

# How to Strap Instructions

Free printable strapping instructions which support the d3 Tape instructional videos on our website, app and YouTube channel. Learn how to strap confidently and effectively. Empowering athletes and coaches to perform.

www.d3tape.com/nz/tutorial/ www.youtube.com/channel/UCZLaodKWO\_emE6Nsibx7UHw/videos





- video # 1 the knee / k6.0 tape
- video # 2 the shoulder / k.60 tape
  - video # 3 the calf / k.60 tape
  - video # 4 the ankle / rigid tape
  - video # 5 the knee / rigid tape
- video # 6 & 7 the thumb wrist / eab + cohesive bandage
  - video # 8 & 12 the hamstring / k6.0 tape
    - video # 11 the elbow / k6.0 tape
    - video # 13 the shoulder / k6.0 tape
      - video # 14 the knee / k6.0 tape 🕨
  - video # 17 the ankle / cohesive bandage



### The Knee d<sup>3</sup> k6.0 tape Video #1

stabilisation of the kneecap (patella) and support for the patella tendon

### EQUIPMENT:

1 roll 50mm d3 Kinesiology Tape \*d3 adhesive spray (optional)



D3 Tape contains latex-free adhesive and is hypoallergenic.

#### TOP TIPS

d3 K-Tape is latex-free and hypoallergenic, meaning adverse skin reactions are very rare and tape can be worn for days on end.

Avoid taping onto wet, hairy or heavily moisturised skin, as this can affect adhesive qualities.

Cut with sharp scissors or tape cutting scissors to avoid fraying. Round off the edges of the tape ends with scissors to help prevent tape from being peeled off the skin through abrasion.

d3 K-tape sticks best when applied directly onto the skin

K-tape tape is stretchy and designed to move and react like a second layer of skin. Try to handle and place the tape carefully and avoid touching the adhesive side of the tape wherever possible.

The anchor strips, at each end of the tape, should always be applied under no stretch.

The backing tape paper can be ripped/split, but not immediately removed (until needed to) to help handle the tape and avoid touching the adhesive side. ► YouTube https://youtu.be/KUSi7zo2J2s



### PREPARATION

Cut two strips of d3 K-tape. #1: Shin bone (Tibia) to thigh (Femur) - 25-35cm approx & #2: across the patella/kneecap - 10-15cm approx.

(If using d3 adhesive spray, spray the area to be taped lightly and allow the area to get tacky by leaving it for 30 seconds to air dry.)

**01.** Ensure that the athlete's knee is slightly flexed (bent) prior to taping.

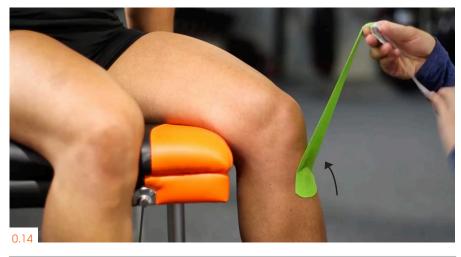
**02.** TAPE STRIP #1: Cut the K-tape to the required length (below the knee to mid-thigh) allowing for the fact that it will be stretched (longer) by around 10% on application. 25-35cm for an adult is a good general guideline.

**03.** Tear the ends of the backing tape (but don't remove them yet) about 10cm from each end of the tape to create the anchor points for the start and end of the taping procedure.





**04.** Remove the backing tape from the first (lower) anchor point and place 5-10 cm below the kneecap (patella) onto the top of the shin bone (Tibia). There should be no stretch on the achor tape. **0.14** 



**05.** Peel back the long middle part of the backing tape, but leaving the end (top) anchor backing tape in place.

**06.** Stretch the k-tape 25-50% (personal preference) and place directly over the middle of the kneecap (patella) whilst holding down the starting anchor tape and continue up the middle of the thigh. 0.18

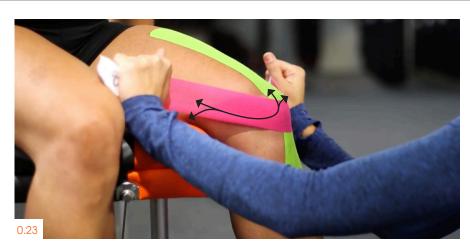


**07.** Remove the backing tape from the second anchor and place down on the skin with no stretch. **0.19** 



**08.** TAPE STRIP #2: Tear the ends of the two anchor strips and peel away the middle part of the adhesive backing tape to expose the adhesive side. Holding the anchor ends place the centre of the tape directly over the middle of the base of the kneecap (patella) and stretch it 50-90%. 0.23

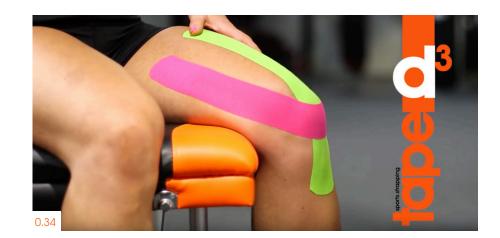
Angling the tape up the inside and outside of the lower thigh place onto the skin without creasing the tape. 0.25





**09.** With zero stretch on the anchor strips, remove the backing tape and place both anchors down.

**10.** Rub all of the applied tape down, with the hand, or the removed backing paper, to help fully activate the glue and increase adhesiveness. 0.34





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You <mark>Tube</mark>



**Strapping Tutorial** 

### The Shoulder (Rotator cuff) d<sup>3</sup> k6.0 tape Video #2

strapping to support the whole of the shoulder

### **EQUIPMENT:**

1 roll 50mm d3 Kinesiology Tape d3 tape scissors \*d3 adhesive spray optional.



