

賽馬會教練延續培訓計劃
預防及治療性的運動貼紮 (上肢)

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運動貼布包紮簡介

功用

可保護、支撐、承托受傷的組織，令運動員可以繼續完成比賽

運動貼布包紮簡介

施行原則

先診斷及檢查；

如皮膚敏感、部位骨折、血液循環及神經受阻等，不可使用運動貼布；

**使用原則：後圈覆蓋前圈2/3，每圈不完全覆蓋成圈
(No complete round)；**

貼紮後必須檢查血液循環及傷肢功能；

賽事完畢後，應盡快把運動貼布除去；

標準運動貼布套裝

4cm Strappal Sports Tape

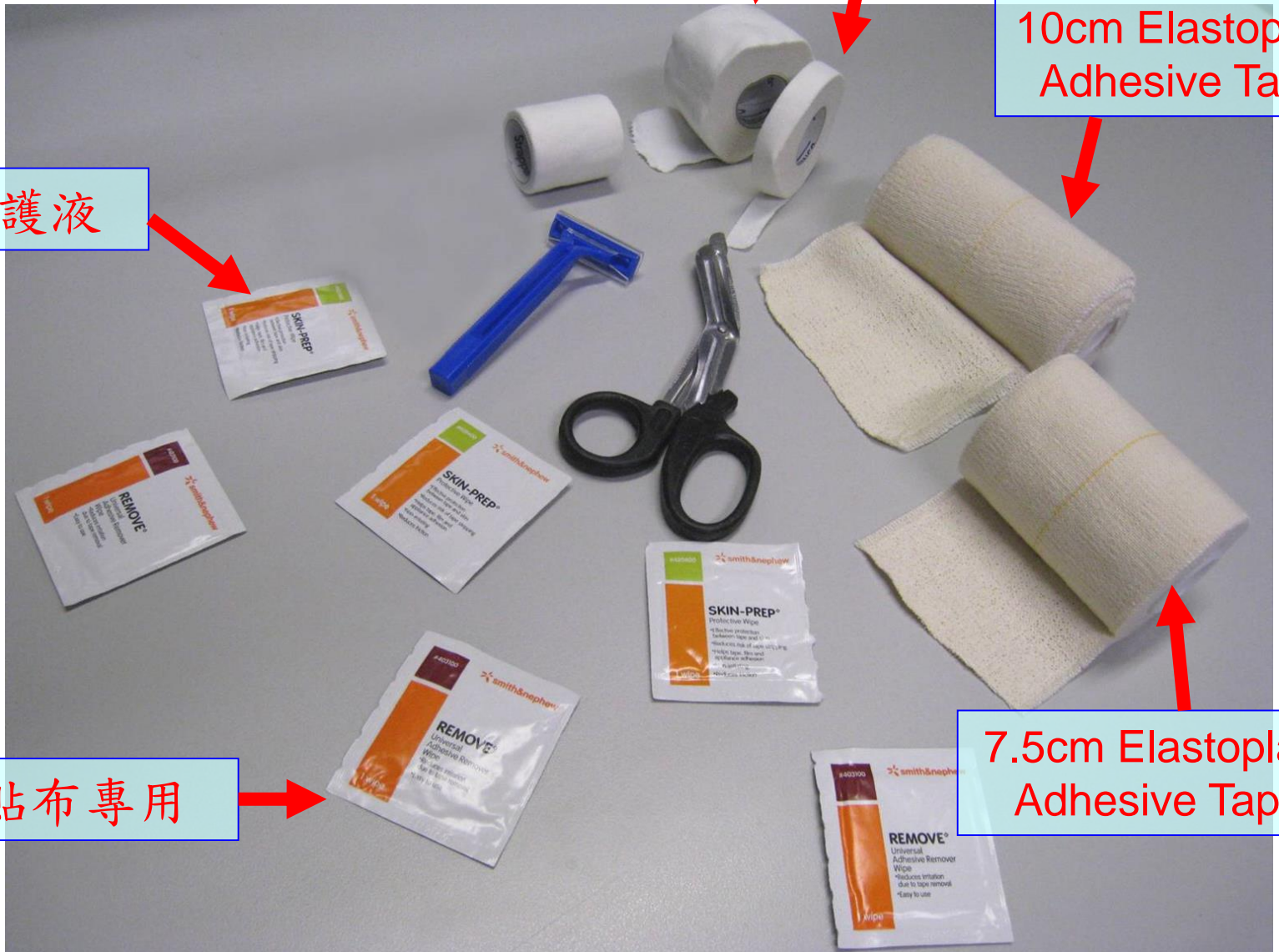
1cm Strappal Sports Tape

10cm Elastoplast Adhesive Tape

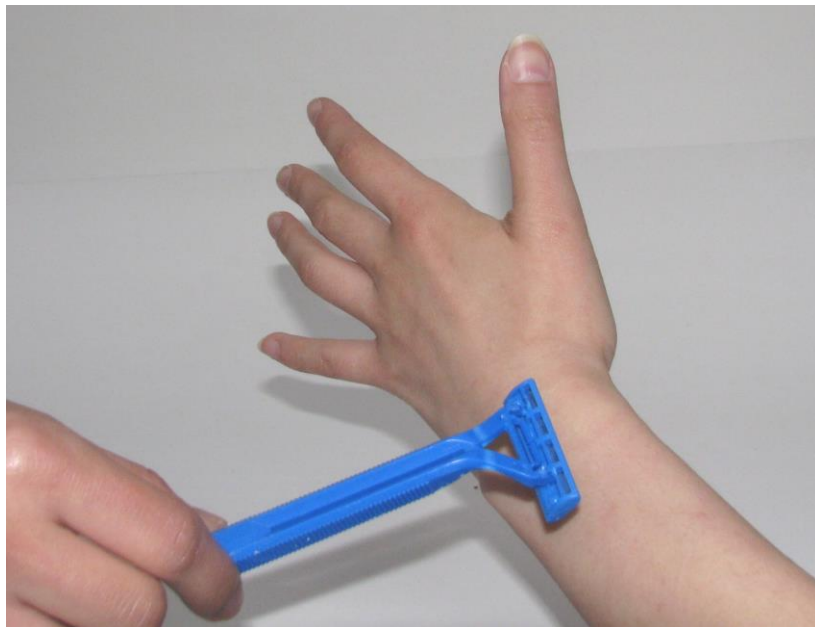
皮膚保護液

脫除貼布專用

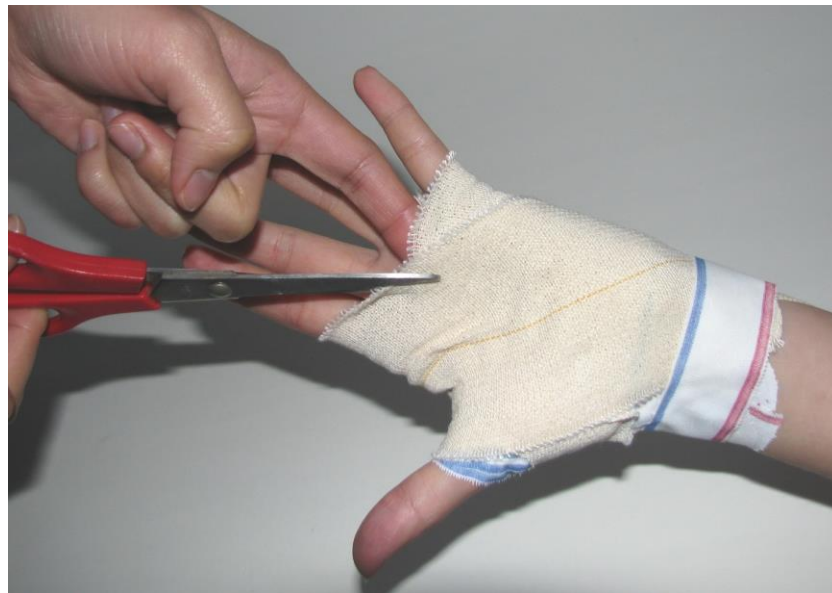
