



Kinesiology Taping's Effects on A Greek Foot with A Hammertoe

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Abstract

In addition, there are problems with shoe selection, resulting in poor foot image and poor quality of life. The most common treatment for rigid advanced malformations is surgery, and these procedures are well described in the literature. If the interphalangeal and metatarsophalangeal joint changes are mobile (that is, can be corrected without pain) or if surgery is not possible, conservative treatment should be considered. However, no studies have been found that describe this treatment in detail. This report describes the effects of her KT treatment on patients with hammertoes. Anthropometric foot measurements (3D scanner) and foot loads (baropodometric platform) are shown before KT application, immediately after tape application, and after tape removal after one month of t

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ction in any medium, provided the original author and

on the skin for several days. Patient examination and musculoskeletal assessment should be performed prior to tape application . e KT technique can help with hip, knee-foot instability, or HV degenerative pain syndrome. KT can be used as a stand-alone therapy or as the sole component of therapy.

In the case of malleus deformity, KT supports weakened exor digitorum brevis function, causing shortening of the lengthened joint capsule. e application mechanically enforces the correct position of the toes when standing, walking and resting.

e purpose of the case study was to evaluate and compare the impact of kinesio taping on the potential to correct hammertoe deformity as evidence of the potential for conservative treatment. Although this has been documented in one case, it may be of particular concern to clinicians such as orthopedic surgeons, physical therapists, podiatrists, and other podiatrists. is goal is part of the search for e ective conservative therapies to help patients who are unsuitable for surgery for various reasons 10 .

To date, no studies have documented the e ects of kinesio taping on mallet toe deformity. e aim of this study is to use a 3D scanner to assess changes in anthropometric parameters, document the e ects on exed toe position, and assess the e ects of patching on di erent parts of the foot. Treatment is performed while standing or walking while bearing a burden.

Patients were examined before application of taping (T0), immediately a er application (T1), and 32 days a er application