### TOP TIPS

d3 k-tape is latex-free and hypoallergenic, meaning adverse skin reactions are very rare and tape can be worn for days on end to support rehabilitation between physio sessions.

Avoid taping onto wet, hairy or heavily moisturised skin, as this can affect adhesive qualities.

Cut tape with sharp scissors, or d3 tape cutting scissors, to avoid fraying.

Round off the edges of the tape ends with scissors to help prevent tape from being peeled off the skin through abrasion.

d3 K-tape sticks best when applied directly onto the skin, rather than onto tape.

K-tape tape is stretchy and designed to move and react like a second layer of skin. Try to handle and place the tape carefully and avoid touching the adhesive side of the tape wherever possible.

The anchor strips, at each end of the tape, should always be applied under no stretch for better adhesion and results.

The backing tape paper can be ripped/ split, but not immediately removed (until needed to) to help handle the tape and avoid touching the adhesive side. Coogle play Convolute setter free app download



### PREPARATION

K-Tape Strips: Cut 3 strips of d3 Kinesiology tape for the shoulders: 3 x 20-25cm or as required.

(If using d3 adhesive spray, spray the area to be taped lightly and allow the area to get tacky by leaving it for 30-seconds to air dry.)

#### K-STRIP #1 (PINK IN VIDEO): STABILISER STRAP

**01.** Ensure the athlete is standing (facing away from you) but bending over slightly, to engage the hamstring muscles under some tension. 0.07



**02.** Rip and remove 5 cm of the lowest part of the backing tape to help place the initial anchor point.

**03.** Place the anchor, under no tension/stretch, at the bottom of the rotator cuff and above the shoulder blade. 0.12

**04.** Remove the backing paper and whilst pressing down the anchor, stretch the tape (approximately 75-90%) around front of shoulder (across the deltoids). **0.18** 

**03.** Ensure the top anchor point is applied under no stretch and on the top of the chest (pectorals). **0.19** 

**03.** Move the athlete's arm backwards, so the shoulder joint opens up (extension and external rotation). **0.41** 









### K-STRIP #2 (GREEN IN VIDEO): ROTATOR STRAP

**07.** Rip the tape 5 cm from each end of the tape to create the two anchor points.

**08.** Remove the backing for the first anchor point and place immediately above the first pink tape anchor point, onto the skin and under no stretch.

**09.** Holding the anchor point down, now stretch the tape to 75-90% over the shoulder and above the pink tape. **0.27** 

**10.** Now pull the tape down, placing on the skin as you go around the front of the shoulder (front/anterior head of the deltoid) and across the top of the arm (over the humerus). **0.32** 

11. Remove the second anchor point tape backing and secure the tape into the skin under no stretch.





#### K-STRIP #3 (BLUE IN VIDEO): DECOMPRESSION STRAP

**12.** To enhance the adhesion the tape can be applied onto the skin rather than on the tape. To do this cut and extra 5 cm of tape for the second strip so the anchor is fixed on top of skin not tape.

**13.** Begin below the green tape and place the first anchor point, with zero stretch, on the midpoint of the arm (humerus). (Anchor is 0.47

14. Stretch the tape 60-75% and, holding the anchor down, apply upwards over the shoulder and anchoring, under zero stretch, onto the skin at the base of the neck (Trapezius). 0.50

**15.** Rub the tape and press it down with hands, or the discarded backing tape paper, to ensure the glue activates and adhesion is firm.







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### You Tube youtube/d3tape

youtube/d3tape youtube.com/watch?v= RZoD8JohRhI



### The Calf d<sup>3</sup> k6.0 tape Video #3

### **EQUIPMENT:**

1 roll 50mm d3 Kinesiology Tape d3 tape scissors \*d3 adhesive spray optional.



### TOP TIPS

d3 k-tape is latex-free and hypoallergenic, meaning adverse skin reactions are very rare and tape can be worn for days on end to support rehabilitation between physio sessions.

Avoid taping onto wet, hairy or heavily moisturised skin, as this can affect adhesive qualities.

Cut tape with sharp scissors, or d3 tape cutting scissors, to avoid fraying.

Round off the edges of the tape ends with scissors to help prevent tape from being peeled off the skin through abrasion.

d3 k-tape sticks best when applied directly onto the skin, rather than onto tape.

K-tape tape is stretchy and designed to move and react like a second layer of skin. Try to handle and place the tape carefully and avoid touching the adhesive side of the tape wherever possible.

The anchor strips, at each end of the tape, should always be applied under no stretch for better adhesion and results.