7.5cm Elastoplast Adhesive Tape



貼紮時的注意事項



包紮時小心使用利器



貼紮前的準備

檢查及確認受傷位置
有否骨折或可能性



抹乾貼布位置附近的水份或汗液

貼紮前的準備

避免傷者有皮膚
敏感情況



貼紮前的準備

去除貼布位置上的毛髮



抹乾貼布位置附近的水份或汗液

溫馨提示
小心使用利器

貼紮前的準備

可使用**Skin-Prep**保護液保護皮膚



SKIN-PREP*
Protective Barrier Wipe

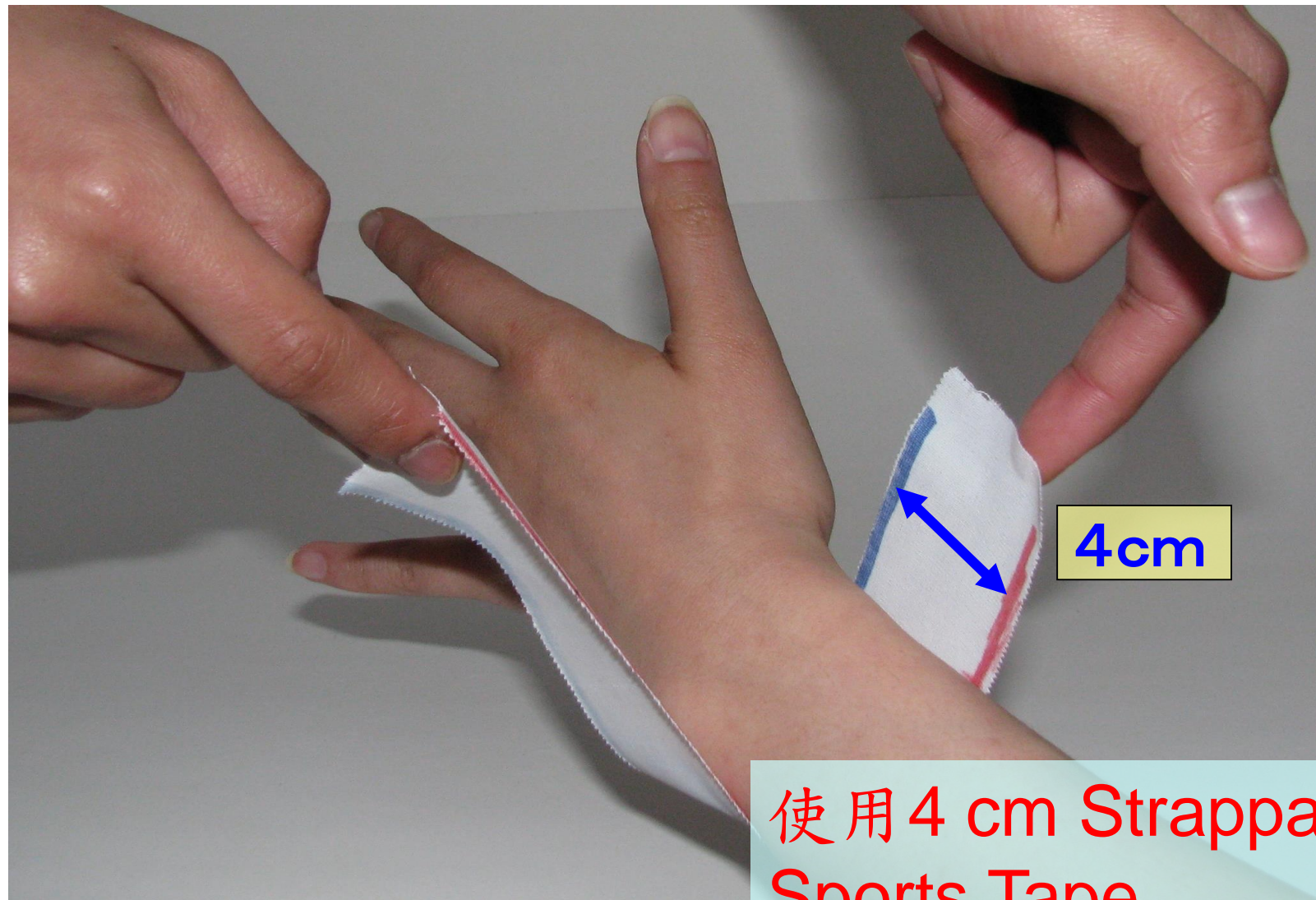


貼紮前的準備

調整在適當位置

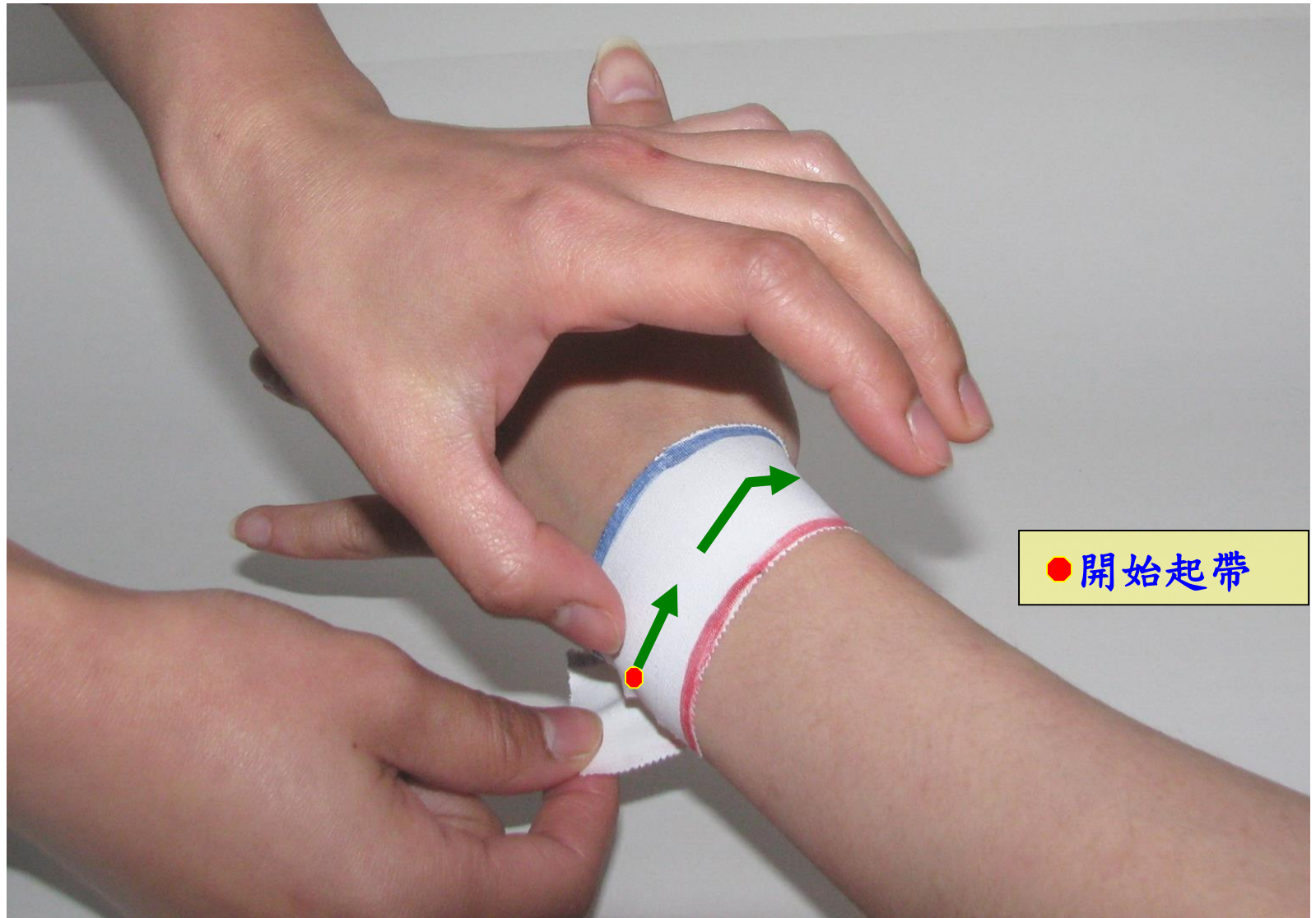


姆指關節扭傷



使用 4 cm Strappal
Sports Tape

姆指關節扭傷



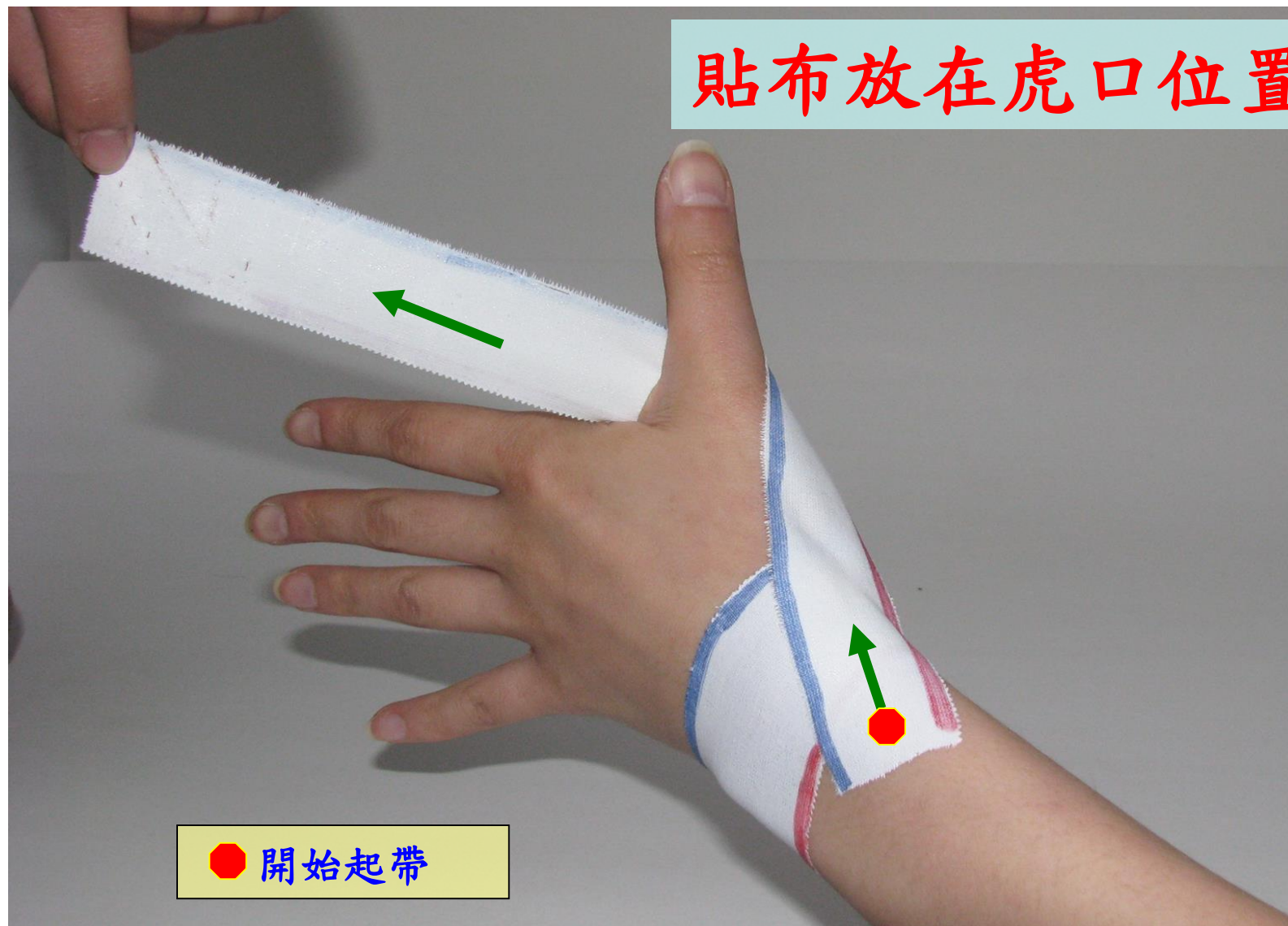
姆指關節扭傷



固定圈
(Anchor)

