A systematic review of the effectiveness of Kinesio taping for musculoskeletal injury

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CRD summary
This review found insufficient evidence for or against Kinesio taping for musculoskeletal injuries. This conclusion reflects the limited evidence and seems reliable.

Authors' objectives
To examine the evidence for the effectiveness of Kinesio taping, in improving patient outcomes, following musculoskeletal injury.

Searching
PubMed, CINAHL, Scopus, SPORTDiscus and The Cochrane Library were searched to October 2011. Search terms were reported. Only articles published in English were included.

Study selection
Randomised controlled trials (RCTs), cohort studies, and case-control studies, investigating the outcomes of Kinesio taping, after musculoskeletal injury, were eligible for inclusion.

The included studies involved patients with a variety of conditions, including shoulder, back and neck pain, and Achilles tendinopathy. The mean age of patients, where reported, ranged from 20 to 56 years; one study recruited patients aged up to 80 years. Kinesio taping was compared with sham or placebo taping, physical therapy or exercise. Outcomes were various measures of pain or function.

The authors did not state how many people selected studies for the review.

Assessment of study quality
The authors stated that three reviewers reviewed and scored the included studies, using methods described by Spindler, et al. No further details were given. Various aspects of quality were discussed in the text.

Data extraction
The authors did not report how many reviewers extracted the data for the review.

Methods of synthesis
A narrative synthesis was presented by type of injury (shoulder, lower extremity or spine).

Results of the review
Six studies, with 254 participants, were included; four were RCTs.

In two studies with patients with lower extremity injuries, Kinesio taping did not improve outcomes.

Kinesio taping improved short-term, but not long-term outcomes in patients with whiplash injury. In a study of patients with chronic back pain there were no differences between groups (Kinesio taping alone, taping plus exercise or exercise alone).

Two studies of patients with shoulder pain reported short-term benefits with Kinesio taping, but one study was of low methodological quality.

Authors' conclusions
There was insufficient evidence for or against Kinesio taping after musculoskeletal injury, but the patient might perceive a benefit.

CRD commentary
The review addressed a clear question, with defined inclusion criteria, which were very broad for the outcomes. The search covered a range of relevant sources; the restriction to studies in English meant that some relevant studies could have been missed. There were no specific efforts to locate unpublished studies and no assessment of publication bias. The review methods were not well reported, so the risk of errors and bias, in the review process, is unclear. Relevant aspects of study quality were discussed in the text and taken into account in the synthesis. A limited narrative synthesis was presented, but this reflected the few studies found and the different types of injury studied.

The authors’ conclusions reflect the limitations of the evidence and seem reliable.

**Implications of the review for practice and research**

**Practice**: The authors stated that Kinesio taping appeared to be safe and, despite the lack of clinical evidence, the patient might perceive a benefit from its use.

**Research**: The authors stated that there was a need for large trials of Kinesio taping, with the power to detect outcomes and with long-term follow-up.

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This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.