The backing tape paper can be ripped/ split, but not immediately removed (until needed to) to help handle the tape and avoid touching the adhesive side. ► YouTube | https://youtu.be/UzNT8BrrLVw

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Medial gastrocnemius muscle

Plantaris tendon -

Soleus

Medialmalleolus

Flexor retinaculum home

**Right Leg** 

gastrocnemius muscle

Soleus

Achilles

Calcaneus

— Lateral malleolus

### PREPARATION

K-Tape Strips: Cut 2 strips of d3 Kinesiology tape for the the length of the actual distance from the heel to above the calf muscle (gastrocnemius) but below the back of the knee joint: 2 x 20-25 cm or as required. 0.12

(If using d3 adhesive spray, spray the area to be taped lightly and allow the area to get tacky by leaving it for 30-seconds to air dry.)

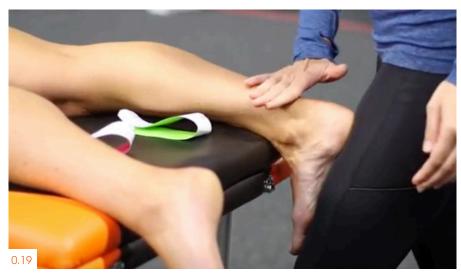


### K-STRIP #1 (GREEN IN VIDEO)

**01.** Place the athlete lying face down (prone) (ideally on a d3 Physio bed or on the floor). 0.13



**02.** Ensure the athlete's toes and foot are pointing up (dorsiflexion) use the strapper's knee to keep in this position if necessary. 0.19



**03.** Having pre-measured and cut the tape (to <sup>2</sup>/<sub>s</sub> of the actual stretched length desired) rip and remove 5cm of the lowest part of the backing tape to help place the initial anchor point, under zero stretch, on and around and under the heel. 0.22

**04.** Holding the anchor firmly in place stretch the tape to 70-90% and place along the length of the the Achilles tendon (above the heel) and the follow the inside line (medial) part of the calf (gastrocnemius medial head) muscle. 0.31

**05.** Place the top anchor (the last 5cm of tape) under no stretch, making sure it is anchored just below the back of the knee joint. 0.33

**06.** Rub the tape with the backing paper all over to help maximise adhesion and activate the glue.







### K-STRIP #2 (PINK IN VIDEO)

**07.** Repeat steps 1-3. When placing the first pink tape anchor, around the heel, ensure that the tape is only partially overlapping the initial (green) anchor point and not completely and directly on top of it. This is because K-Tape sticks better to skin than it does on top of other K-tape. **0.36** 

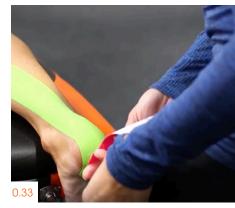
**08.** Repeat steps 4-6 but instead of following the inside (medial) line of the calf (gastrocnemius) this time follow the outside line of the calf muscle (gastrocnemius lateral head). 0.37

**09.** Place the top anchor (the last 5cm of tape) under no stretch, making sure it is anchored just below the back of the knee joint. **0.33** 

**10.** Rub the tape with the backing paper all over to help maximise adhesion and activate the glue.











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### The Ankle d<sup>3</sup> rigid tape Video #4

strong ankle joint support and stabilisation

### **EQUIPMENT:**

1 roll 38mm d3 Rigid Tape \*d3 Foam underwrap roll 50mm. (optional)



D3 Tape contains latex-free adhesive and is hypoallergenic.

### TOP TIPS

Rigid strapping is most commonly applied before training, or a match, and is designed to stabilise a joint and support tendons and ligament attachments. Muscle injuries and support is generally better treated with d3 EAB, K-Tape or Cohesive tape.

Over-taping the joint and/or taping too often can sometimes lead to other injuries, as other joints and muscles can be forced to compensate for the injured area and it's lack of natural movement.

Always seek professional medical advice for injuries.

All tapes work best on dry skin surfaces. Avoid moisturising the skin and very hairy skin as this will form a barrier and adversely affect the adhesive qualities of any tape.

d3 Rigid tape sticks better to itself than to skin, so overlapping tape-ontape, or fixing onto a tape anchor works best.

Rigid tape is non-stretchy. Try to handle and place the tape carefully to avoid creasing the tape wherever possible.



**01.** Keep the foot (and toes) pointing up (dorsiflexion), reducing the angle between the top of the foot and the shin bone as tape is being applied. Create an anchor wrap (by wrapping the rigid tape around the shin) without any tension, approximately 5-10 cm above the bony ankle protrusions (medial and lateral malleolus'). This will give the 'stirrup' tape,



**02.** Starting on the inside of the ankle (medial side) fix the rigid tape to the anchor wrap strip with a little tension and wrap it under the foot arch, close to the heel, and around to the outside of the ankle (lateral side) and on to the tape anchor. 0.28

Avoid using too much tension here, as once the foot is load-bearing it will spread out and create more tension on the rigid tape naturally.



