

A Scoping Review on Kinesio Taping on Pain and Performance in Athletes

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ABSTRACT

Introduction: Soft tissue injuries are a very common cause of morbidity in both competitive and recreational athletes. Upper limb injuries are frequently seen in sports, with the shoulder, elbow, wrist, and hand being the most commonly

affected areas. Lateral epicondylitis and rotator cuff tendinopathy are common soft tissue injuries in athletes performing repetitive wrist and forearm activities. Kinesiotaping (KT) is widely used in sports rehabilitation for pain management and improved athletic performance. The primary objective of this review was to explore the current evidence whether KT offers measurable benefits in reducing pain and improving sport-specific performance such as grip strength, ROM and functional status in athletes who were engaged in repetitive wrist and forearm activities and suffering from soft tissue injuries in the upper extremity. This

scoping review is unique as it focuses mainly on the application of KT on upper extremity sports injury. The review is of great importance to PT who mostly deals with athletes upper extremity injury and sports whose most activity occurs in the upper extremity.

Methods: This review followed the PRISMA-ScR guidelines to ensure methodological identification and synthesis of relevant articles. An electronic literature search was used, such as PubMed, CINAHL, and PEDro, under keywords including “Kinesiotaping,” “pain,” “athlete,” and “performance.” Eligibility criteria included full-text studies that assessed KT as an intervention for pain and performance in athletes. The collection of data facilitated the organization of information about the efficacy of pain management and enhancements in performance.

Results: The literature search initially yielded 186 articles across PubMed, and PEDro databases. 13 complete-text articles have been selected for the scoping review after applying the inclusion and exclusion criteria. Seven (7) studies on pain treatment found that KT helped athletes with upper extremity soft tissue injuries especially with lateral epicondylitis and rotator cuff tendinopathy have less pain. KT proved advantageous both as an adjunct and stand-alone treatment. Six (6) studies focused on athletic performance noted that KT increased functional status, ROM, and grip strength after KT application. Findings generally support KT as a useful intervention for athletes engaged in repetitive wrist and forearm activities to help with performance improvement and pain reduction.

Keywords: Kinesiotaping, athletes performance, athlete

INTRODUCTION

Soft tissue injuries are a very common cause of morbidity in both competitive and recreational athletes. Upper limb injuries are frequently seen in sports, with the shoulder, elbow, wrist, and hand being the most commonly affected areas (Prieto-González et al., 2021). According to Chard et al. (1994), lateral epicondylitis and rotator cuff tendinopathy are common soft tissue injuries in athletes performing repetitive wrist and forearm activities. Most of these conditions are provoked by muscle-tendon overload or overuse that is usually the result of excessive training or improper training techniques (Hart, 1994). Some research suggests that the incidence of injury can be as high as 50% or more in athletic populations. Additionally, studies have found that between 20% and 30% of all time-loss injuries in professional athletes are due to muscle injuries (Delos et al., 2013). There are studies that discovered and focused on KT for pain relief and enhancing performance for soft tissue injuries. In 2012, a study conducted by Williams et al. found that the elastic properties of KT allow normal movement while providing support and proprioceptive feedback to joints and muscles, which may help prevent injury and facilitate recovery. For athletes with soft tissue injuries, KT as a pain management method helps to enhance grip strength, ROM, and general functional status. These changes are linked as improved shoulder stability reflects improved grip strength and more effective movement patterns made possible by higher ROM. These elements taken together help to enhance athletic performance and speed of return to sport. Monitoring grip strength and ROM during rehabilitation helps direct development and preparedness for return to play. Despite earlier studies indicating both positive and negative results, the inconsistency of evidence remains a need for more thorough reviews that assess the range of outcomes studies and identify if KT has an effective standalone intervention in alleviating pain and improving performance-related outcomes. Moreover, there are studies that only focused on general population rather than aiming for a group of athletes with soft tissue injuries. This gap suggested to have the need to assess the current evidence specifically to this population. The primary objective of this review was to explore the current evidence whether KT offered measurable benefits in reducing pain and improving sport-specific performance such as grip strength, ROM and functional status in athletes who were engaged in repetitive wrist and forearm activities and suffering from soft tissue injuries in the upper extremity.

