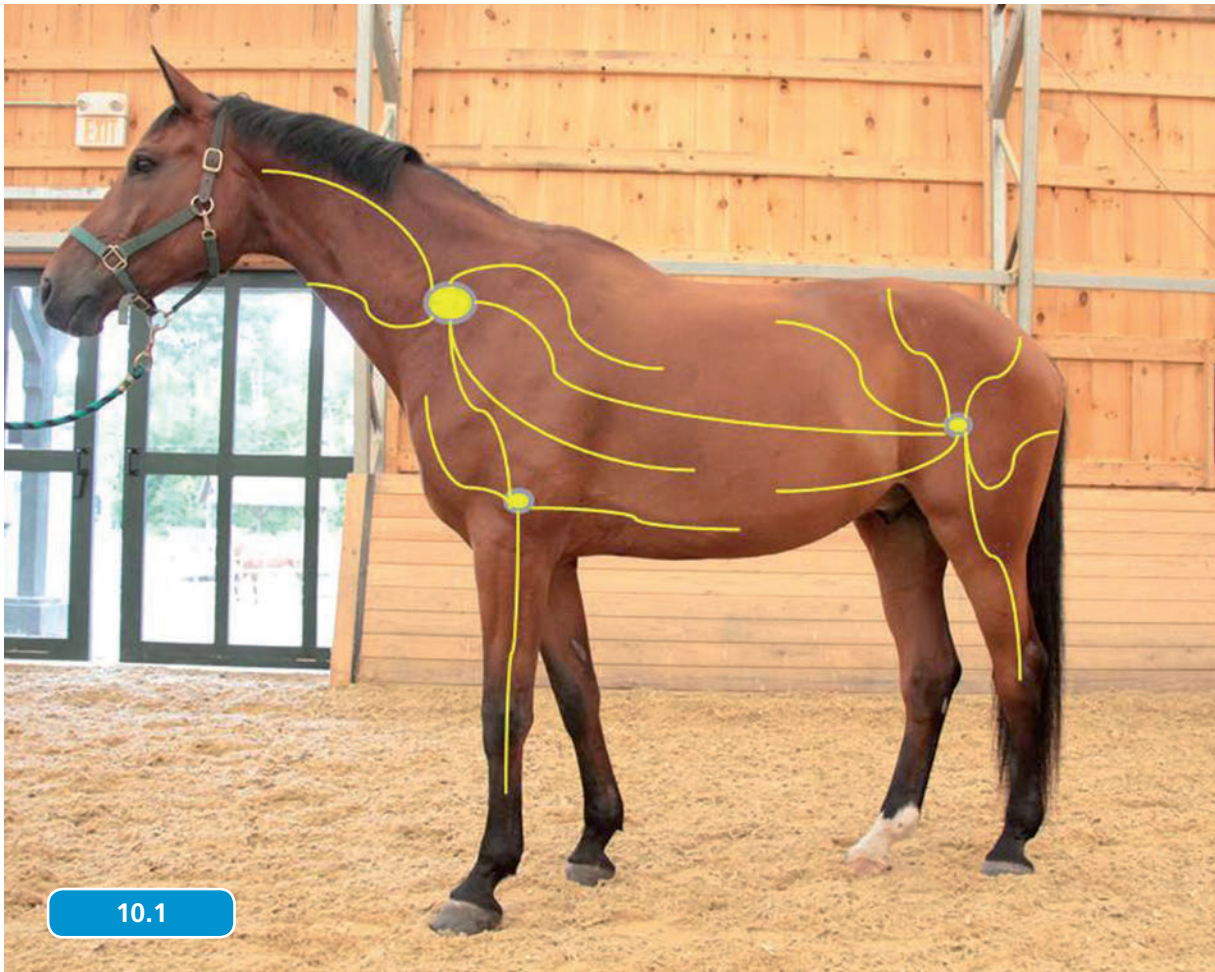
stream. The lymphatic nodes not only filter and clean the lymphatic fluid but also build the lymphocytes. These are antibodies that play a large role in defending the body against diseases and are, therefore, an important part of the immune system.

As a result of infections, injuries, and often times, stall rest, tissue fluid sinks into the lower extremities of the horse and his legs stock up. Due to increased fluid volume and increased pressure in these areas, the delicate lymphatic capillaries lock up and are no longer able to absorb the fluid and move it toward the lymphatic nodes.