**03.** Repeat step two with another strip of rigid tape, overlapping the first strip, placing it slightly closer to the forefoot. 0.39

When pulling the tape off the roll and applying it, be careful not to create too much pressure and tension on the athlete's skin. 0.51





**04.** Apply a HEEL LOCK to ensure heel stability under pressure and movement. Again, starting on the inside of the shin (medial side) place (anchor) the tape then, with a little tension, moving down place across the front of the shin/ankle and then wrap back around the back of the heel.

1.02 / 1.07 / 1.09 / 1.13 / 1.14.

Then, tape under the foot and back up around the front of the foot, slightly overlapping the tape, on the way back to the starting heel lock anchor point. Essentially, you are creating a tape loop around the back and under the heel area with the same tape start and end anchor points position.







**05.** Repeat the action but on the other side (lateral side) of the shin. Again, the anchor point is the start and end of the heel lock process. 1.23 / 1.26 / 1.32 & 1.35

**06.** Place another anchor strip around all of the tape on top of the original anchor wrap strip, to keep the tape tidy and less likely to be peeled off. 1.45 & 1.51

**07.** Adding Extra Support. 2.00. Place another anchor strip of tape (without tension) from the forefoot around the back of the heel and back on to the forefoot anchor point 2.05.

**08.** 2.07 Repeat step 7, half overlapping the tape.

**09.** End by locking off and tidying up any loose or exposed tape ends without tension. **2.19** 













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### The Knee d<sup>3</sup> rigid tape Video #5

strapping to support the inside (mediall) of the knee medial Collateral ligament

### **EQUIPMENT:**

1 roll 38mm d3 Rigid Tape 1 roll 50mm or 75mm d3 EAB 1 roll foam underwrap \*optional.



D3 Tape contains latex-free adhesive and is hypoallergenic.

### **TOP TIPS**

Rigid strapping is most commonly applied before training, or a match, and is designed to stabilise a joint and support tendons and ligaments attachments. Muscle injuries and support is generally better treated with d3 EAB, K-Tape or Cohesive tape.

Over-taping the joint and/or taping too often can sometimes lead to other injuries, as other joints and muscles can be forced to compensate for the injured area and it's lack of natural movement. Always seek professional medical advice for injuries.

All tapes work best on dry skin surfaces. Avoid moisturising the skin and very hairy skin as this will form a barrier and adversely affect the adhesive qualities of any tape.

d3 Rigid tape sticks better to itself than to skin, so overlapping tapeon-tape, or fixing onto a tape anchor works best.

Rigid tape is non-stretchy. Try to handle and place the tape carefully to avoid creasing the tape wherever possible.



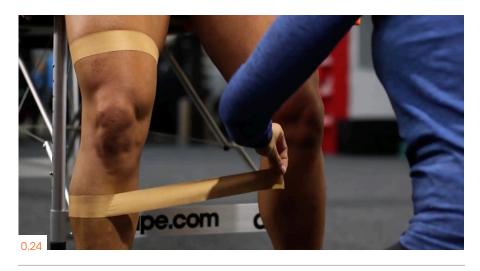
**01.** This taping example is a very symmetrical type of taping.

02. If the pain is on the outside (Lateral aspect) of the knee the same steps below can all be followed, BUT overlap the `X' strips of tape on the outside of the knee - over the Lateral Collateral Ligament.

03. Create an anchor tape wrap with no tension 4" (10cm) above the knee. 0.14



04. Create an anchor tape wrap with no tension 4" (10cm) below the knee. 0.24



05. With two strips of rigid tape (cut long enough to reach from top to bottom anchor strips at an angle) 0.24 create an X shape. 0.40 & 0.43





**06.** Anchor points for the initial 2 strips of 'X' tape at the front and back of the knee, and are onto the anchor wrap tapes (applied in steps 1 and 2). They are in line with the middle of the knee cap (12 o'clock for tape strip #1) and below the knee cap (6 o'clock for tape strip #2). The overlapping section of 'X' taping strips #1 and #2 should be directly over the bony inside aspect of the knee (Medial Collateral Ligament). 0.45

**07.** Continue creating more 'X' taping strips, inside strips #1 and #2, in a symmetrical manner, until they meet in the middle (12 o'clock and 6 o'clock). Ensure each strip of new 'X' tape applied is slightly overlapping the immediate previous strip placed. The crossover part of the 'X' always being placed directly over the bony medial collateral ligament. 1.08

**08**. Using EAB (Elastic Adhesive Bandage), now support the rigid tape by adding another layer of (elastic) tape. 7. Create a top wrap anchor over the original Rigid tape top wrap anchor. **1.20** 

**09**. Now follow the line of the very first strip of `X' tape placed from top to bottom, crossing directly over the bony lateral ligament. 1.28

**10**. Follow the lower anchor tape, strapping around the leg once or twice with a small amount of stretch. This is creating a figure-8 of tape shape from top anchor to lower anchor, around the thigh and shin. 1.34

11. Complete the final part of the EAB tape 'X' from lower to upper leg, again, taping over the bony lateral ligament. 1.34. Then, complete a final wrap once around the top thigh anchor wraps with tittle stretch/pressure. Taping closer to the Patella will support knee cap further.