Background of the Study

According to Delos et al. (2013), soft tissue injuries are common in athletes, and the incidence of injury can be as high as 50% or more in athletic performance. Upper limb injuries are frequently seen in sports, with the shoulder, elbow, wrist, and hand being the most commonly affected areas. For example, shoulder injuries alone account for 8% to 13% of all sports injuries (da Silva, 2010). This was also supported by Yanai et al. (2024) that lateral epicondylitis, commonly known as tennis elbow, is one of the most common soft tissue injuries affecting the upper extremity, particularly among athletes engaged in repetitive wrist and forearm activities. In a study of John Hopkins Medicine (2020) revealed that soft tissue injury can lead to pain primarily because the injury causes inflammation and damage to muscles, tendons, ligaments, and surrounding soft tissues. Additionally, rotator cuff tendinopathy is a common soft tissue injury in the upper extremity among athletes, especially those involved in repetitive upper extremity activities as mentioned in a study of Pinzon and Bounds (2020). This pain is the most common symptom of soft tissue injuries and is often accompanied by swelling, which further contributes to discomfort. In addition, according to Yana et al. (2025) soft tissue injuries often cause decreased ROM due to muscle tension, inflammation, and joint stiffness. Meanwhile, grip strength and wrist ROM are

interrelated functional measures that reflect the condition of soft tissues and joints in the hand. According to Hampton (2018), grip strength is measured by its maximum force generated by the forearm muscles and is a key indicator of muscular strength and hand function while ROM refers to the extent a joint or body part can move around a fixed point, assessed actively (AROM) or passively (PROM).

The research also added that instrument-assisted soft tissue mobilization techniques, including KT, have been shown to acutely improve KT may facilitate improved joint alignment and reduce pain, enabling athletes to achieve greater ROM during rehabilitation and sports activities. On the other hand, a study by Ostiak et al. (2012) found that KT has demonstrated positive effects on pain reduction in soft tissue injuries by lifting the skin to decompress underlying tissues, which improves blood and lymphatic circulation and reduces inflammation and swelling, thereby accelerating recovery and alleviating pain in athletes. Several studies confirm KT's effectiveness as a complementary method for faster post-injury pain reduction, facilitating earlier return to athletic activity. Drouin et al. (2013) further support KT's role in promoting an earlier return to activity without restricting range of motion, which can improve functional mobility and endurance. However, the evidence of KT's effectiveness remains inconsistent. Slocum (2014) found that while KT increased ankle range of motion immediately, it did not reduce muscle pain either right away or after competition, contradicting other findings suggesting pain relief. Similarly, Seda Bicici et al.

(2012) concluded that KT does not cause a decrease in performance but also does not significantly improve it in athletes with chronic conditions. Gathered and synthesized should indicate that there must be a comprehensive review of available evidences.

This scoping review clarified the effectiveness of KT in reducing pain and enhancing performance in athletes and investigated the existing evidences on the application of KT of pain management and improvement of the performance of athletes with soft tissue injuries in the upper extremities particularly lateral epicondylitis and rotator cuff tendinopathy. This scoping review is unique as it focuses mainly on the application of KT on upper extremity sports injury. The review is of great importance to PT who mostly deals with athletes UE injury and sports whose most activity occurs in the UE.

Statement of the Problem

The main goal of the review was to explore and evaluate the current evidence on the use of KT on pain management and performance among athletes engaged in repetitive wrist and forearm activities and with soft tissue injuries in the upper extremity. KT is frequently used by physiotherapists. It helps in pain management and enhancement of performance while maintaining mobility.

However, research findings are inconsistent, with some showing favorable effects and others showing either very little or no significant effects. Researcher must evaluate the efficacy of KT to guarantee evidenced-based practices in pain management and performance of athletes who are engaged in repetitive wrist and forearm activities and with soft tissue injuries in the upper extremity. Thus, this review gathered the current state of evidence on the effectiveness of KT in pain management and performance of athletes engaged in repetitive wrist and forearm activities and with soft tissue injuries in the upper extremity to inform healthcare providers of its benefits.