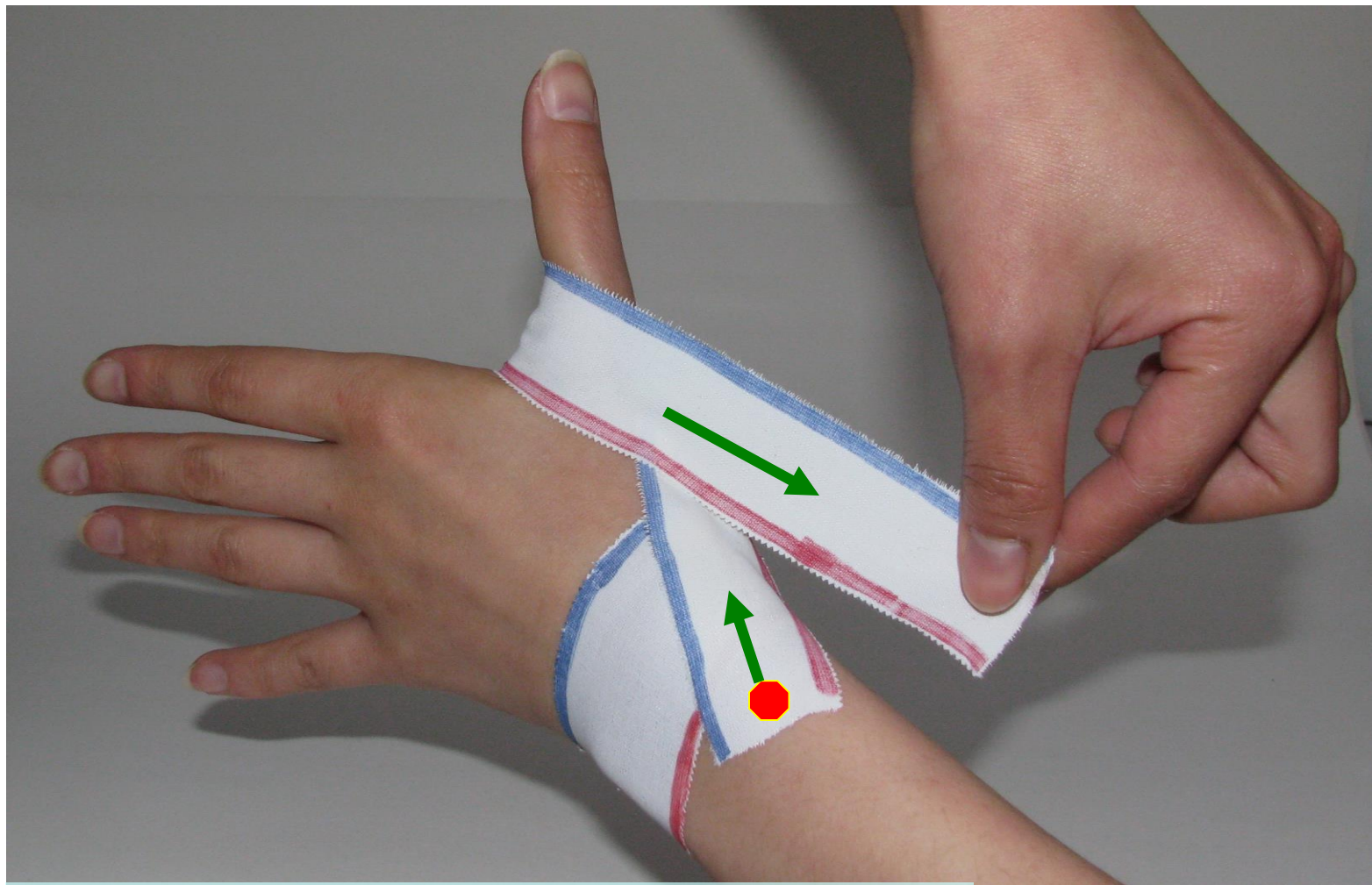
姆指關節扭傷

貼布放在虎口位置



開始起帶

姆指關節扭傷



向手掌及手背方向往下拉

姆指關節扭傷



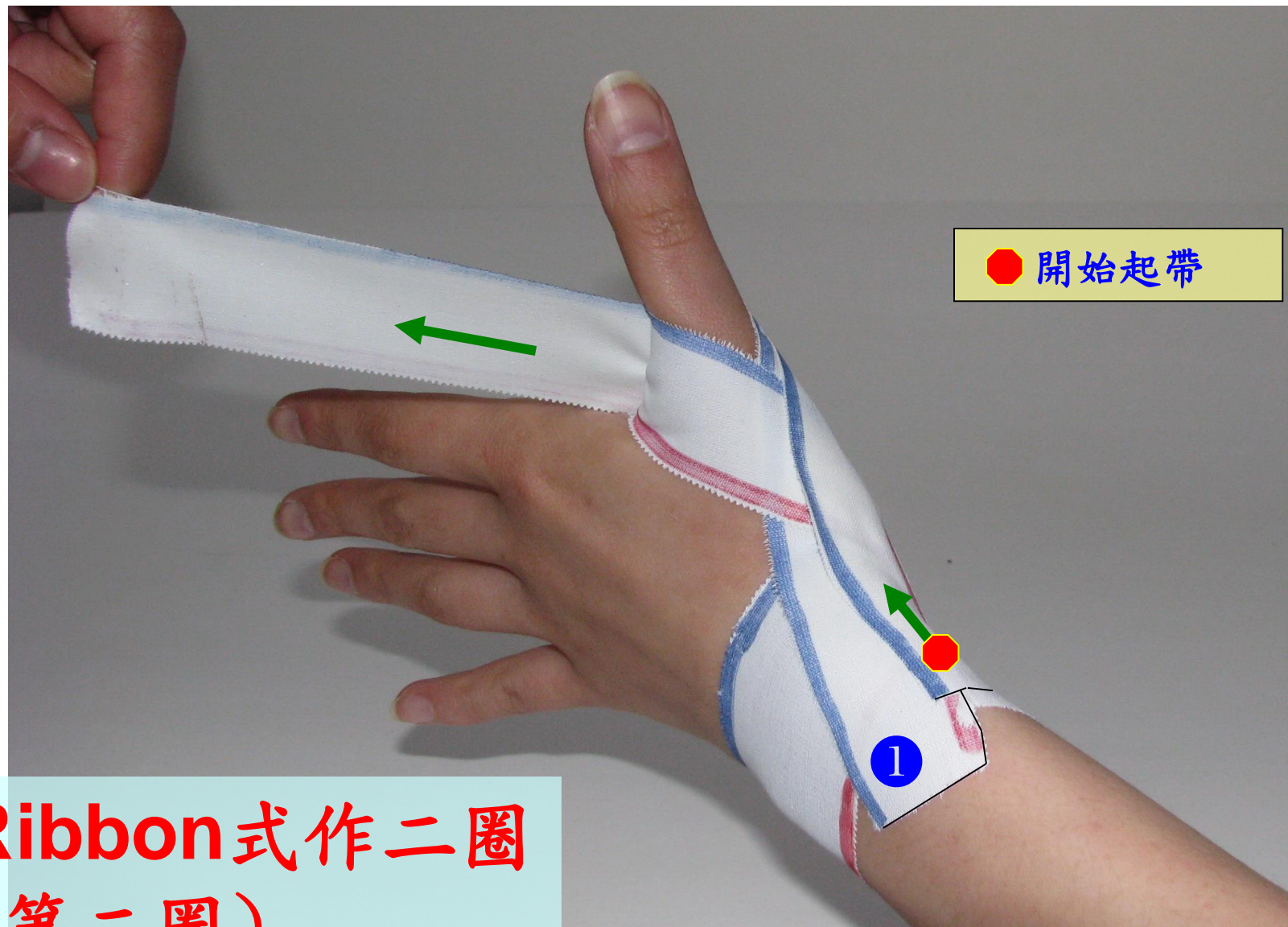
向手掌及手背方向往下拉

姆指關節扭傷

以Ribbon形式作
一圈（即第一圈）



姆指關節扭傷



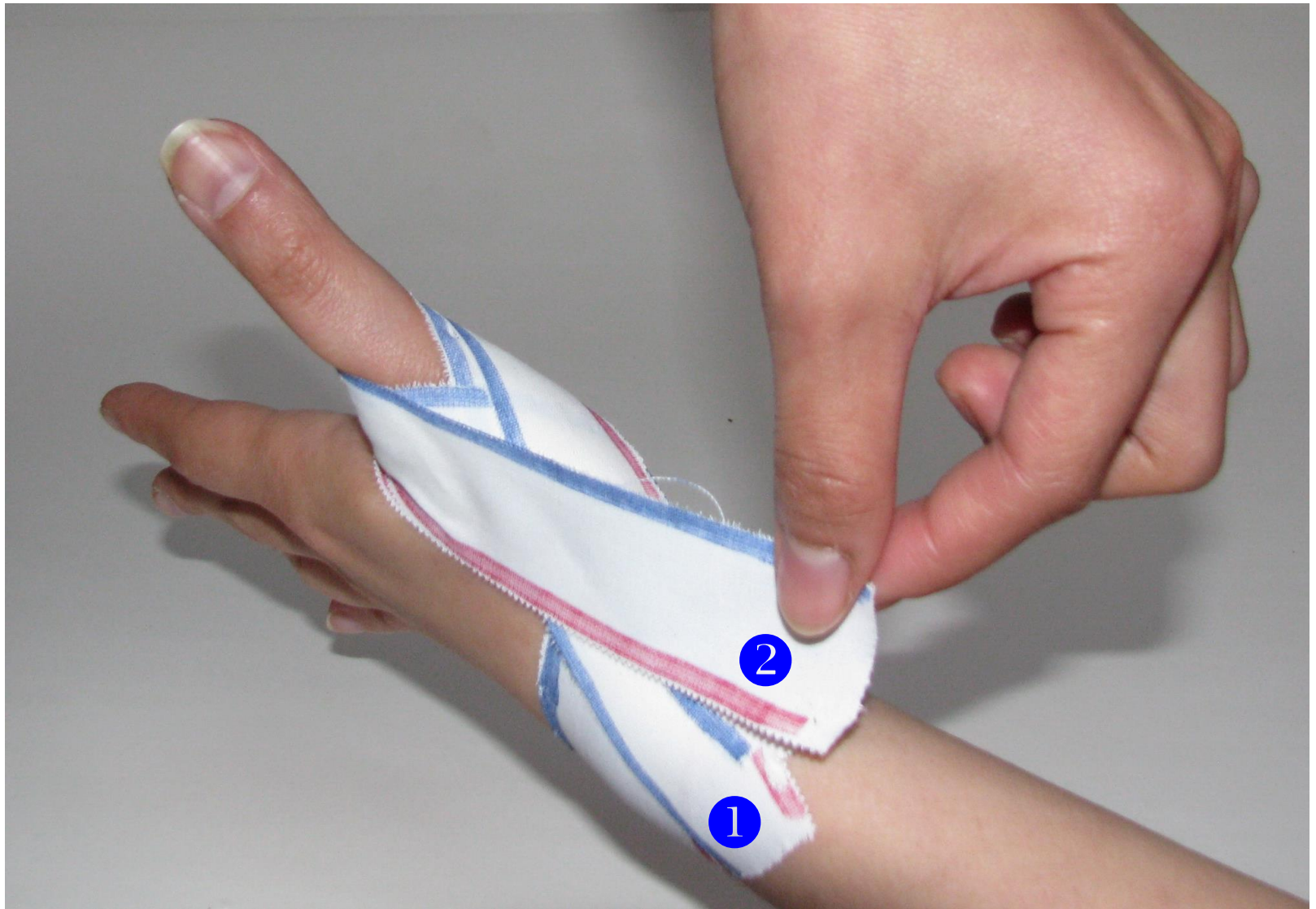
以Ribbon式作二圈
(即第二圈)