**12**. A final small strip of rigid tape can be applied over the end of the EAB taping, if desired, to add adhesive strength and help the tape from becoming unstuck due to friction or abrasion. 1.51

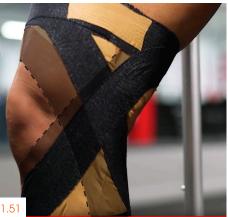














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You Tube



**Strapping Tutorial** 

### The Thumb / Wrist d<sup>3</sup> eab d<sup>3</sup> cohesive tape Video #6 & 7

strapping to support the thumb -EAB (white) tape / video 6

### EQUIPMENT:

1 roll of 25mm d3 EAB (Elastic Adhesive Bandage)

1 roll 50mm d3 Cohesive Tape



#### TOP TIPS

Light-rip hand-tearable EAB or cohesive is quick and easy to use.

Although these two (linked) videos use EAB and cohesive tape (respectively), the strapping demonstrated can be done with either tape type, if required, or if only one type of tape is available.

Ensure that, when wrapping the thumb joint, there is adequate tension to support the joint but it is not so tight that movement is disadvantaged and/or circulation cut off. The athlete needs to feel that the tape is supporting the joint and is still comfortable and not bulky. Squeezing the thumb, watching it turn pale, then back to normal skin colour, will ensure blood supply has not been cut off.

Avoid taping over the knuckles as this will restrict key movement.



**01.** Ensure the thumb is raised away from the hand (extension) as possible (like a handshake grip) to expose the area between the base of the thumb, palm and first finger as much as possible.

Begin by creating one or two anchor wraps around the wrist using light tension 0.07

**02.** Using figure-of-eight loops, around the wrist and base of the thumb, with light tension/pressure, provides the thumb with adequate support. 0.14



**03.**Begin by taping at the base of the thumb then back around the wrist and gradually working up the thumb (overlapping the last wrap completed) a little more on each figure-of-eight wrap. Avoid too much tension and pressure and do not wrap the thumb knuckle.

0.22 / 0.31 / 0.37

Do as many wraps and loops as is required but ensure that the tape isn't too bulky or tight.









**04.** Finish off with another one or two anchor wraps around the wrist. 0.58

NB: This taping method can be done with EAB (light-rip or scissor cut varieties) or cohesive bandage, depending on personal preference and/or availability.



This wrist strapping demo can be done to support the thumb strapping (as shown here) or simply by itself.

**01.** Create one anchor wrap lightly around the wrist 0.14

**02.** Overlapping the anchor wrap by half work your way up the wrist (towards the hand) with one or two more wraps. Once the base of the hand is reached do the same going back towards the wrist. The number of wraps used is a personal preference, but the golden rule is avoid strapping too tight and too bulky. 0.25 / 0.28 / 0.32



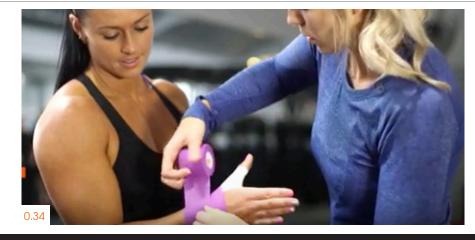






**03.** Finish by tearing off the tape and pressing it down or tucking it under the anchor tape to stay secure.

NB: This taping method can be done with cohesive bandage or EAB (lightrip or scissor cut varieties) depending on personal preference and/or availability.





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**Strapping Tutorial** 

### The Hamstring d<sup>3</sup> k6.0 tape Video #8 & #12

strapping to support the hamstring leftleg / video 8

### **EQUIPMENT:**

1 roll 50mm d3 Kinesiology Tape d3 tape scissors \*d3 adhesive spray optional.



D3 Tape contains latex-free adhesive and is hypoallergenic.

### TOP TIPS

d3 k-tape is latex-free and hypoallergenic, meaning adverse skin reactions are very rare and tape can be worn for days on end to support rehabilitation between physio sessions.

Avoid taping onto wet, hairy or heavily moisturised skin, as this can affect adhesive qualities.

*Round off the edges* of the tape ends with scissors to help prevent tape from being peeled off the skin through abrasion.

d3 k-tape sticks best when applied directly onto the skin, rather than onto tape.

d3 k-tape tape is stretchy and designed to move and react like a second layer of skin. Try to handle and place the tape carefully and avoid touching the adhesive side of the tape wherever possible.

The anchor strips, at each end of the tape, should always be applied under no stretch for better adhesion and results.

The backing tape paper can be ripped/ split, but not immediately removed (until needed to) to help handle the tape and avoid touching the adhesive side.



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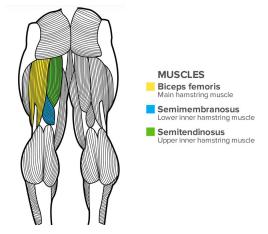


### PREPARATION

K-Tape Strips: Cut 2 strips of d3 Kinesiology tape  $\frac{3}{4}$  the length of the actual distance from the top of the back of the knee joint to the base of the butocks (Gluteus Maximus). 2 x 15-20cm k-Tape strips or as required.