Research Question

This scoping review aimed to address the research question: What is the current state of evidence on the application of KT in pain management and performance of athletes who are engaged in repetitive wrist and forearm activities and with soft tissue injuries in the upper extremity? The review explored and synthesized existing literature to provide an overview of how KT was used in practice and its effects on

pain management and performance of the athletes with soft tissue injuries in the upper extremity. Thus, reviewing current data can be helpful in addressing the inconsistency in the existing studies and identify any gaps in what is currently known of these techniques, therefore guiding further research and clinical providers.

METHODOLOGY

This scoping review was conducted following the methodological framework proposed by Arksey and O’Malley in 2005, and was refined by Joanna Briggs Institute (JBI). This scoping review stuck to the PRISMA-ScR which was developed by Tricco et al. (2018) to guarantee a clear and methodological approach in identifying and synthesizing relevant studies. The primary aim of this review was to explore the current evidence on the existing evidence on the application of KT for pain management and performance of the athletes with soft tissue injuries in the upper extremity.

Eligibility Criteria

This scoping review reviewed all full-text available studies on the effectiveness of KT on pain and performance among the athletic population.

Research such as randomized controlled trials and systematic reviews/metaanalyses was considered, provided they evaluate KT as an intervention. Studies investigating the effects of Kinesiotaping on pain and performance of the athletes with soft tissue injuries in the upper extremity and published within the last 10 years to ensure relevance were also considered. Also, exclusion criteria was also examined such as studies on non-athletic and sedentary individuals, other types of tapings, and studies that do not measure outcomes related to pain or performance or are review articles, commentaries, editorials, conference abstracts, or non-English publications.

Table 1

<i>Eligibility Criteria</i>	
Inclusion Criteria	Exclusion Criteria
Athletes of any level (professional, amateur, collegiate) with upper extremity of soft tissue injuries	Non-athletic population, and sedentary individuals
Studies examining the application of Kinesio taping intervention for pain relief and athletes’ performance with soft tissue injuries in the upper extremity.	Intervention: Studies evaluating other taping methods (e.g., rigid taping, McConnell taping) without Kinesio taping as an intervention.

Outcomes Measured: Studies that assess at least on pain, and athletic performance (grip strength, ROM, etc.)

Study Design: Editorials, commentaries, or expert opinions without empirical data. Animal or laboratory-based studies, Single case reports

Systematic review, meta-analysis, randomized-controlled trials

Journal articles published in English

Studies published within the last 10 years to ensure relevance.

Full-text availability **Information Sources and Search Strategy**

This review searched electronically using databases like PubMed, CINAHL, and PEDro. The search included all accessible sources. The keywords used were “Kinesiotaping,” “pain,” “athlete,” and “performance.” These keywords were used as a guide to identify relevant articles, which was also known as "hits." Tables were also created to display the keywords used in the search strategy which can be seen in Table 2 and 3.

Selection of Sources of Evidences

After extracting relevant articles, each one of these underwent a thorough screening by examining the titles and abstracts of each of them to identify which were suitable for this review, which were referred to as “hits.” Next, was to gather the full-text versions of the studies that were chosen and reviewed against the inclusion and exclusion criteria.

Data Charting

To organize and collect relevant studies, a standardized data extraction table (Table 4 and 5) was created. In table, author(s) and year of publication, type of intervention used, outcome measures assessed, key findings, and a general evaluation of “Yes” or “No” and “Unclear” on the given data were presented. Studies were categorized into two groups such as KT’s efficacy in pain management and its influence on performance. This classification correspond to the established eligibility and research questions and allowed for an organized synthesis of results.

Synthesis of Results

After relevant studies have been extracted, every result was systematically organized and presented in a comprehensive table to serve as a clear and structured summary of the key findings. This table was arranged according to the effectiveness of KT in the athletic population and its influence on pain and performance. This was carried out to simplify data interpretation and match the main objectives of the evaluation.

