[ TAPPING PREPARATION AND REMOVAL ]

[ HOW TO PREPARE THE SKIN ]
Before you apply the tape, you need to prepare the area to be taped by:
• Shaving the area - for best results, wet-shaving the skin 12 hours before or using an electric razor just prior.
• Cleaning the area by using a tape remover to remove the body oil.
• Covering any rashes or broken skin with a non-stick wound pad.
• Applying an underwrap to the area, (optional). An underwrap will help protect tape-sensitive skin.

[ WHERE TO APPLY THE TAPE ]
• Joints are normally strapped in their “at rest” position.
• Do not use the limb to pull against when getting the tape off the roll.
• Hold the roll in one hand and pull the tape off with the other hand, then apply gently OR cut off the required number of strips of the correct length before you start applying.

[ HOW TIGHT SHOULD THE TAPE BE? ]
• Flexing the muscles when applying the tape will help you get the correct tension.
• Check that the tape is not too tight by pinching the skin below the tape for a few seconds.
• The skin should return to its normal colour when released.
• If the tape is too loose, it will not support the joint.
• If it is too tight, then it could cut off the blood supply.
• If numbness and tingling result, remove tape or bandage and reapply with reduced tightness.

[ HOW MUCH TAPE TO APPLY ]
• For maximum strength, overlap each layer of strapping tape by 1/3-1/2.
• The amount you use depends upon the amount of support you need. If you use too little, then you are not providing enough support to the joint. If you use too much, then you could reduce the mobility of surrounding muscles.

[ WHEN TO REMOVE THE TAPE ]
• Remove the tape as soon as you have finished training or playing.

[ HOW TO REMOVE THE TAPE ]
• Ideally, remove the tape using bandage scissors. Place the scissors over a soft part of the limb (not over the bone) then slide under the tape and cut.
• Peel down over the top of the tape. Do not peel at right angles away from the limb.
• Peel gently and evenly - do not rip.
• A tape remover can help to quickly and painlessly remove tapes and bandages. It also helps to remove any tape residue from the skin.

For more information and downloads, please visit www.elastoplastsport.com.au
## Taping techniques

### [ WHICH TAPE TO USE ]

To restrict joint movement, use a rigid strapping tape.

<table>
<thead>
<tr>
<th>USE:</th>
<th>PRODUCT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventative ankle taping</td>
<td>Rigid Strapping Tape 38mm or 50mm for large joints</td>
</tr>
<tr>
<td>Treatment such as injured ankle, elbow, fingers</td>
<td>Rigid Strapping Tape 25mm or 12.5mm</td>
</tr>
<tr>
<td>Treatment such as injured shoulder, knee, feet</td>
<td>Rigid Strapping Tape 50mm</td>
</tr>
</tbody>
</table>

To compress and support joints or muscles, use an elastic adhesive bandage.

<table>
<thead>
<tr>
<th>USE:</th>
<th>PRODUCT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>For strong compression when returning from injury, eg sprained knee. To be used over rigid tape.</td>
<td>Elastic Adhesive Bandage 75mm</td>
</tr>
<tr>
<td>For initial compression, eg, acute ankle sprain</td>
<td>Elastic Adhesive Bandage 50mm</td>
</tr>
<tr>
<td>Treatment such as injured shoulder, knee, feet</td>
<td>Rigid Strapping Tape 50mm</td>
</tr>
</tbody>
</table>

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[ BASIC TAPING METHODS ]

A Anchor - provides a firm base to attach the other 38mm or 50mm tapes.

B Stirrup - a vertical “U” piece of tape, supporting either side of the ankle.

C Spur - a horizontal stirrup that holds the ankle in position.

D Basket-weave - Stirrups and spurs in half overlapping layers to build a pattern.

E Locking straps - short circular tapes to cover all exposed skin and lock down the tape job.

F Foam padding - used to fill in hollows, compress swelling and pad sensitive areas.

G Figure of six - to support and reinforce one side of the ankle. Starts as a stirrup and crosses to form a six.

H Interlocking sixes - the over-lapping tapes provide excellent support to one side of the joint.

I Half-Heel Lock - 38 or 25mm rigid tape is applied over the finished tape job to firmly lock in the ankle joint.

J First Half-Heel Lock - the tape makes a ‘U’ to lock in one side of the heel.

K Second Half-Heel Lock - opposite to the first. Supports the other side and further restricts ankle movement.

L Figure-8 Bandage - used with a compression bandage for RICER.

M Figure-8 - also used with a 75 or 50 mm elastic bandages for strong support.

N Spica - the thumb spica is a repeated figure 8 in 25 mm rigid or elastic tape.

O Elastic and Rigid Tape Together - a combination of an Elastic Adhesive Bandage and Rigid Strapping Tape provides optimal support.

P Full Heel Lock In 75mm Elastic - another way of overwrapping rigid tape for firm support. It is like two half heel locks without stopping.

Q Spiral taping - (white tape) complete the overwrapping technique to completely encase the Rigid Tape.

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R.I.C.E.R

R.I.C.E.R MEANS

Rest, Ice, Compression, Elevation and Referral - these are essential elements for a quick recovery from injury.

**R = Rest**
Rest reduces further damage. Avoid as much movement as possible to limit further injury. Don’t put any weight on the injured part of the body.

**I = Ice**
Apply a cold Elastoplast Hot/Cold Pack to injury for 20 minutes every 2 hours. Continue this treatment for the first 48 - 72 hours. Ice cools the tissue and reduces pain, swelling and bleeding. Place cold pack wrapped in a towel onto the injured area. Do not apply cold pack directly to the skin. Extra care must be taken with people sensitive to cold (such as children) or with circulatory problems.

**C = Compression**
Apply Elastoplast Crepe Bandage, covering the injured area as well as the areas above and below. Compression reduces bleeding and swelling. Check the bandage is not too tight.

**E = Elevation**
Elevate the injured area to stop bleeding and swelling. Place the injured area on a pillow for comfort and support.

**R = Referral**
Refer the injured person to a qualified professional such as a doctor or physiotherapist for precise diagnosis, ongoing care and treatment. A full recovery is then more likely.

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Sports injuries can be prevented by considering a wide variety of factors such as the environment of a particular sport, fitness levels, protective equipment and nutrition.

[ SPORTS ENVIRONMENT ]

- The sports environment includes not only the weather, but also the facilities, surfaces and equipment that are being used.
- Poor, wet or slippery surfaces, lack of goalpost padding or safety netting, obstacles to trip on and sharp objects, can all lead to injury.
- Rules of the game need to be enforced and sometimes modified for children.
- A safe environment will reduce the number of potential injuries

[ FITNESS ]

- One of the easiest ways to help prevent injury is to stretch. By warming up your muscles, you make them more flexible.
- Adequate fluid intake is important; preferably cool drinks should be taken before, during and after playing sport.
- Correct technique and appropriate training helps improve fitness. For children exercising, monitoring increases in activity to prevent the child from doing “too much, too soon” will help minimise injury.
- Make certain that old injuries are adequately rehabilitated before continuing to participate in a sport.
- Protective equipment such as eyewear, mouthguards, wrist, elbows, knee and shin guards, helmets, tapes and braces all contribute to safety. Make sure shoes are appropriate for the sport.
- “In one recent study of rugby players, mouthguards were the most common protective equipment item worn, (55% by players in schoolgirl’s grade to 73% in Senior A competition). The next most common item was taping of body joints such as the ankle, knee, and hand.”

[ REFERENCE ]