(If using d3 adhesive spray, spray the area to be taped lightly and allow the area to get tacky by leaving it for 30-seconds to air dry.)

\*The hamstrings are a group of three muscles: Bicep Femoris, Semitendinosus and Semimembranosus



**01.** Ensure the athlete is standing (facing away from you) but bending over slightly, to engage the hamstring muscles under some tension. 0.07



**02.** Having pre-measured and cut the tape (to <sup>3</sup>/<sub>4</sub> of the actual stretched length desired) rip and remove 5cm of the lowest part of the backing tape to help place the initial anchor point, under zero stretch, on the back of the knee, but slightly on the outside aspect (lateral aspect). **0.18** 



**03.** Holding the anchor firmly in place stretch the tape to 70-90% and place along the length of the overlapping outside hamstring (Bicep Femoris) Remove the backing tape as you place the tape down onto the skin. See diagram: yellow coloured muscles. 0.17



**04.** Place the top anchor (the last 5cm of tape) under no stretch, making sure it is anchored just below the base of the buttocks (Gluteus Maximus). 0.21

Rub the tape with the backing paper all over to help maximise adhesion and activate the glue.

**5.** Repeat steps 1-4. The second K-Tape strip should not overlap the first, but will be parallel to it on the inside (medial) aspect of the hamstring, covering the large outer hamstring muscle (Semimembranosus and semitendinosus). See diagram and blue/green coloured muscle. 0.34









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### The Elbow d<sup>3</sup> k6.0 tape Video #11

### **EQUIPMENT:**

1 roll 38mm d3 Kinesiology Tape d3 tape scissors \*d3 adhesive spray optional.



#### TOP TIPS

d3 k-tape is latex-free and hypoallergenic, meaning adverse skin reactions are very rare and tape can be worn for days on end to support rehabilitation between physio sessions.

Avoid taping onto wet, hairy or heavily moisturised skin, as this can affect adhesive qualities.

Cut tape with sharp scissors, or d3 tape cutting scissors, to avoid fraying.

Round off the edges of the tape ends with scissors to help prevent tape from being peeled off the skin through abrasion.

d3 k-tape sticks best when applied directly onto the skin, rather than onto tape.

K-tape tape is stretchy and designed to move and react like a second layer of skin. Try to handle and place the tape carefully and avoid touching the adhesive side of the tape wherever possible.

The anchor strips, at each end of the tape, should always be applied under no stretch for better adhesion and results.

The backing tape paper can be ripped/ split, but not immediately removed (until needed to) to help handle the tape and avoid touching the adhesive side.



### PREPARATION

K-Tape Strips: Cut 1 strips of d3 Kinesiology tape for the length of the wrist to elbow: 1 x 20-25 cm or as required.

(If using d3 adhesive spray, spray the area to be taped lightly and allow the area to get tacky by leaving it for 30-seconds to air dry.)

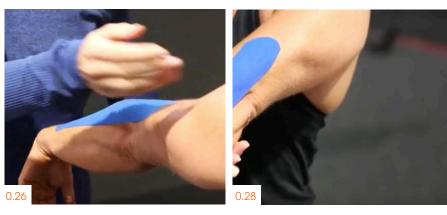
### K-STRIPS #1 (BLUE IN VIDEO)

**01.** Place the athlete's arm into an outstretched forward position, with the wrist/hand angled down (flexion). 0.13



**02.** Rip and remove 5cm of the lowest part of the backing tape to help place the initial anchor point at the wrist (on top of the carpal bones where the wrist extensor muscles/tendons join onto the carpal bones) under no stretch tension. 0.21

**03.** Holding the anchor in place stretch the tape to 70-90% and place along the forearm (directly over the extensors where weakness/pain is being experienced) and over the outside of the elbow. 0.26



**04.** Place the top anchor (the last 5cm of tape) under no stretch making sure it is anchored above the elbow joint. 0.28

**05.** Rub the tape with the backing paper all over to help maximise adhesion and activate the glue.



### You Tube

youtube/d3tape youtube.com/watch?v=nLzHlpyeDlw







### The Shoulder d<sup>3</sup> k6.0 tape Video #13

strapping to support the whole of the shoulder

### **EQUIPMENT:**

1 roll 38mm d3 Kinesiology Tape d3 tape scissors \*d3 adhesive spray optional.



#### TOP TIPS

d3 k-tape is latex-free and hypoallergenic, meaning adverse skin reactions are very rare and tape can be worn for days on end to support rehabilitation between physio sessions.

Avoid taping onto wet, hairy or heavily moisturised skin, as this can affect adhesive qualities.

Cut tape with sharp scissors, or d3 tape cutting scissors, to avoid fraying.

Round off the edges of the tape ends with scissors to help prevent tape from being peeled off the skin through abrasion.

d3 k-tape sticks best when applied directly onto the skin, rather than onto tape.

K-tape tape is stretchy and designed to move and react like a second layer of skin. Try to handle and place the tape carefully and avoid touching the adhesive side of the tape wherever possible.