RESULTS AND DISCUSSION

Table 2 displays the results of the literature search using the PubMed database to gather relevant studies on the application of Kinesiotaping in an athletic population. This search focused on research that investigated its relation to pain management and athletic performance. A variety of keywords were used, such as “Kinesiotaping + athletes,” “kinesiotaping + athlete + pain,” and “kinesiotaping+ athletes + performance,” to ensure that studies met the inclusion criteria. In “Kinesiotaping + athletes,” it resulted to have a total of 89 hits. After a thorough investigation, it resulted to only have 7 relevant articles related to research. These 7 studies were identified that they’ve met the inclusion criteria, such as studies that focused on pain management of athletes with upper extremity soft tissue injuries specifically lateral epicondylitis and rotator cuff tendinopathy. In “Kinesiotaping + athlete + pain,” it resulted to have 58 hits. However, there were only 5 relevant articles related to research since the remaining 53 hits were identified as irrelevant to the research as it did not reach the inclusion criteria. Additionally, the keyword “Kinesiotaping + athlete + performance,” had 34 hits. However, only 1 relevant article was gathered as it was the only study that focused on athletes’ performance specifically in grip strength, ROM, and upper extremity functional status. The search yielded 181 articles, which were then reviewed based on their titles and abstracts to establish their relevance to the study’s focus. After a thorough assessment procedure was done to determine the relevance of each study, it resulted in 13 full-text papers that met the inclusion criteria for this review.

Table 2
PubMed Search Strategy

Database: PubMed				
Search Term	Hits	Relevant	Relevant	Relevant
		Titles	Abstracts	Articles
Kinesiotaping+ athletes	89	7	7	7
Kinesiotaping+ athlete + pain	58	5	5	5
Kinesiotaping + athlete + performance	34	1	1	1
Total number of articles	181	13	13	13

CINAHL was also used as the search database to gather relevant studies on the application of KT in

athletic context using the following keywords

“Kinesiotaping AND athletes,” “Kinesiotaping AND pain,” “Kinesiotaping AND performance.” However, the search did not result to any relevant articles related to this research.

Table 3 shows the literature search conducted using the PEDro database to find relevant studies on the effectiveness of KT in athletic context. Keywords such as “Kinesiotaping AND athletes,” “Kinesiotaping AND pain”, and “Kinesiotaping AND performance” were used together to ensure a full coverage of the topic.

There were only 5 hits found to be relevant through the search. Using the keyword “Kinesiotaping AND pain” it resulted to have only 2 hits. After reading the titles, 2 of the studies did not meet the inclusion since 1 study was not published in

English and the other 1 study was about stroke which was also not part of the inclusion criteria. Lastly, the keyword “Kinesiotaping AND performance,” derived to 3 hits. After reviewing the studies, only 2 relevant titles were found and

resulted to 0 relevant abstract for the reason that 1 study was not published in English and another 1 study mainly focused on soft tissue injury in the lower extremity. In the PEDro database, there was no relevant study that is related to the research.

Table 3

PEDro Search Strategy

Database: PEDro				
Search Term	Hits	Relevant Titles	Relevant Abstracts	Relevant Articles
Kinesiotaping AND athletes	0	0	0	0
Kinesiotaping AND pain	2	0	0	0
Kinesiotaping AND performance	3	2	0	0
Total number of articles	5	2	0	0

After a thorough database search, this review initially identified a total of 186 results collected in

PubMed and PEDro. Following the inclusion and exclusion criteria it had only resulted to 15 relevant titles and was narrowed down to 13 relevant articles. Of them, only 7 studies focused on pain management as summarized in Table 4.