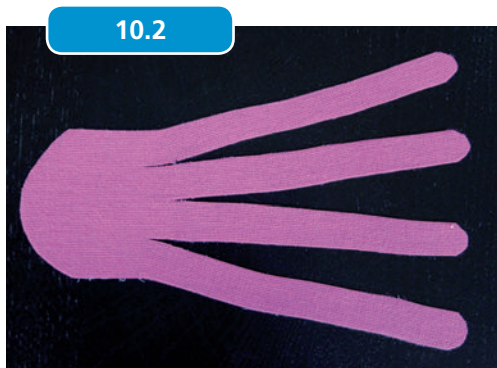
That is where lymphatic drainage comes in. It is a special, very, very gentle form of massage in which the lymphatic system and the main nodes are stimulated to improve the fluid transportation. To further support this lymphatic drainage, you can apply a lymphatic taping.

How to Apply Lymphatic Taping

The most important tape-cut in this case is the fan tape as shown in photo 10.2. Most of the time, several fan tapes

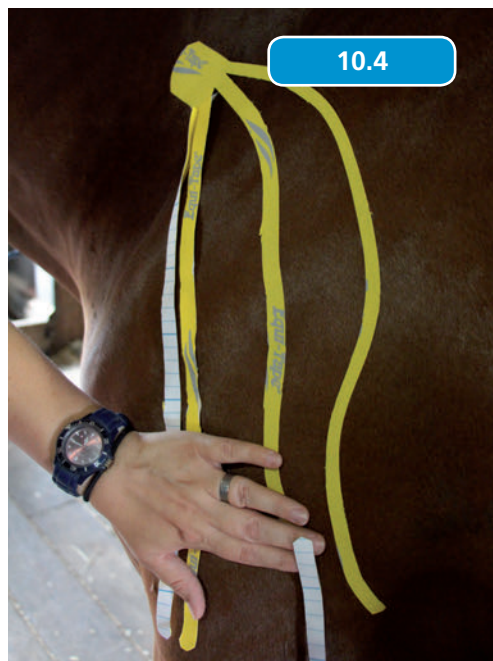


10.1



will be combined to a "lymphatic row" (photo 10.5) or the "lymphatic grid" (photo 10.8), depending on the type and location of the swelling.

The fan tape is made of one closed end, called the base, and about 3–5 strands we call "fingers" (see detailed information in chapter 7). It is often helpful to use the wider (3 inch or 7.5 cm) kinesiology tape to cut a fan tape. This gives you the chance to cut more fingers. With more fingers and a wider tape, you can cover a bigger surface.

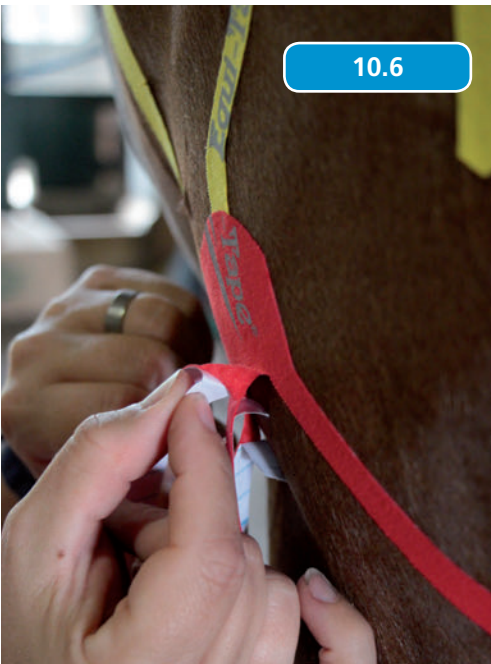


Once the fan tape is cut in shape, flip it over to the paper backing and tear the paper at the beginning of every tape "finger" (photo 10.3). This will help you grab hold of the paper once you have applied the base of this tape-cut.

In general, the following applies for a lymphatic taping: the base of the tape strip always points toward the lymphatic node or is placed directly over it and applied with no stretch. The fingers of the tape strip are applied with a light stretch as it comes off the paper (10 percent stretch). The fingers can be put down straight or in wavy lines (photo 10.4). The "waves" make it possible to cover an even bigger surface. The ends of the fingers are then applied with no stretch again. This application is a little delicate because the tape fingers



10.5



10.6

are rather thin. So when rubbing over it to activate the adhesive through friction and heat, be careful and just rub from the base toward the fingers. By rubbing in the other direction you might accidentally rub off the thin and delicate finger endings.