The anchor strips, at each end of the tape, should always be applied under no stretch for better adhesion and results.

The backing tape paper can be ripped/ split, but not immediately removed (until needed to) to help handle the tape and avoid touching the adhesive side.



### PREPARATION

K-Tape Strips: Cut 2 strips of d3 Kinesiology tape: 2 x 20-25 cm or as required. Decompression (lateral) Tape Strip: Cut one length of K-Tape 1 x 12-15 cm or as required.

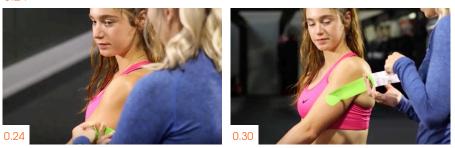
(If using d3 adhesive spray, spray the area to be taped lightly and allow the area to get tacky by leaving it for 30-seconds to air dry.)

### K-STRIPS #1 & #2 (GREEN IN VIDEO)

**01.** Place the athlete's arm across their body, rotating the shoulder forward (flexion and adduction).

**02.** Rip and remove 5 cm of the lowest part of the backing tape to help place the initial anchor point. 0.24

**03.** Place the anchor, under no tension/stretch, at the midpoint of the arm (mid-humerus). 0.30



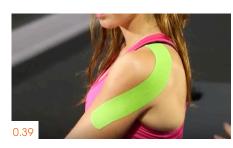
04. Remove the backing paper and whilst pressing down the anchor, stretch the tape (approximately 80%) up, around and behind the shoulder. 0.34 / 0.35



**05.** Ensure the top anchor point is applied under no stretch and on the top of the collar bone (clavicle).0.39



**06.** Move the athlete's arm backwards, so the shoulder joint opens up (extension and external rotation). **0.41** 



**07.** Repeat steps 3-5 with the other tape strip (green), this time on the inside (medial) aspect of the the shoulder, mirroring the first strip applied. Again, apply the top anchor under no stretch. 0.53





**08.** To enhance the adhesion the tape can be applied onto the skin rather than on the tape. To do this cut and extra 5 cm of tape for the second strip so the anchor is fixed on top of skin not tape.

**09.** Rub the tape and press it down with hands, or the discarded backing tape paper, to ensure the glue activates and adhesion is firm.

### DECOMPRESSION/LATERAL TAPE STRIP (BLUE IN VIDEO)

**10.** Bring the arm back to a neutral position. 1.02



12. Place the anchor laterally across the line of the shoulder (deltoids) under 80-90% stretch.1.11

place 1.09

**13.** Remove the anchor tape backing and place both anchor points down under zero stretch. **1.19** 

14. Rub the tape and press it down with hands or the discarded backing tape paper to ensure the glue activates and adhesion is firm.











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### The Knee d<sup>3</sup> k6.0 tape Video #14

stabilisation of the kneecap (patella) and support for the patella tendon

#### **EQUIPMENT:**

1 roll 50mm d3 Kinesiology Tape \*d3 adhesive spray (optional)



#### **TOP TIPS**

d3 K-Tape is latex-free and hypoallergenic, meaning adverse skin reactions are very rare and tape can be worn for days on end, possibly helping to speed up the rehab and healing process.

Avoid taping onto wet, hairy or heavily moisturised skin, as this can affect adhesive qualities of any tape used.

Cut tape with sharp scissors, or d3 tape cutting scissors, to avoid fraying.

Round off the edges of the tape ends with tape scissors/scissors to help prevent tape from being peeled off the skin through abrasion.

d3 K-tape sticks best when applied directly onto the skin, rather than onto other tape.

K-tape tape is stretchy and designed to move and react like a second layer of skin. Try to handle and place the tape carefully and avoid touching the adhesive side of the tape wherever possible.

The anchor strips, at each end of the tape, should always be applied under no stretch.

The backing tape paper can be ripped/split, but not immediately removed (until needed to) to help handle the tape and avoid touching the adhesive side.

**VouTube** https://youtu.be/KUSi7zo2J2s

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### PREPARATION

'Y' Tape Strips: Cut two strips of d3 Kinesiology tape 20-25 cm.

Cut each tape two-thirds the length of the strips and down the middle of the tape (lengthways). 0.23

Round off all end edges of the tape using sharp scissors, 0.30

Decompression (lateral) Tape Strip: Cut one length of K-Tape 15-20 cm approx.

Round off the two tape end edges using sharp scissors.

(If using d3 adhesive spray, spray the area to be taped lightly and allow the area to get tacky by leaving it for 30-seconds to air dry.)