姆指關節扭傷

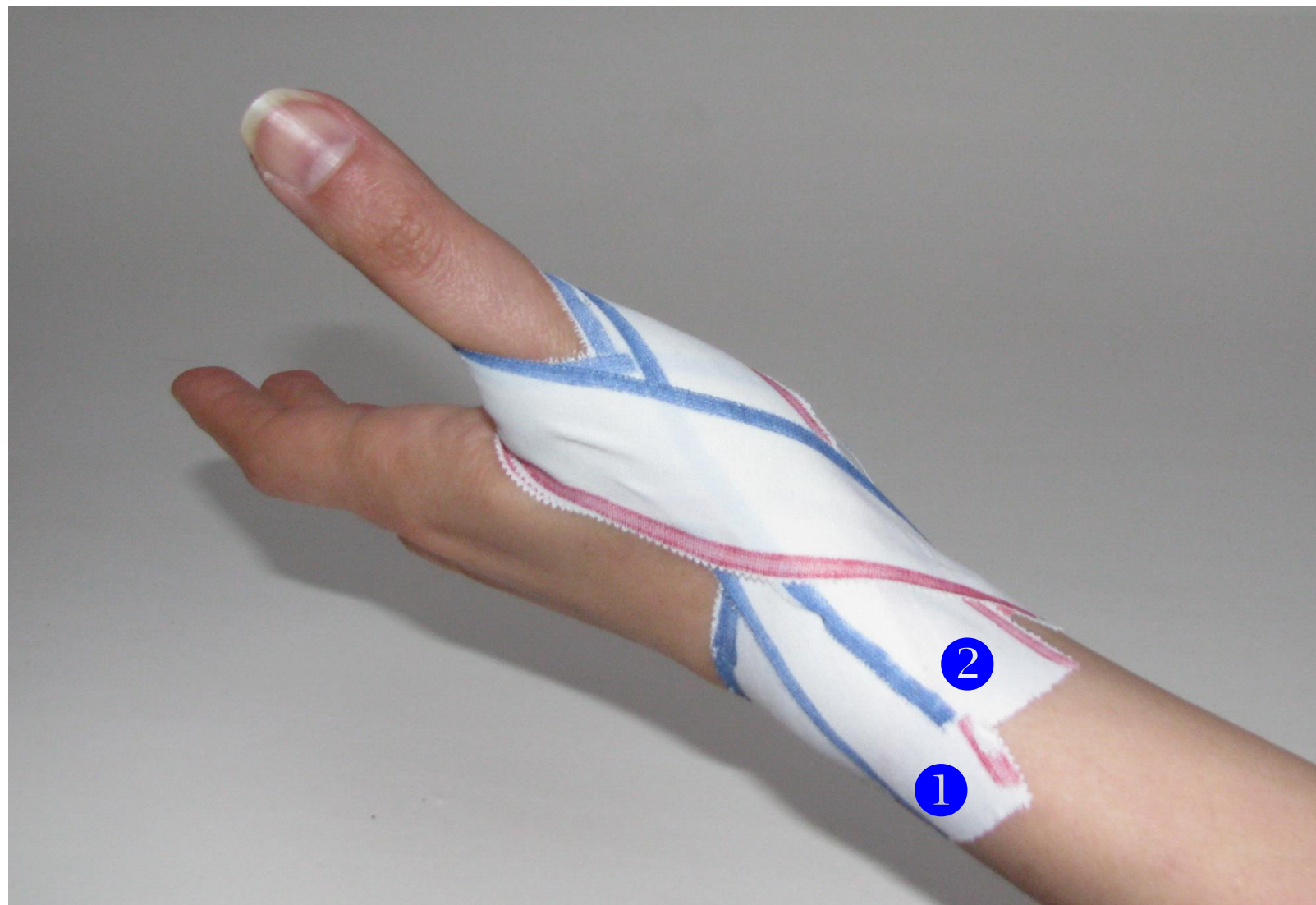


以Ribbon式作二圈
(即第二圈)

