

Higher National Unit Specification

General information for centres

Unit title: Taping Techniques for Sports Injuries

Unit code: DP6E 34

Unit purpose: This Unit is designed to introduce skills and develop an understanding of taping techniques as a treatment modality in the management of sports injuries. The Unit allows the candidate the opportunity to form a strong foundation of knowledge on which to build with clinical practice. The Unit is aimed at candidates who wish to work within the Sports Therapy scope of practice. The Unit includes competencies specified by the Society of Sports Therapists.

On completion of the Unit the candidate should be able to:

- 1 Explain the rationale behind taping techniques.
- 2 Apply taping procedures.
- 3 Evaluate the effectiveness of taping techniques.

Credit points and level: 1 HN Credit at SCQF level 7: (8 SCQF credit points at SCQF level 7*).

**SCQF credit points are used to allocate credit to qualifications in the Scottish Credit and Qualifications Framework (SCQF). Each qualification in the Framework is allocated a number of SCQF credit points at an SCQF level. There are 12 SCQF levels, ranging from Access 1 to Doctorates.*

Recommended prior knowledge and skills: Access to this Unit is at the discretion of the centre. However, it is recommended that candidates successfully complete a level 6 course related to the subject areas such as anatomy, physiology and assessment of injury. These may be evidenced by successful completion of HN Units: Applied Anatomy (DP62 34), Professional Standards for Sports Therapy (DP69 35), Sports Injury Pathology (DP6D 34), Clinical Assessment of Sports Injuries (DP65 35) at SCQF level 7/8 or hold equivalent occupational competences.

Core skills: There may be opportunities to gather evidence towards Core Skills in this Unit, although there is no automatic certification of Core Skills or Core Skills components.

Context for delivery: If this Unit is delivered as part of a Group Award, it is recommended that it should be taught and assessed within the subject area of the Group Award to which it contributes. This is mandatory Unit in the framework of the HND Sports Therapy Group Award and should be delivered in year two of the programme. It is an applied Unit which relies upon underpinning knowledge in relation to Anatomy, Physiology, Sports Injury Pathology and Clinical Assessment of Sports Injuries.

Assessment: Outcome 1 may be assessed by extended response questions under open-book conditions. Outcome 2 and 3 may be assessed by practical demonstrations of taping procedures under controlled conditions. Supplementary questioning should be used.

Higher National Unit specification: statement of standards

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The sections of the Unit stating the Outcomes, knowledge and/or skills, and Evidence Requirements are mandatory.

Where evidence for Outcomes is assessed on a sample basis, the whole of the content listed in the knowledge and/or skills section must be taught and available for assessment. Candidates should not know in advance the items on which they will be assessed and different items should be sampled on each assessment occasion.

Outcome 1

Explain the rationale behind taping techniques

Knowledge and/or skills

- ◆ Purpose and objectives of taping procedures
- ◆ Taping materials
- ◆ Advantages/disadvantages of taping material
- ◆ Contra-indications to taping
- ◆ Current taping principles and guidelines

Evidence Requirements

Candidates will need to provide evidence to demonstrate their knowledge and/or skills by showing that they can:

- ◆ explain the purpose and objectives of taping
- ◆ describe both the advantages/disadvantages of taping materials and their scope of use
- ◆ identify contra-indications and precautions of taping
- ◆ explain taping principles and terminology

To achieve this Outcome candidates should complete a written assessment in the form of open-book, extended response questions.

Assessment guidelines

Written assessment in the form of open-book extended response questions for each of the taping procedures included in the Evidence Requirements for Outcome 2. Each taping procedure will then be evaluated and considered on its individual merits and use. This Outcome provides the opportunity for integration with Outcomes 2 and 3.

