Taping Techniques Guide

A reminder guide for the techniques shown to you in clinic

This guide is a reminder for techniques shown to you in clinic. Use it as a step-by-step reference when applying tape at home. If you are unsure which technique applies to you, or if your symptoms worsen, contact your clinician before applying.

Tape Types

Tape type	Properties	Wear duration	Use with
Kinesiology tape	Elastic, skin-toned or coloured. Dynamic support and proprioceptive feedback. Applied with stretch.	3–5 days	All 5 techniques (preferred for Achilles)
Zinc oxide / rigid tape	Rigid, white. Firm mechanical support. Use underwrap to protect skin.	Replace daily or after showering	All 5 techniques (required for McConnell)

Before applying any tape: clean and dry the skin, remove all lotions and oils. If using zinc oxide tape, apply underwrap first to protect the skin. Round the corners of all strips — this significantly reduces peeling.

Techniques in This Guide

No.	Condition	Technique
1	Plantar Fasciitis	Low-Dye / Arch Support Taping
2	Ankle Instability	Stirrup and Figure-8 Taping
3	Patellofemoral Knee Pain	McConnell Patellar Taping
4	Medial Tibial Stress Syndrome	Shin Splints / MTSS Taping
5	Achilles Tendinopathy	Achilles I-Strip and Y-Fan Taping

1. Plantar Fasciitis — Low-Dye Arch Support Taping

The Low-Dye technique supports the medial arch and reduces strain on the plantar fascia by limiting excessive pronation. Most effective applied in the morning, before your first steps.

Step	Detail
Step 1 — Metatarsal anchor	With the foot relaxed, apply one horizontal strip across the ball of the foot at the level of the metatarsal heads, spanning the full width from the 1st to the 5th metatarsal head. This is the top anchor for all subsequent strips.
Step 2 — Border strip	Apply one continuous U-shaped strip. Start at the 1st metatarsal head (big toe side), run straight down the medial (inner) border of the foot, curve around the heel, and run back up the lateral (outer) border to finish at the 5th metatarsal head. This frames the entire sole and anchors the heel.
Step 3 — Plantar X strips	Apply two diagonal strips crossing in an X across the plantar surface. One strip runs from the lateral heel diagonally to the medial forefoot; the other from the medial heel to the lateral forefoot. They cross in the arch, supporting the plantar fascia directly.
Step 4 — Closing strips	Cover the X strips with overlapping horizontal closing strips from the heel up to the metatarsal anchor, each overlapping the previous by 50%. The sole should now be fully covered. Stand gently — the arch should feel supported. Replace every 24–48 hours.

Helpful tips	Apply before your first morning steps for maximum effect. Wear a sock over the tape to help it stay in place. If using zinc oxide tape, apply underwrap to the sole first.

2. Ankle Instability — Stirrup and Figure-8 Taping

Provides mechanical support to the lateral ligaments after a sprain or with chronic instability. Also enhances proprioception — your body's sense of ankle position — which is key to preventing re-injury.

Step	Detail
Step 1 — Anchor strips	With ankle at 90 degrees (neutral), apply two anchor strips around the lower shin, just above the ankle joint. These are the base for all subsequent strips.
Step 2 — Stirrup strips	Apply 2–3 stirrup strips starting above the medial malleolus, passing under the heel, and finishing above the lateral malleolus. Overlap each strip by 50%.
Step 3 — Figure-8 wrap	Starting at the shin anchor, wrap tape across the front of the ankle in a figure-8 pattern. Maintain moderate, even tension throughout.
Step 4 — Heel lock	Apply heel lock strips diagonally from the shin anchor, around the back of the heel, and back up. This prevents the heel from shifting.
Step 5 — Check and finish	Ensure toes are warm and sensation is normal. The ankle should feel supported but not restricted. Replace daily or after showering.