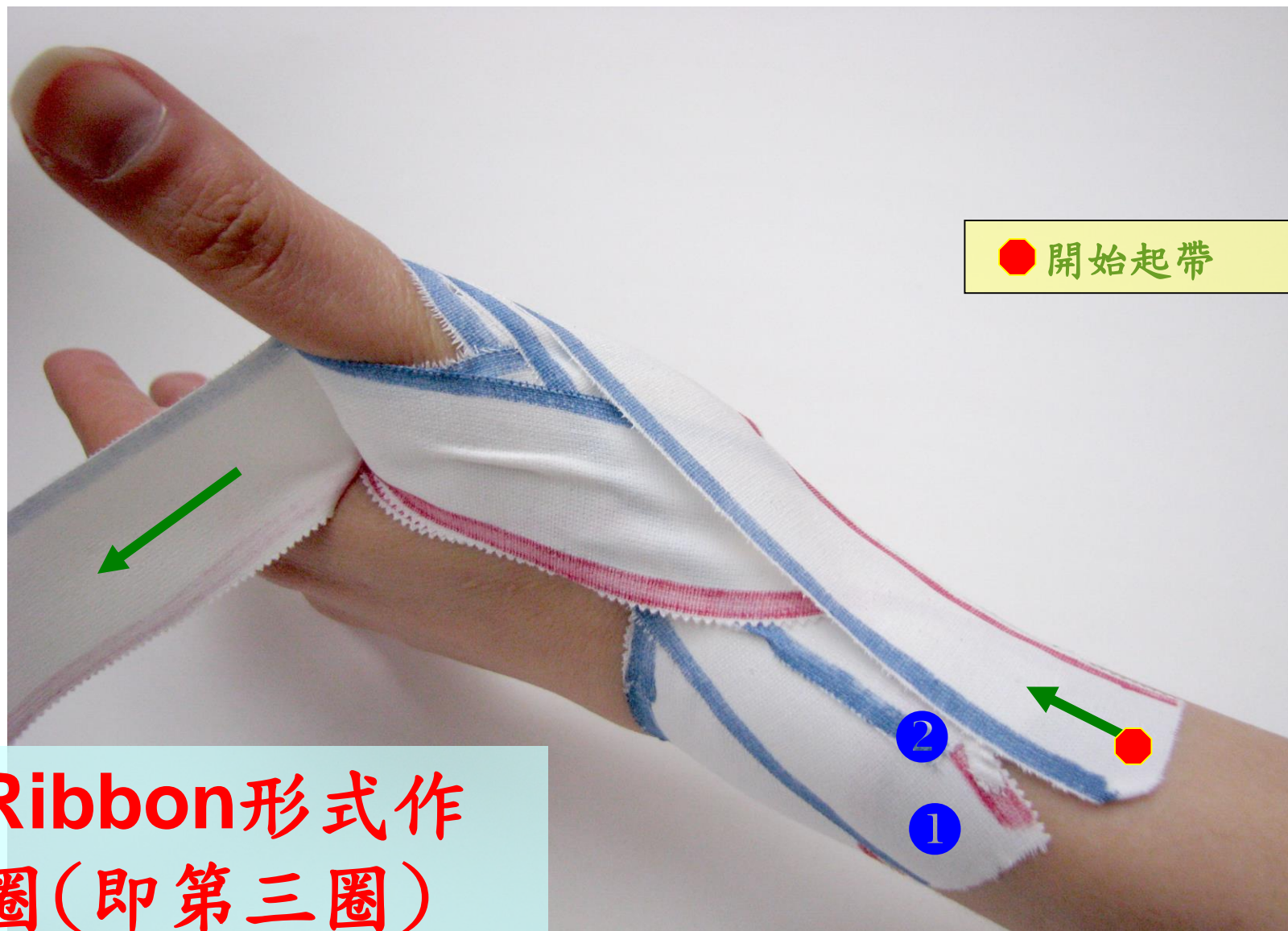
姆指關節扭傷



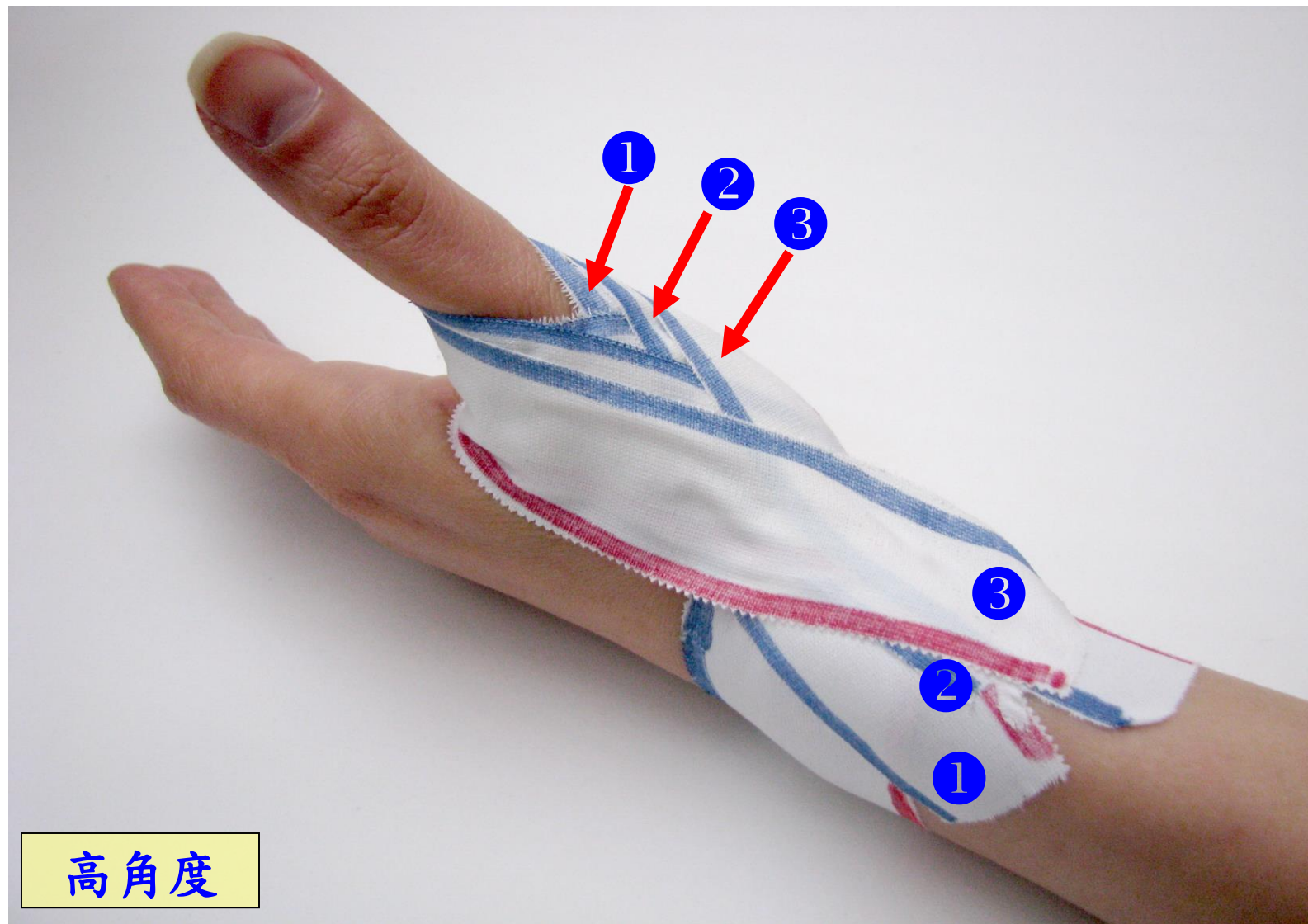
姆指關節扭傷



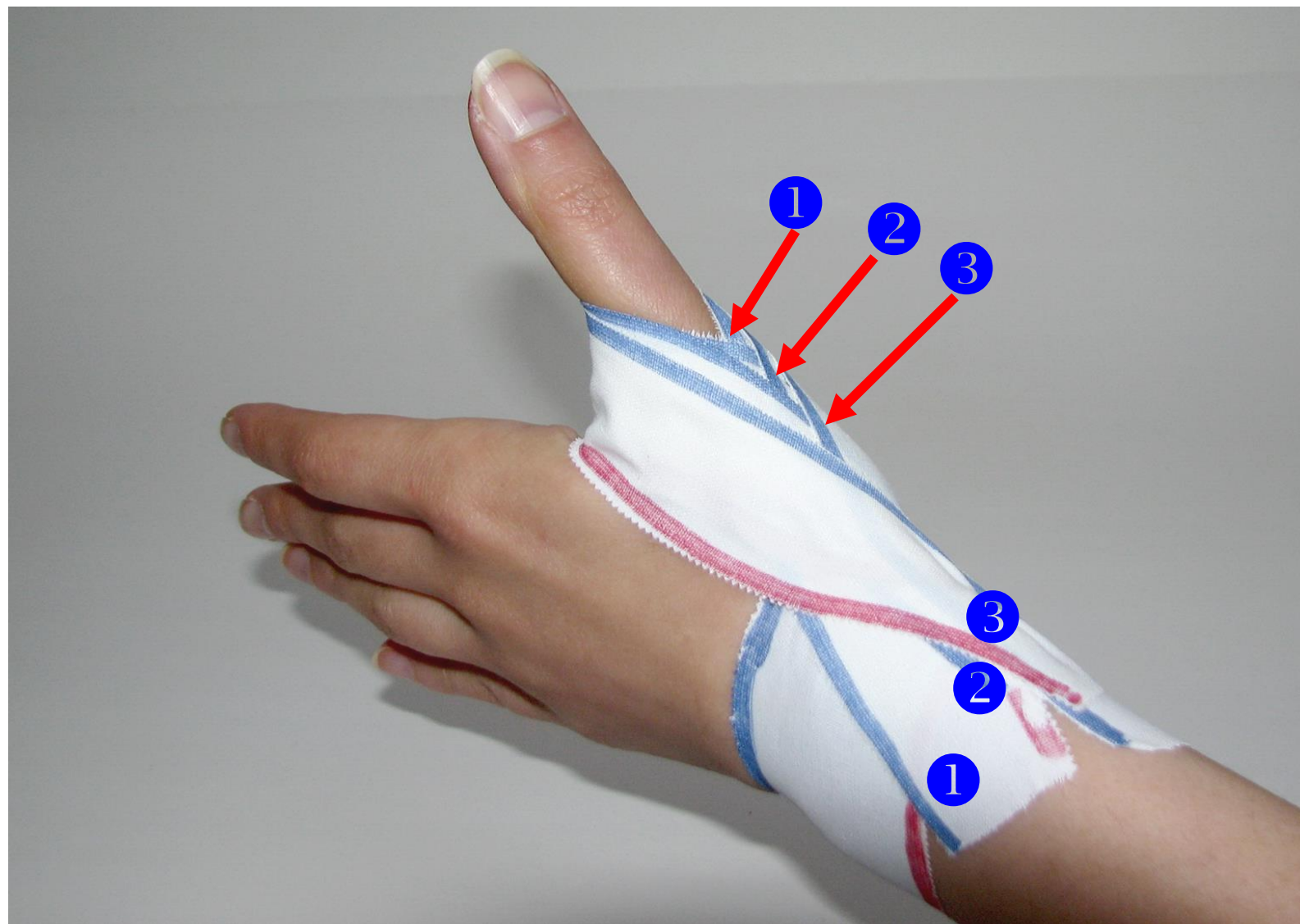
姆指關節扭傷



姆指關節扭傷

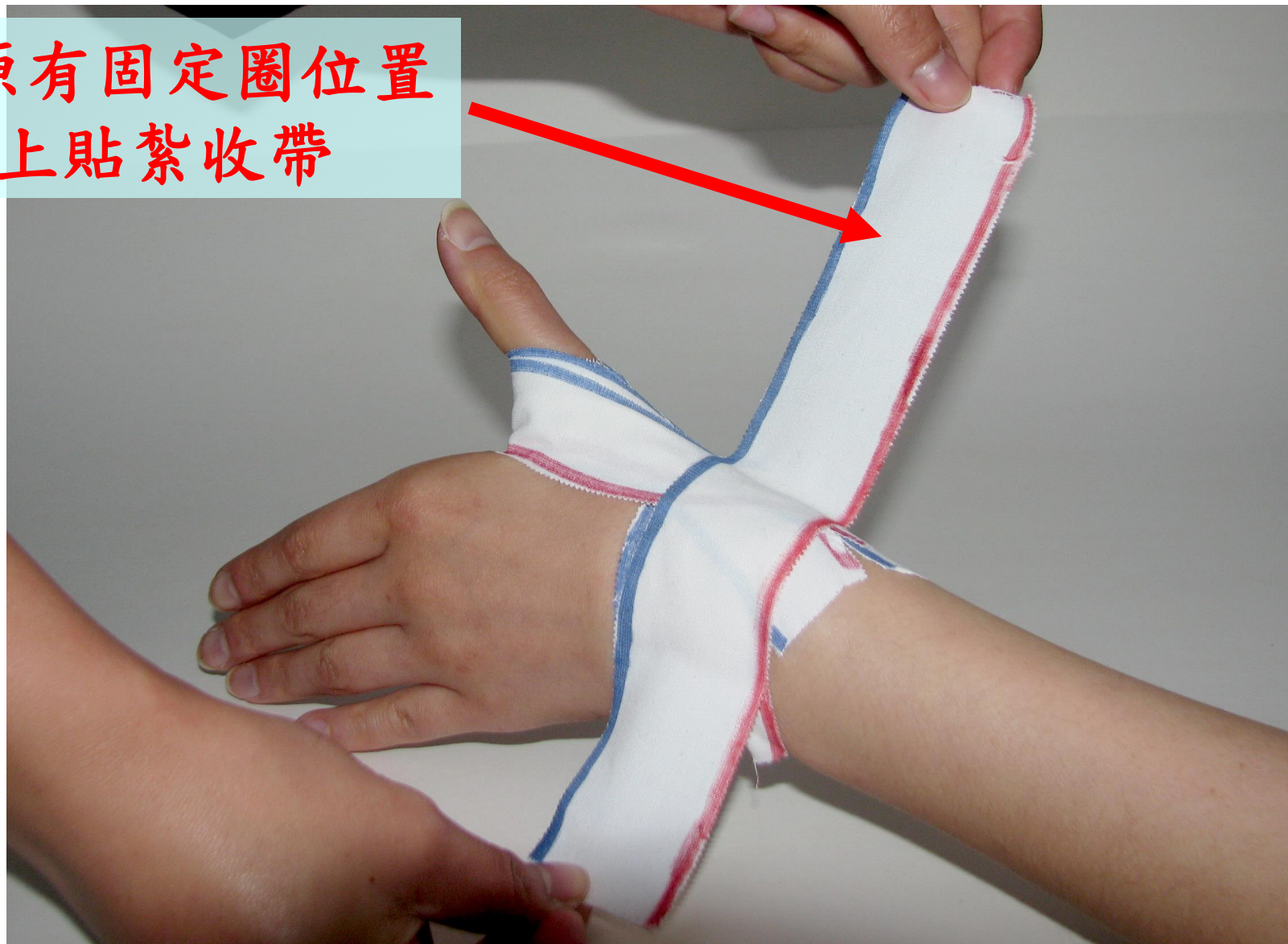


姆指關節扭傷



姆指關節扭傷

在原有固定圈位置
上貼紮收帶



姆指關節扭傷



在原有固定圈位置
上貼紮收帶

姆指關節扭傷



姆指關節扭傷

使用7.5cm Elastoplast
Adhesive Tape



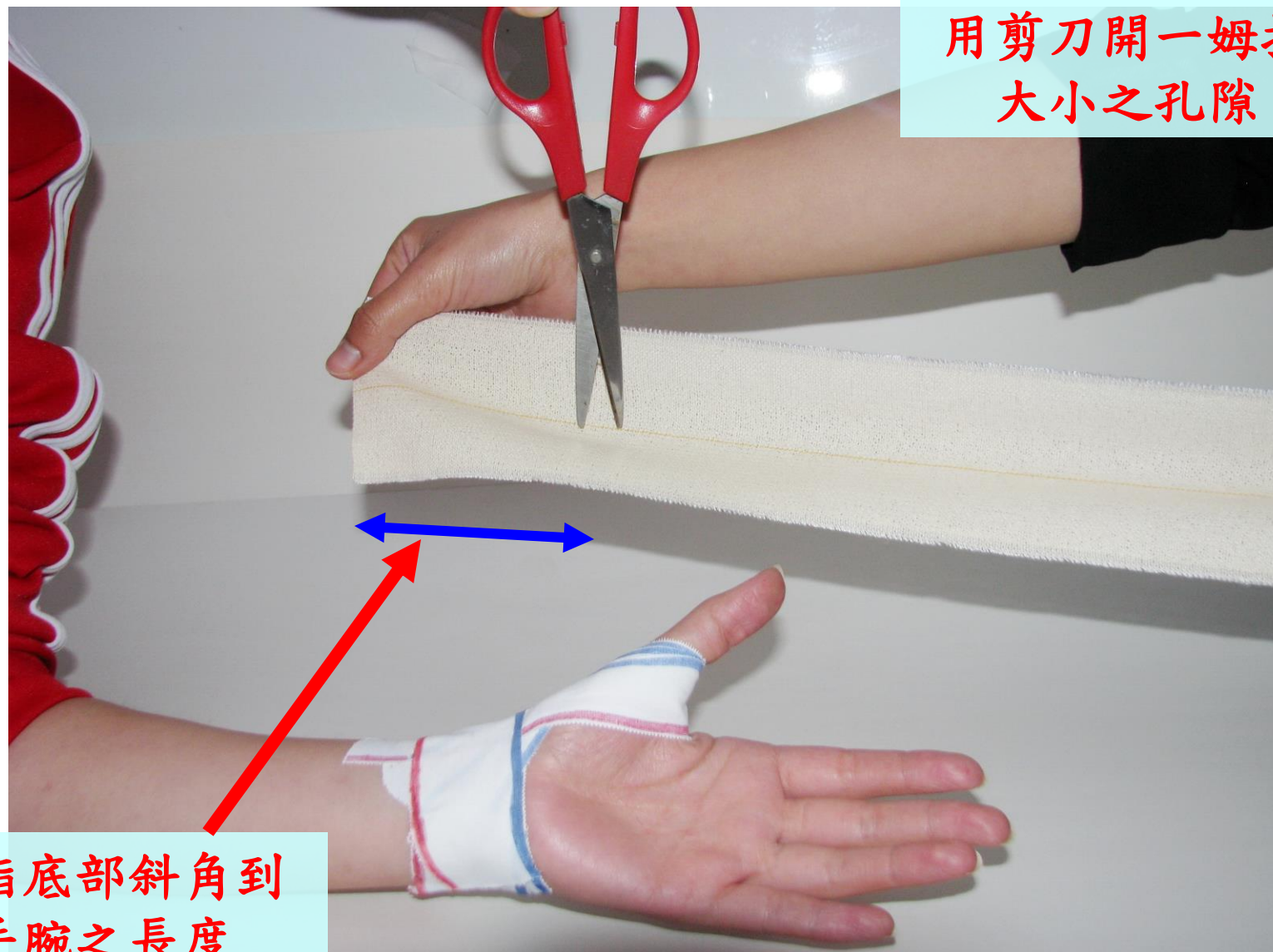
保護手腕

姆指關節扭傷

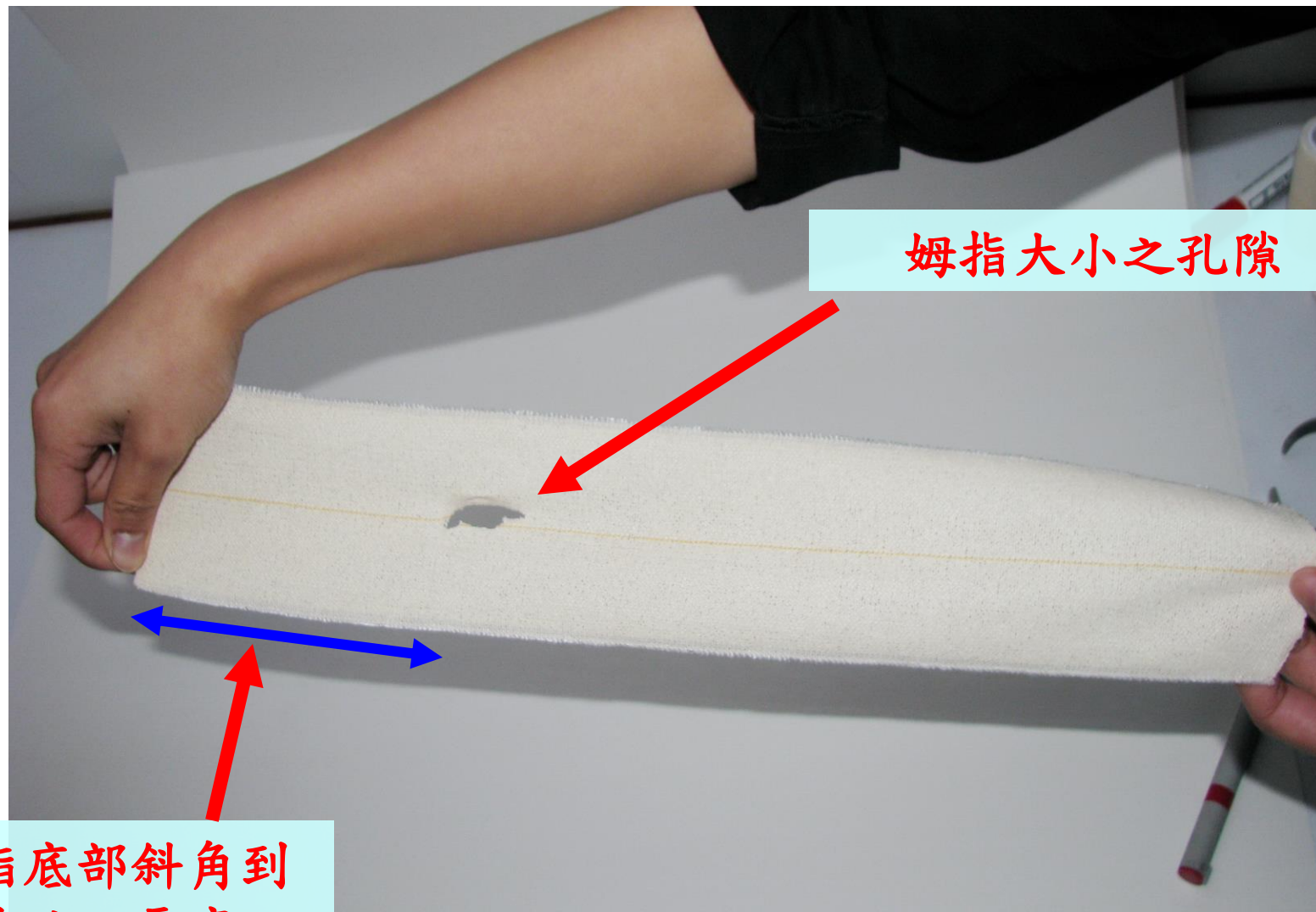


量度姆指底部斜角到手
腕之長度

姆指關節扭傷



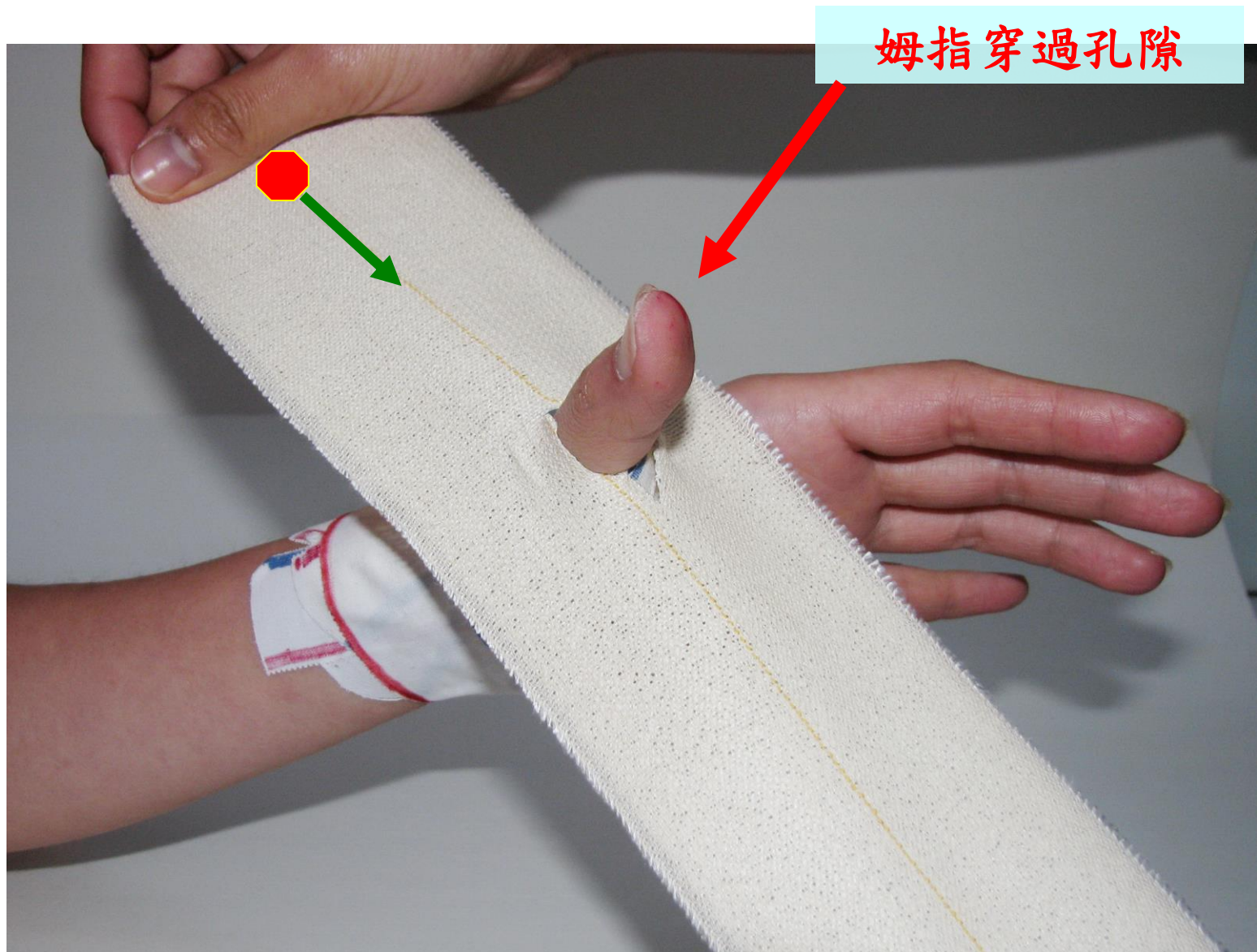
姆指關節扭傷



姆指大小之孔隙

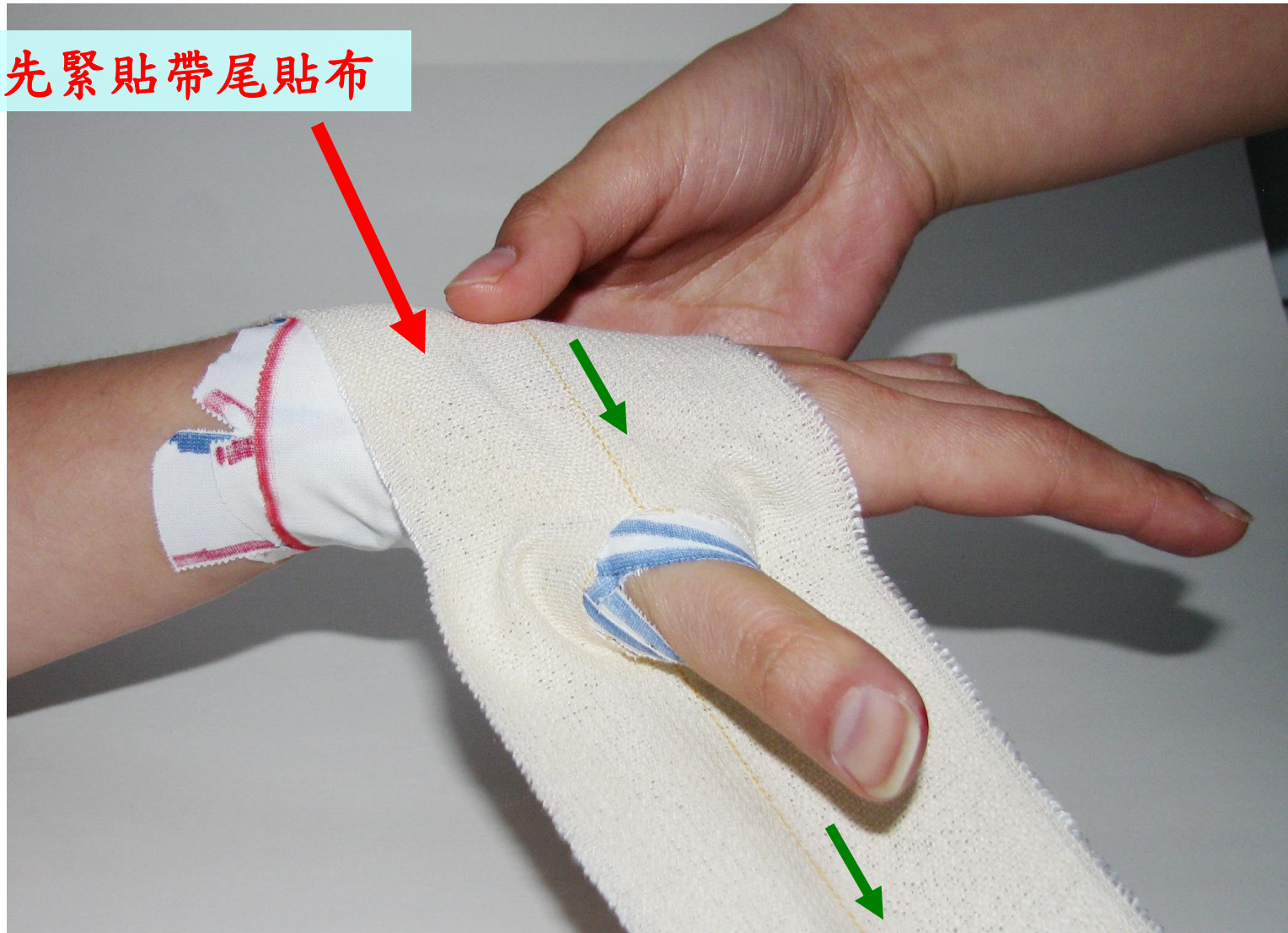
姆指底部斜角到
手腕之長度

姆指關節扭傷



姆指關節扭傷