01. Rip and remove the backing tape below the end of the scissor-cut split to help place the initial anchor point.

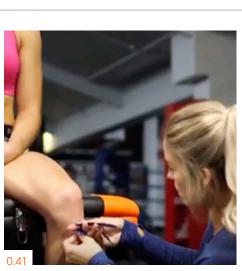
02. Place the anchor, under no tension/stretch, 5-10 cm below the middle of the base of the kneecap (Patella) and the Patella Tendon on to the shin bone (Tibia). 0.41

03. Remove the backing paper from the nearest narrow strip and, still pressing down the anchor, stretch and apply the narrow tape strip around the outside (lateral) part of the kneecap (Patella), following the curve of the kneecap around, up and slightly across the lower part of the thigh (quadricep muscle). Use a stretch of between 30-60%. 0.47

04. Ensure the top anchor point is applied under no stretch.

05. Repeat steps 3-4 with the other narrow tape strip (blue), this time on the inside (medial) aspect of the the knee and thigh (quadricep). 0.57

06. Rub the tape and press it down with hands, or the discarded backing tape paper, to ensure the glue activates and adhesion is firm.



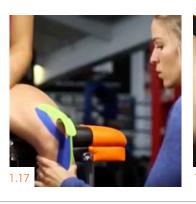




### INVERTED Y-STRIP #2 (GREEN IN VIDEO):

**07.** Repeat steps 1-6 but this time starting to working from above the kneecap to below the kneecap, creating an inverted (upside down) 'Y' shape tape placement. 1.07 / 1.17 / 1.22 / 1.26



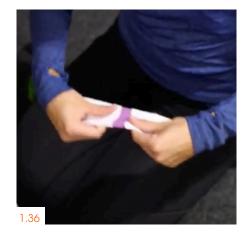






**08.** Tear the backing tape across the middle of the strip to expose the initial anchor position/tape. 1.36

**09.** Place the anchor directly onto the base of the kneecap and over the patella tendon. 1.44





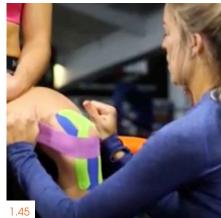
**10.** Stretch the tape (30-60%) and place symmetrically up and around the inside (medial) and outside (lateral) aspect of the kneecap and then up the inside (medial) and outside (lateral) parts of the thigh muscles (quadriceps). **1.45** 

11. Place both anchor points down under zero stretch. 1.48

**12.** Rub the tape and press it down with hands or the discarded backing tape paper to ensure the glue activates and adhesion is firm. 1.50

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### The Ankle d<sup>3</sup> cohesive tape Video #17

stabilise and compress the ankle joint and reduce swelling

### EQUIPMENT:

1 roll 50mm or 75mm d3 Cohesive Tape



#### TOP TIPS

Cohesive tape is hand-tearable and sticks to itself, making it perfect for quick-solution joint taping and its application is not affected by wet, moisture or hair. Interestingly, it was first developed by vets for use with horses.

Cohesive tape is most commonly used to support and wrap a joint and helps reduce injury swelling. Its stretchy nature allows comfort and some movement in the joint area. Apply with enough tension and layers to support the injury without fully locking out the joint and/or cutting off blood circulation.

If used carefully, d3 Cohesive tape can be reused making it highly costeffective.

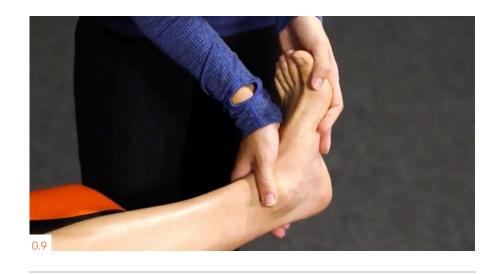
Instead of cohesive tape, EAB (elastic adhesive bandage) can be used as an alternative but is a (scissor-cut) one-time use option that is more expensive.

d3 Cohesive tape sticks to itself, not to the skin, so overlapping tape-ontape is best and most effective when creating compression wrapping.

Cohesive tape is also excellent for wrapping ice-packs onto, or around, a muscle injury as part of Rest, Ice, Compression, and Elevation (R.I.C.E) rehab protocol, to reduce swelling, before seeking medical advice.



**01.** Keep the foot (and toes) pointing up (dorsiflexion), reducing the angle between the top of the foot and the shin bone as tape is being applied. 0.9



**02.** Create an anchor wrap (by wrapping the cohesive tape around the shin twice) without any tension, approximately 5-7 cm above the bony ankle protrusions (medial and lateral malleolus'). **0.16** 



**03.** Gradually work down the shin wrapping and overlapping the tape with some (but not too much) tension. 0.23

Then wrap the cohesive tape under the foot arch (instep sole of the foot) and back over the top of the mid-foot (meta tarsal bones). 0.23





**04.** Now, create a figure-8 wrap by bringing the cohesive tape back down the outside of the foot toward the back/top of the heel and then around it.

Bring the tape back to the top of the forefoot to complete one figure-8 wrap. 0.25



**05.** Complete another figure-8 wrap, for added support, back under the foot and around the top/ back of the heel (if needed) by repeating step 4.

Be careful not to tape too tightly or do too many figure-8 wraps. 0.28

**06.** Finish by wrapping and overlapping the tape back up the shin towards the original anchor wrap point. 0.32





**07.** Complete another anchor wrap over the original anchor wrap, tear the tape and tuck it under itself and/or use some rigid tape just to keep it firmly in place. (Optional). 0.35





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