Higher National Unit specification: statement of standards (cont)

Unit title: Taping Techniques for Sports Injuries

Outcome 2

Apply taping procedures

Knowledge and/or skills

- ◆ Pre-taping considerations
- ◆ Taping applied effectively
- ◆ Post taping considerations

Evidence requirements

Candidates will need to provide evidence of all elements listed in the knowledge and/or skills section by showing that they can:

- ◆ explain the purpose and objectives of the taping technique
- ◆ prepare the injured site prior to application of tape
- ◆ position the client effectively
- ◆ apply effective taping procedures:
 - Muscle Compression — quadriceps, hamstrings, gastrocnemius.
 - Knee — medial collateral ligament — proprioception, patellar dysfunction, retropatellar pain.
 - Ankle/Foot — fig 8 compression/immobilisation for lateral collateral ligament, open/closed basketweave, talar — activity medial arch support, plantar fasciitis, peroneal, tendo Achilles' — elastic/rigid, simple self application.
 - Elbow — hyperextension check-rein, collateral ligament, epicondylitis;
 - Wrist/Hand — thumb spica, prophylactic wrist, collateral ligaments of fingers.
- ◆ evaluate the taping procedure — circulation, functional test
- ◆ adapt or modify taping technique if required
- ◆ evaluate taping procedure — circulation, function, skin, comfort, pain
- ◆ instruct the client in after care and precautions — itching, discomfort, timing, removal

To achieve this Outcome evidence should be gathered through continuous assessment of the candidates performing a minimum of 12 practical taping procedures sampled from the total, in a controlled situation, which are assessed against a checklist of the knowledge and skills required for the taping procedure identified by the assessor.

Supplementary questioning should be used to clarify the actions taken and ensure the candidate is able to demonstrate full knowledge of any area that cannot be demonstrated practically.

Assessment guidelines

The assessment used for this Outcome should enable the candidate to demonstrate the practical knowledge and skills required to perform taping procedures as detailed above.

This Outcome provides the opportunity for integration with Outcomes 1 and 3.

Higher National Unit specification: statement of standards (cont)

Unit title: Taping Techniques for Sports Injuries

Outcome 3

Evaluate the effectiveness of taping techniques

Knowledge and/or skills

- ◆ Feedback from client
- ◆ Communicate findings to client
- ◆ Evaluate effectiveness of the taping
- ◆ Modifications to taping and patient activity

Evidence Requirements

Candidates will need evidence to demonstrate their knowledge and/or skills by showing that they can:

- ◆ modify taping procedures and particularly according to feedback from clinical assessment
- ◆ communicate finding to client

To achieve this Outcome evidence should be gathered through continuous assessment of the candidate performing all taping procedures set out in Outcome 2. This will be checked against an assessor's checklist. Supplementary questioning should be used.

Assessment guidelines

Practical evidence should be generated through continuous assessment of the candidate performing all taping procedures set out in Outcome 2, which will be checked against an assessor's checklist of the knowledge and skills. Supplementary questioning should be used to clarify the actions taken and ensure the candidate is able to demonstrate full knowledge of any area that cannot be demonstrated practically.

This Outcome provides the opportunity for integration with Outcomes 1 and 2.

Administrative Information

Unit code:	DP6E 34
Unit title:	Taping Techniques for Sport Injuries
Superclass category:	PB
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Higher National Unit specification: support notes

Unit title: Taping Techniques for Sports Injuries

This part of the Unit specification is offered as guidance. The support notes are not mandatory.

While the exact time allocated to this Unit is at the discretion of the centre, the notional design length is 40 hours.

Guidance on the content and context for this Unit

Outcome 1

Purpose and objectives of taping: support, limit ROM, allow pain-free functional movement, permit early resumption of activities, proprioception.

Benefits of taping: control of swelling, prevents condition worsening, promotes functional return.

Taping materials: elastic adhesive, rigid, varying widths, felt pads, gauze, scissors, tape cutters, underwrap, skin protection, adhesive spray, removal solvents.

Advantages/disadvantages of taping material: adherence, elasticity, application time, recoil, material failure.