先緊貼帶尾貼布



姆指關節扭傷

1 貼布再緊貼手掌

3 緊貼手背

● 開始起帶

2 貼布繞過手刀位置

輔助線



姆指關節扭傷

1 貼布再緊貼手掌

3 緊貼手背

● 開始起帶

2 貼布繞過手刀位置



姆指關節扭傷



姆指關節扭傷



姆指關節扭傷



最後手刀位置緊貼帶尾

姆指關節扭傷



姆指關節扭傷



收帶

姆指關節扭傷



移除貼布

留意傷者感覺

溫馨提示
小心使用利器

姆指關節扭傷

REMOVE*
Adhesive Remover



可使用 Adhesive
Remover 幫助脫除貼布

姆指關節扭傷

移除貼布後
再檢查受傷位置



手腕



手腕



手腕



手指



手肘



肩部



肩部

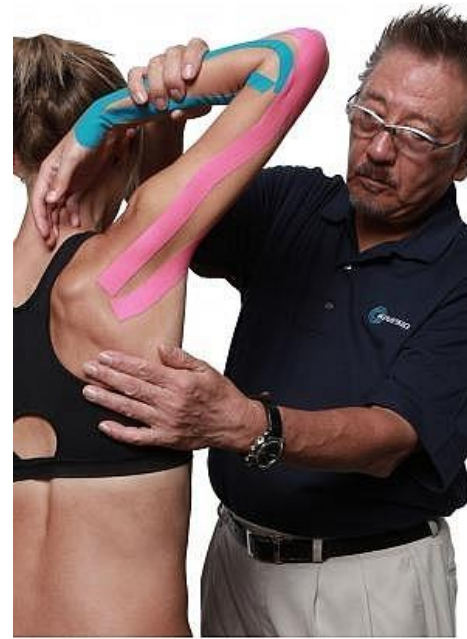


具彈性的 vs 不具彈性的貼布

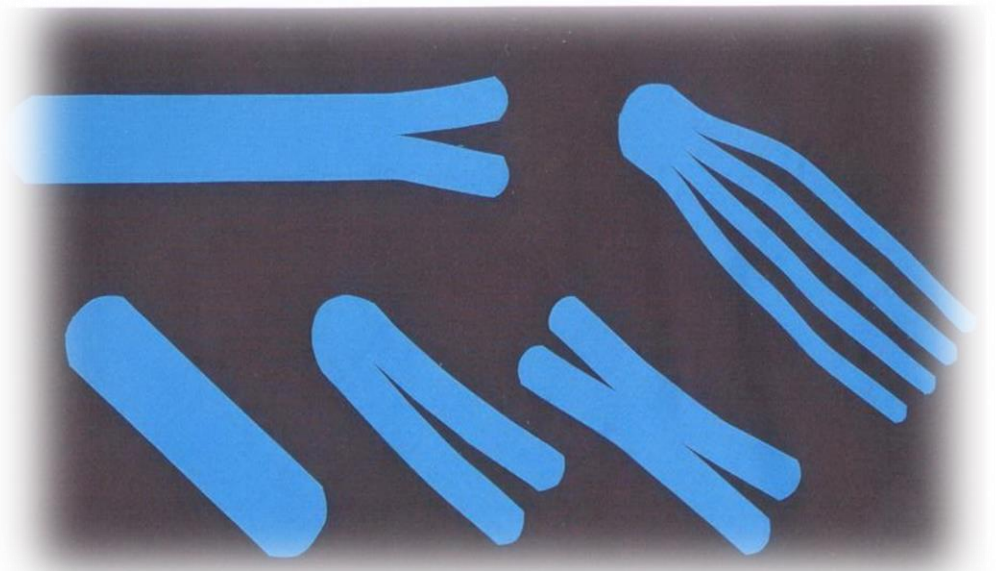
具彈性的：支持軟組織受傷

不具彈性的：固定受傷關節, 限制過份的活動幅度





功能貼布



功能貼布

IJSPT

ORIGINAL RESEARCH

CLINICAL EFFECTIVENESS OF KINESIOLOGICAL TAPING ON PAIN AND PAIN-FREE SHOULDER RANGE OF MOTION IN PATIENTS WITH SHOULDER IMPINGEMENT SYNDROME: A RANDOMIZED, DOUBLE BLINDED, PLACEBO-CONTROLLED TRIAL

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Ismacil Ebrahimi, PT, PhD²

ABSTRACT

Background: Kinesiological taping (KT) is commonly used to improve symptoms associated with musculoskeletal disorders. However, review of the literature revealed minimal evidence to support the use of KT in treatment of shoulder disorders and controversy exists regarding the effect of KT in patients with shoulder impingement syndrome (SIS).

