

## ANKLE TAPING

Taping around the ankle using non-elastic zinc oxide tape can be effective in preventing injury. It is also useful in reducing stress on painful structures, which may enhance healing and allow a more rapid return to sport. Below we have outlined some basic principles and routine techniques for prophylactic ankle taping.

### Taping procedure

Inappropriate or poor taping techniques can cause further injury or significant skin reactions. Before taping find out if the athlete has any history of inflammatory or infectious skin conditions or known allergies to taping materials. Prior to applying the tape, ensure the skin is clean and dry. Shaving may sensitise the skin and when it is necessary, shaving should be done on the day before taping. An underwrap material may be applied under the tape if the skin is considered sensitive

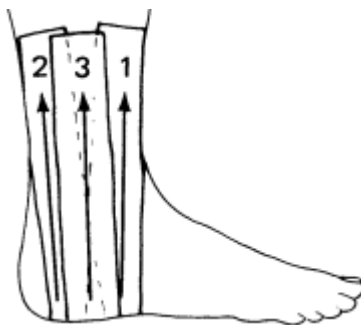
It is important the ankle is placed in the required position and the tape is laid on, rather than attempting to achieve the desired position by pulling on the tape. Pulling the tape on the skin in this manner will cause the tape to cut into the skin and will usually mean the strapping will be too tight.

Care must be taken not to completely circle the calf or foot with tape as this may compromise the circulation. Be careful in the area of the achilles tendon, base of the fifth metatarsal and across the tendon of tibialis anterior. Complete the taping by ensuring that there are no gaps of skin left exposed which may permit pockets of swelling to form, or which may allow the edge of the tape to dig in. This is easily done with short pieces of tape laid over exposed areas of skin. The finished tape should be comfortable and firm but not too tight. Get the athlete to walk in the tape for a few minutes to help gauge its effect and to ensure that the circulation is not impaired.

Tape should be removed by cutting with snub-nose scissors, lifting off small sections gently and pulling the tape back parallel to the skin surface. An adhesive removal agent may be used. It is not a good idea to wet the tape prior to removal, as this can soften the skin and can cause skin damage as the tape is pulled away.

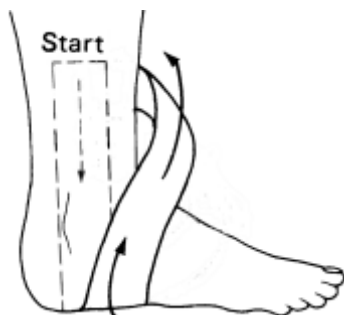
### Prophylactic ankle taping

#### *Stirrups*

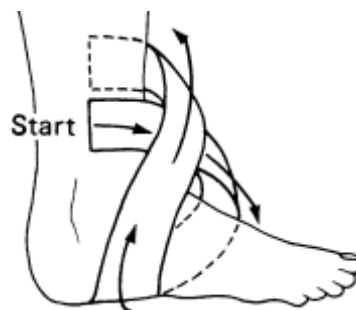


An anchor strap is first placed at approximately the lower third of the tibia, taking care to angle the tape so that it does not fully encircle the calf. Three to four stirrups can then be applied, laid down the medial aspect from the anchor, under the heel and firmly up to the anchor laterally while the foot is held in dorsiflexion and eversion. Again, take care not to pull the tape on the skin, but to apply it firmly to the skin while the ankle is held in the correct position. In applying a number of stirrups, they can be fanned out to give broader support over the lateral aspect. At the completion of the stirrups, apply another anchor tape over the top.

### ***Figure six/figure eight taping***



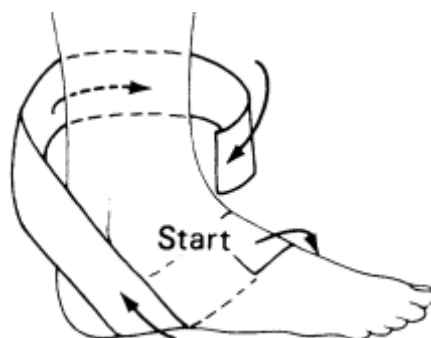
***figure six***



***figure eight***

To give further support to the anterior talofibular ligament and anterior capsule, figure six or eight taping, usually placed over two to three stirrups, can be effective. A figure six tape is laid down on the medial aspect as with a stirrup, but is taken under the midfoot and over the anterior aspect of the foot to cross back over the medial strip. A figure eight strap is similar but, rather than commencing medially, the strap is commenced laterally, running over the front of the ankle before being pulled up laterally as with a figure six.

### ***Heel lock***



This is a useful technique to finally stabilise the taping and to give support to the anterior talofibular ligament anterior capsule, medial ligament, calcaneofibular ligament and the subtalar joint. It is commenced over the medial instep, runs over the front of the ankle then behind the ankle, and crosses at the front of the ankle to come up on the lateral aspect of the heel and finish over the front of the ankle. One or two heel locks are used.

### **Medial ligament injuries**

These less common injuries can be protected with taping. Stirrups, figure six or eight tapping and heel locks can be effective, but the aim would be to hold the foot in neutral, rather than attempting to evert it. The direction of the figure sixes and eights can be changed if necessary to supply adequate support, but a better method is to alternate the direction with each tape so that the foot is held securely in neutral.

118 Macquarie Street, Parramatta, NSW 2150  
PO Box 1051, Parramatta, NSW 2124  
Ph: (02) 9687 1511  
Fax: (02) 9635 7735