The Lymphatic Row

When there is swelling that covers the entire leg, the “lymphatic row” is your application of choice.

If the swelling is on a front leg, you start with your first fan tape at the point where the brachiocephalic muscle meets the shoulder blade (it is helpful to have assistance with bending the neck a little bit to the opposite side) and then work your way down to the swelling. Similar to a traffic jam you have to dissolve the congestion at the beginning to give the lymphatic fluid (the cars) space to flow out (drive on).

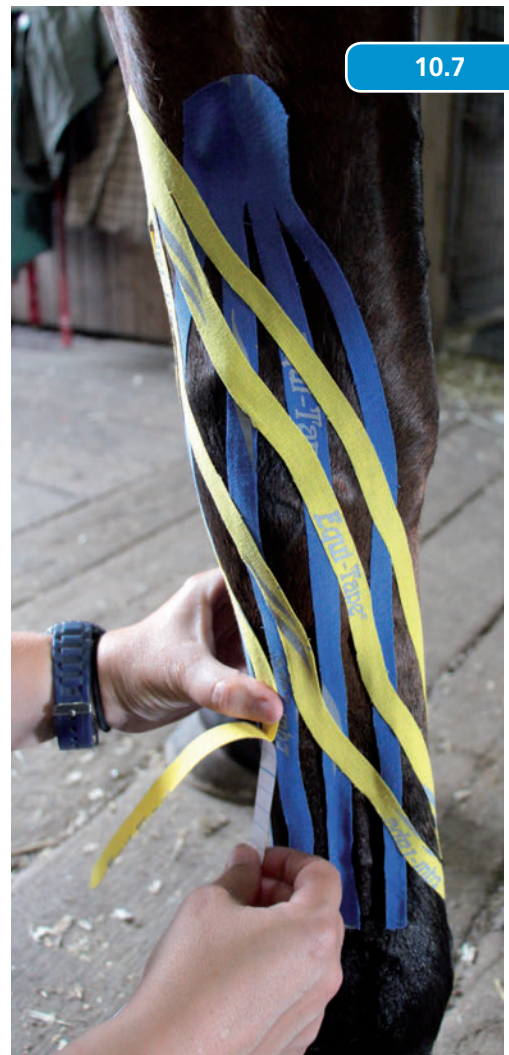
Start by applying the base of the fan tape at the meeting point of the brachiocephalic muscle and shoulder blade and apply the fingers with a slight stretch (about 10 percent) toward the swelling. Spread the fingers out to cover as much surface as possible. The ends of the fingers will be applied with no stretch. The base of the following fan tape has to touch and overlap with at least one of the fingers of the previous fan tape, thus creating a row (photo 10.6).

Keep on taping with the fingers of the second fan tape toward the swelling. The number of fan tapes needed for a “lymphatic row” depends where the swelling is on the leg and where it ends. The lowest fan tape should cover the swelling completely.

Always make sure that the fans are connected and overlapping each other, so as not to interrupt the row. Since the direction of the tape is from the lymphatic node toward the swelling, the recoil is directed toward the primary end—the node and, therefore, supporting the drainage of the swelling.

The Lymphatic Grid

If the swelling is more localized, for example, around the hock or just on the lower leg, the “lymphatic grid” would be the preferred taping application. Instead of building a row, you take two to four fan tapes, apply them at the same height, but in different angles. That will create a “grid-like” pattern (photo 10.7). The grid should cover the swelling completely. The bases of the fan tapes are pointed in the direction of the node and the taping technique



is the same as in taping a “lymphatic row”: base with no stretch, fingers with a slight stretch pointing distally toward the swelling, ends with no stretch.

Of course, you can combine a “lymphatic row” with a “lymphatic grid.” Start with the row on the top and put the grid on the largest part of the swelling. Row and grid should then also be connected. A combination really depends on the situation and the kind of swelling, and also on the preference of the taping therapist.

For lymphatic tapings, in general, it is advisable to secure all those thin and delicate finger endings with one or more “anchors.” These are single “I” tapes that are applied once around the leg with absolutely no stretch, thereby covering the ends of the tape (or as much as possible) to secure and protect them.

If the swelling is located around a joint, as it is in photo 10.8 and the fan tapes are running over the joint, it is also helpful to secure the bases of the fan tapes with an anchor. Because of the higher range of motion in a joint, anchors are an additional security for the longevity of a taping application.