Objective: The purpose of this study was to investigate the effect of KT on pain intensity during movement, pain experienced during the night (nocturnal pain), and pain-free shoulder range of motion (ROM) immediately after taping, after three days and after one week, in patients with SIS.

Design: Randomized, Double blinded, Placebo-controlled design.

Participants: A total of 30 patients with SIS participated in this study. Patients were assigned randomly to a control (N = 15) and an experimental group (N = 15).

Methods: The patients in the experimental group received a standardized therapeutic KT. The standardized, placebo neutral KT was applied for control group. KT was applied two times with a three day interval, remaining on during the 3 day interval. Both groups followed the same procedures. Pain-free active ROM during shoulder abduction, flexion, and elevation in the scapular plane was measured. Visual analogue scale (VAS) for pain intensity during movement or nocturnal pain and was assessed at baseline, immediately after KT, after three days, and one week after KT.

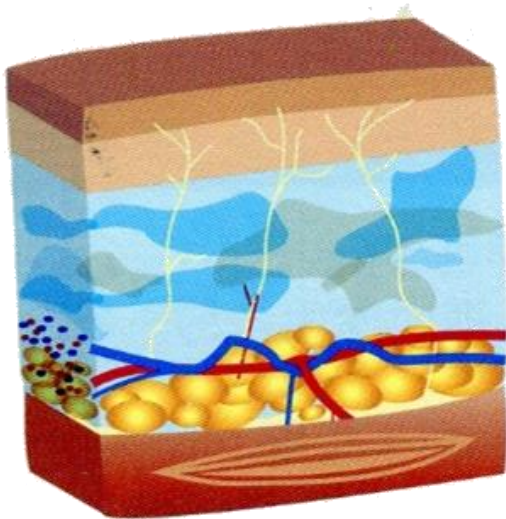
Results: The result of repeated measures ANOVA showed a significant change in pain level during movement, nocturnal pain, and pain-free ROM ($p = 0.000$) after KT in the experimental group. In the ANCOVA, controlling for pre-test scores, change in pain level at movement ($p = 0.009$) and nocturnal pain ($p = 0.04$) immediately after KT was significantly greater in the experimental group than in control group. There was no significant difference in ROM measures ($p > 0.05$) between groups immediately after KT. No significant differences were found between the two groups in the after one week measurements of pain intensity and shoulder ROM.

Conclusion: The KT produces an immediate improvement in the pain intensity at movement and nocturnal pain in patients with SIS.

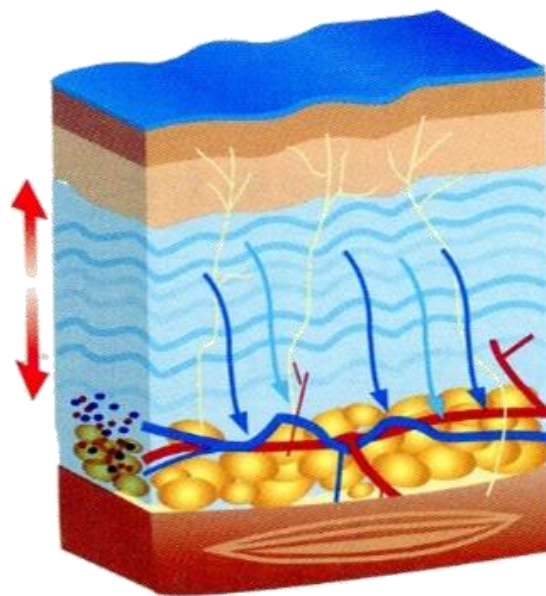
Level of Evidence: 1

Key Words: Kinesiological taping, pain, range of motion, shoulder impingement

功能貼布的原理

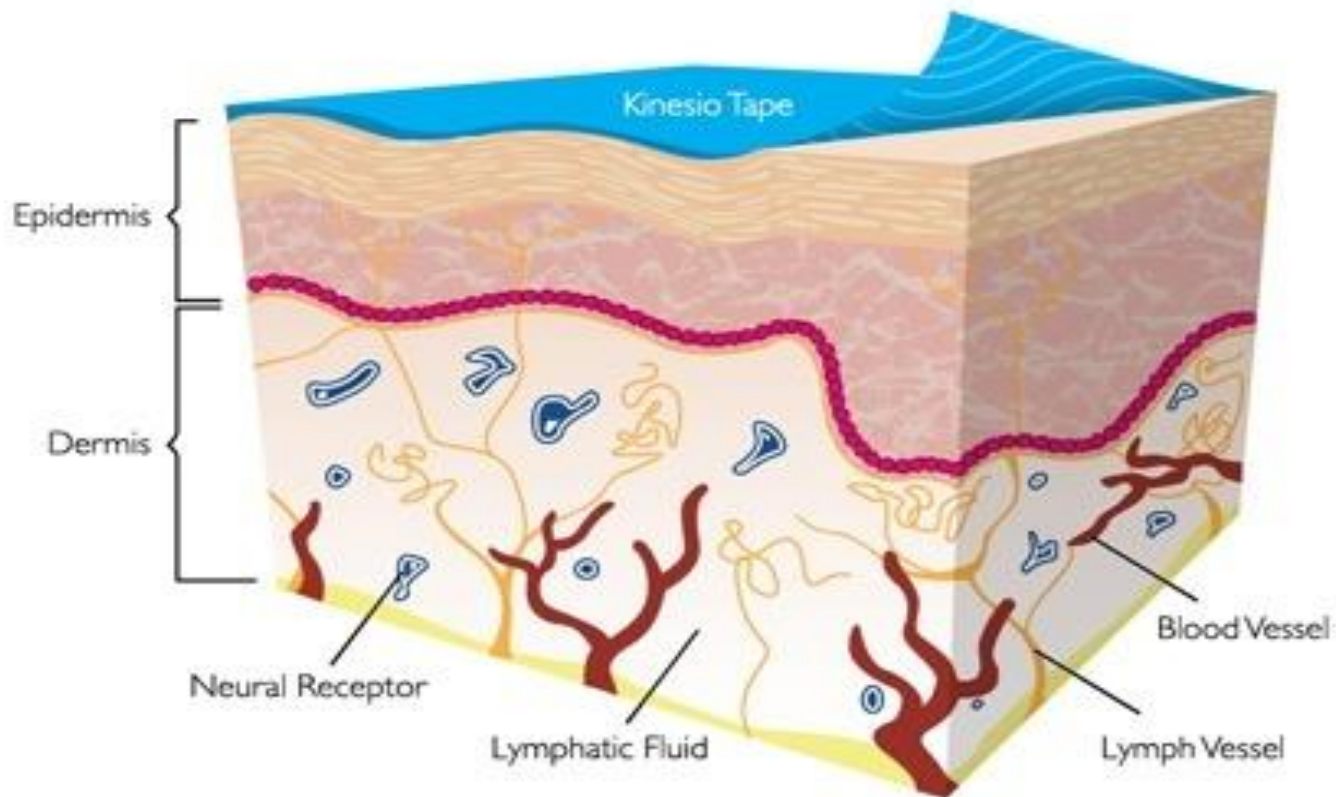


未貼貼布的組織圖



貼貼布後的組織圖

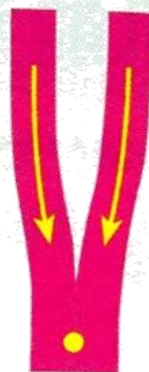
功能貼布的原則



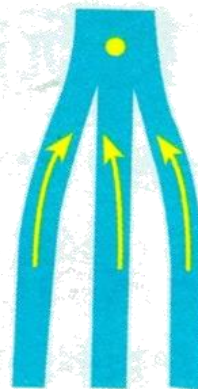
功能貼布



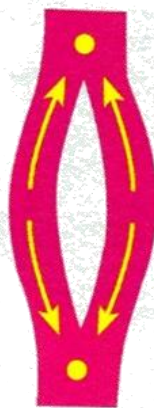
I 形



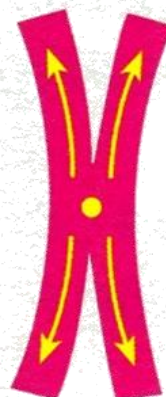
Y 形



爪形



燈籠形



X 形

貼紮技巧

1. 量測貼布
2. 剪裁貼布
3. 撕開貼布
4. 貼上貼布
5. 摩擦貼布

注意事項

1. 清潔皮膚
2. 勿貼毛髮
3. 伸展優先
4. 小心撕除
5. 過敏即撕
6. 定時更換
7. 不可重貼
8. 具防潑水

功能貼布

肩部旋袖肌

Rotator Cuff Impingement



功能貼布

肩部旋袖肌

Rotator Cuff Impingement



功能貼布

肩部旋袖肌

Rotator Cuff Impingement



哥爾夫球肘

GOLFER ELBOW



網球肘

TENNIS ELBOW



參考資料