Helpful tips	Keep ankle at 90 degrees throughout. Use underwrap around the malleoli — do not tape directly over bony prominences. Kinesiology tape: 3–5 days. Zinc oxide: replace daily. Seek advice if you have a recent fracture or significant swelling before taping.

3. Patellofemoral Knee Pain — McConnell Patellar Taping

Gently repositions the kneecap (patella) to reduce stress on the patellofemoral joint. Most commonly used for anterior knee pain, allowing more comfortable movement and exercise.

Step	Detail
Step 1 — Apply underwrap	Apply hypoallergenic underwrap across the front of the kneecap to protect the skin from rigid tape. Knee in a slightly relaxed position.
Step 2 — Medial glide	Apply rigid tape from the outer edge of the kneecap, pulling it firmly toward the inner (medial) edge. Your clinician will confirm the exact direction for your anatomy.
Step 3 — Reinforce and complete	Apply a second strip slightly above or below the first, following the same direction. Test with a gentle squat — pain should reduce noticeably if the direction is correct.

Helpful tips	This technique requires rigid tape (zinc oxide or sports strapping) — kinesiology tape alone will not provide enough correction. Always use underwrap beneath rigid tape on the knee. Limit wear to 12–18 hours per application due to skin sensitivity. If pain does not reduce after taping, contact your clinician — the direction may need adjusting.

4. Medial Tibial Stress Syndrome (Shin Splints) Taping

Helps offload the medial tibia by supporting surrounding soft tissues and modifying loading during movement. Taping manages symptoms — it does not replace rehabilitation.

Step	Detail
Step 1 — Arch anchor	Apply a short anchor strip to the medial arch of the foot, over the navicular and inner midfoot. This is the starting point for all shin strips.
Step 2 — Medial shin strips	Starting from the arch anchor, apply 2–3 long strips diagonally upward along the inner (medial) shin, pulling superomedially (upward and inward) toward the upper calf. Apply with moderate tension for zinc oxide, or 25–50% stretch for kinesiology tape.
Step 3 — Upper anchor	Apply one or two horizontal anchor strips around the upper shin to lock the top ends of the strips. Keep snug but not constrictive. Walk or jog — shin discomfort should reduce with the superomedial lift.

Helpful tips	Tibial stress fractures must be ruled out before taping — see your clinician if in doubt. Zinc oxide: replace daily. Kinesiology tape: 2–3 days wear. Address training load and biomechanics with your clinician.

5. Achilles Tendinopathy — Achilles I-Strip and Y-Fan Taping

Offloads the tendon by limiting dorsiflexion range and providing proprioceptive support, helping you stay active during rehabilitation. Kinesiology tape is preferred for this technique.

Step	Detail
Step 1 — Heel anchor	With foot in slight plantarflexion (pointing down), apply anchor strips across the heel (calcaneus). This is the base of the technique.
Step 2 — Achilles I-strip	Apply a long strip from the heel anchor up along the Achilles tendon to mid-calf. Use 30–50% stretch for kinesiology tape, or moderate tension for zinc oxide.
Step 3 — Y-strip fan (kinesiology tape)	Split the upper end of the strip into a Y-shape and fan each tail around either side of the calf belly. Apply with no extra stretch.
Step 4 — Complete	Pulling your foot upward (dorsiflexion) should feel supported but not blocked. Ensure the tendon area is fully covered. Avoid applying over swollen skin.

Helpful tips	Do not tape if the area is very swollen, hot, or if there is any suspicion of tendon rupture — seek urgent medical review. A slight heel raise in your shoe complements taping by reducing tendon load. Kinesiology tape is preferred for this technique due to its elastic recoil properties.

This guide is a reminder tool for patients who have been shown taping techniques by a qualified healthcare professional. It is not intended for self-diagnosis or self-treatment. Taping is an adjunct to — not a replacement for — clinical assessment and rehabilitation. If you are unsure whether a technique is appropriate, or if symptoms worsen, contact your clinician before applying tape.