Foot Taping - Support

Indications - Sprain of MCL at 1st MTP joint
Hallux Valgus angulation
Turf Toe
Medial arch pain
Over-pronating foot
Pes Planus
Plantar Fasciitis

Equipment:

1) Adhesive spray
2) Bandage Scissors
3) Elastic Adhesive Bandage (EAB) - 2.5cm/5cm
4) Zinc Oxide tape - 1.25cm or 2.5cm
5) Hypafix - 10cm

Relevant Anatomy:









Joint position:
Ankle needs to be maintained in a neutral position (0°) and with no supination/pronation or inversion/ eversion of the foot. Ensure toe 1 MTP joint is in neutral.

Tip - excessively thick skin on the foot may restrict tape from adhering (eg. at heel or MT joints). Use of exfoliating products will help to remove these layers of dead skin (Seek advice from a medical professional/Chemist for appropriate methods).

Technique - MCL Toe 1 / Turf toe (zinc oxide 2.5cm):

- Protective dressing + lube applied to bunion area if inflamed or skin is red/fragile from repeated friction.
- Spray the foot with adhesive spray if required
- Anchor (1) - around proximal phalanx of toe 1 (with 1.25cm or 2.5cm zinc tape).
- Anchor (2) - 2.5cm tape around the mid-foot starting under the base of 3rd MT and finishing on top of the 3rd MT (only half way around the foot)

- Tip - do not apply anchor (1) too tightly otherwise the circulation to the end of the the toe will be compromised.

- Tip - Ensure the patient does not allow the toe to drop passed the vertical during the taping procedure otherwise toe 1 extension range can be restricted.

- First strip to the medial side of (1) - apply some light tension to bring the joint into better alignment and cross the medial 1st MTP joint maintaining the tension - fix to anchor (2)
- Second strip from a start point just superior to the 1st, overlapping the 1st strip by 1/2 along its full length. Only apply tension to this strip if strip 1 has not maintained the corrected alignment.
- Repeat this procedure with a third strip 1/2 overlapping the lower half of strip 1.
- Reapply both anchors.
- Wrap with 2.5cm EAB as a spica around the joint to provide extra support and improve the durability of the rigid tape.

Removal - cut through the tape at the medial arch and remove that section. Peel apart the tape around Toe 1.




Technique - Medial arch support (P-tape 3.8cm / Zinc oxide 2.5cm):
- Protective dressing + lube applied to retinaculum
- Hypafix anchor or tape anchor around lower leg
- Start on top of the 5th MT coming under the foot (no tension) medially and track over the medial arch/navicular region applying tension. Track diagonally across the retinaculum and spiral around the lateral fibula.
- Repeat with another 1-2 strips slightly offset to the first.
- To increase durability follow the same path with EAB or Cohesive 7.5cm




Technique - Plantar Fascia support (zinc oxide 2.5cm):
- Anchor (1) from medial side of 1st MT to lateral side of 5th MT
- Anchor (2) from top of 3rd MT head around and under the foot and back around to the start point - flatten the transverse arch before fixing the tape

- 1st strip from under the 1st MT head around the back of the heel and diagonally across the sole of the foot to meet the start point - do not flatten to the skin
- 2nd strip from under the 2nd MT head.....
- 3rd.....
- 4th.....
- Reapply anchor (2) then begin the cantilever strips from the distal end of the lateral portion of anchor (1). When halfway across the foot apply tension then tear and fix to the medial portion of anchor (1). Repeat working towards the heel overlapping the previous strip by 1/2-1/3. Stop when you reach the plantar fascia insertion to the heel.
- Reapply anchor (1)
- To increase durability wrap with EAB or Cohesive tape

Alternative - if patient has a painful Haglunds deformity then anchor (1) can stop either side of the calcaneus and then a stirrup can be used up to an ankle anchor.



