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The effects of Kinesiotaping on Soft tissue injury: A case report

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GOAL OF THE STUDY

- Analyze the lymphatic and circulatory effect of kinesiotaping.

MATERIALS AND METHODS

- 88 years old female, residing at senior community.
- Independent with ADLs and driving (31/12/09)
- Crush injury of Left lower extremity
- Swelling of Left calf and inability to ambulate prompted hospitalization by ambulance.
- Significant ecchymosed of anterior tibia and calf with blistering of skin of inner thigh and calf noted.
- Girth measurements:
 - Left calf: 37.5 cm
 - Right calf: 31.5 cm
- Admitted for possible:
 - Compartmental syndrome
 - Rhabdomyolysis
 - Soft tissue sloughing due to swelling
- Medical history:
 - Hypertension, hyperlipidemia, Post-mastectomy Left Breast cancer, Osteoporosis, Atrial fibrillation –on coumadin therapy-

TESTS AND INTERVENTIONS

- Left tibia/fibula and knee X-rays negative for acute fracture/bone injury
- Creatinine Kinase elevated
- Cold moist wraps applied.
- Coumadin discontinued
- INR monitored
- MD suggested Weight bearing at tolerated.
- Patient re-started coumadin therapy
- Transferred to sub acute rehab center on 4/1/10.
- PT EVALUATION FINDINGS:
 - Pain in Left Lower extremity + Pulling sensation rated 5/10.
 - Limited ROM of left hip and knee with catching and pain on AROM
 - Weakness of Left Lower extremity (2+ to 3+)
 - Standing balance (static/dynamic): Fair/Fair-
 - Gait: 150ft with rolling walker, with stand by assistance. Antalgic gait pattern.

Kinesiotaping was used as a modality besides cold packs and therapeutic exercises and conventional PT. 2 inches blue and red KinesioTex Gold using fancut taping technique with 10-25% tension over the inner and outer thigh, leg and calf was utilized. Serials pictures were taken at 2-7 day intervals

OUTCOMES

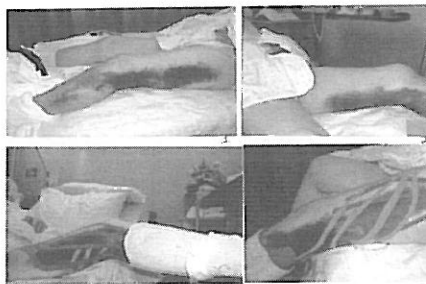
Girth measurements at discharge
Left: 33.5 cm
Right: 31.5

Pain Scale:
Initial: 5/10
Discharge: no complain of pain and restoration of normal range of motion of Left lower extremity.

Berg Balance test at discharge:
47/56

Gait/ ambulation:
More than 500 feet with straight cane, independent, and steady gait pattern.

Almost normal skin color and integrity



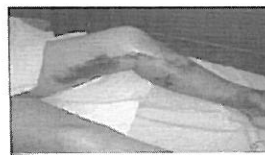
6/1/10
6 days post injury



8/1/10
8 days post injury



11/1/10
11 days post injury



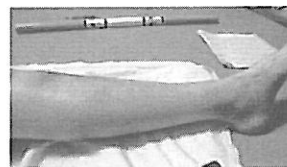
Considerable resolution of hematoma noted and hence continued with the kinesiotaping method.



18/1/10
18 days post injury



Taping to thigh and leg



1/22/1
22 days post injury

CONCLUSION

Kinesio Tex Gold worked as a miracle tape. According to patient's MD prognosis of healing of crush injury-6 months with kinesiotaping 90% resolution of edema and ecchymosis noted in 3 weeks. Kinesio Taping is a safe and effective method for resolution of hematoma resulting from acute soft tissue injury as it helps to expedite healing and overall functional recovery in people with all ages.

REFERENCES

Clinical Therapeutic Applications of The Kinesio Taping Method 2nd Edition Kenzo Kase
Acknowledgements my patient, staff at ManorCare and KTA and my family.