Contra-indications to taping un-assessed injury: severe swelling, broken skin, bleeding, poor circulation, skin allergies, abnormal skin sensations.

Current taping principles and guidelines: anchors, lock strips, pressure pads, friction reduction, Vertical/ horizontal strips.

Outcome 2

Pre-taping considerations: objective of taping, state of skin, swelling, anatomy, type of material, client compliance, protection of other soft tissue areas, pain, stage of rehabilitation, other modalities of treatment, contra-indications.

Application of taping: Informed consent, preparation of injured site, skin condition, choice of tape, positioning of client, method of application.

Post-taping considerations and advise activity: range of movement, circulation, comfort, pain, function — standing, walking, abnormal sensation, dependency, skin irritation, bony prominences, pressure build up, reassess time, remove in 48 hours.

Removal of tape: cut tape, peel off slowly, may use warm water, and ease skin away from adhering tape.

Outcome 3

Feedback: verbal, non-verbal, discomfort, abnormal sensations, temperature, movement, friction, pressure, pain.

Functional testing: walking, jogging, running, cutting, jumping.

Higher National Unit specification: support notes

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Modifications: tension, width of tape, overlap, material. Taping procedure, progression, achievement of aims.

Verbal and non-verbal feedback from client may be: degree of discomfort, range of movement, abnormal sensations, swelling, state of skin, temperature, improvement in status quo/worse.

Guidance on the delivery and assessment of this Unit

The delivery should be in the form of practical demonstrations with candidates practising the skills required to achieve the competences of performing taping procedures. Alongside the practical performance aspects, the candidates should receive lectures and handouts relating to the theoretical aspects of taping techniques. Individual research of textbooks, journals and internet could supplement lectures and handouts. Ongoing questioning would also assist in monitoring the development of the candidates' underpinning knowledge.

The practical assessment is carried out on clients, which are assessed against a practical checklist of the skills required for taping techniques identified by the assessor. The written assessments are written questions of the knowledge required for the purpose/benefits of taping, contra-indications, advantages/disadvantages of taping material, pre-taping considerations and the post taping considerations. Supplementary questions can be used to enable candidates to describe anything that cannot be demonstrated.

Open learning

Theoretical aspects could be studied, however, due to the majority of the content being of a practical nature, open learning should not be offered.

Candidates with additional support needs

This Unit specification is intended to ensure that there are no artificial barriers to learning or assessment. The additional support needs of individual candidates should be taken into account when planning learning experiences, selecting assessment instruments or considering alternative Outcomes for Units. For information on these, please refer to the SQA document *Guidance on Assessment Arrangements for Candidates with Disabilities and/or Additional Support Needs*, which is available on the SQA website www.sqa.org.uk.

General information for candidates

Unit title: Taping Techniques for Sport Injuries

This Unit is designed to give you the skills and knowledge to understand the rationale behind, and apply a variety of different taping procedures.

Delivery of this Unit will be in the form of practical demonstrations where you will practice the skills required to achieve the competencies in a clinical environment on live clients.

In addition to the practical performance aspects you will receive course notes and lectures relating to the theoretical aspects of taping techniques.

In order to successfully achieve this Unit, you must complete all taping procedures set out in Outcome 2. The practical assessment will take place throughout the delivery of the Unit with evidence recorded in the form of a logbook. All procedures will have to be demonstrated in a controlled environment and assessed against a practical checklist of the knowledge and skills required as indicated by an assessor.

Some resources that may help you as you progress through this Unit are:

- ◆ MacDonald R., (1994), *Taping Techniques: Principles and Practice*; Butterworth Heinemann.
- ◆ Austin K., Gwynn — Brett K., et al, (1994), *Illustrated Guide to Taping Techniques*, Wolfe.
- ◆ Perrin D.H., (1995), 'Athletic Taping and Bracing', *Human Kinetics*.