In Table 4 showed the summary of the 7 articles indicated that KT had helpful benefits in pain management among athletes with soft tissue injury in the upper extremity particularly those athletes who were engaged in repetitive wrist and forearm activities. The majority of these studies showed notable pain reduction after KT application. In addition, results were also noted whether KT was applied as a standalone and an adjunct intervention with other treatments such as splinting, cold treatment, ultrasound and rehabilitation program. KT was shown to be an effective treatment in reducing pain compared to sham taping and to other alternative treatment. One study yielded inconclusive results on KT’s independent efficacy, indicating that its benefits may depend on context and concurrent treatment. Overall, the evidence summarized in Table 4 supported KT as an effective and useful intervention for pain reduction.

Table 4

Summary of Articles of Kinesiotaping (KT) on Pain Management

Pain Management					
#	Author	Intervention	Outcomes Measured	Key Findings	Used or not?
					Yes
1	Akkurt, H.E. et al (2025)	Kinesiotaping vs. Sham Taping for chronic epicondylitis	Pain Intensity, Grip Strength, Functional Status	It was revealed that KT showed significant reduced pain and improved grip strength, functional status compared to sham taping. It was also concluded that KT is an effective modality to lateral epicondylitis.	X

<p>2 Bilgin, Y. et al. (2025)</p>	<p>KT, wrist splint, and epicondylitis band for lateral epicondylitis</p>	<p>Pain Intensity and Grip strength</p>	<p>All three interventions— Kinesio Taping, wrist splinting, and epicondylitis</p>	<p>X</p>
<p>bandaging— produced similar improvements in pain (VAS), functional disability (DASH & PRTEE), and grip strength at both 3 and 6 weeks. No significant differences were observed between the groups at any time point, indicating equivalent efficacy across</p>				

			these conservative treatments.	
3 Cho, Y.-T. et al (2018)	KT application vs. Sham KT during wrist extension	Pain Intensity	KT application was significant in reducing elbow pain during resisted wrist extension.	X
4 De Oliveri a, F.C.L., et al (2017)	Kinesiotaping combined with rehab for rotator cuff tendinopathy	Pain intensity, ROM, Muscle strength, QOL, Shoulder function,	Assessed KT efficacy as an adjunct to rehabilitation in reducing pain and functional limitations in patients with rotator cuff tendinopathy. The study still aims to provide evidence that the benefits of KT are still pending.	X

5 Durgut et al., 2024)	Kinesiotaping vs. cold therapy with rotator cuff tendonitis	Pain intensity, ROM, UE functionalit y, grip strength	Both KT and CT significantly reduced resting and night pain. But, KT demonstrated additional improvements in activity-related pain, UE function, ROM and grip strength except resting pain.	X
6 Nguyen , T.N.A., et al. (2024)	Kinesiotaping combined with rehabilitation program for rotator cuff shoulder pain	Pain Intensity, ROM, Shoulder function	The group receiving KT in addition to the rehabilitation demonstrated enhanced efficacy in reducing pain.	X
7 Özmen, T., et	Kinesiotaping (KT),	Pain, grip strength,	All interventions are all effective in	X

al.	Ultrasound	and	reducing pain and
(2021)	Therapy US,	sonographic	improving
	ESWT for	tendon	function in
	lateral	thickness	patients with
	epicondylitis		lateral
			epicondylitis

Table 5 showed the summary of the six studies that investigated the potential of KT for enhancing athletic performance in those athletes with soft tissue injury in the upper extremity. The six (6) studies concluded with a favorable result where KT improved the performance outcomes among athletes. Across all studies, KT was associated with improvements in grip strength, motor control, and joint kinematics. These results represented improvements in physical capabilities relevant to the athlete's performance. All included studies indicated that KT was helpful for performance enhancement.

Table 5

Summary of Articles of Kinesiotaping (KT) on Athletes Performance

Athlete's Performance

Author #	Intervention	Outcomes Measured	Key Findings	Reduced Pain?		
				Yes	No	Unclear
1 Akkurt, H.E., et al (2025)	Kinesiotaping vs. Sham Taping for chronic epicondylitis	Pain Intensity, Grip Strength, Functional Status	It was revealed that KT showed significant reduced pain and improved grip strength, functional status compared to sham taping. It was also concluded that KT is an effective modality to lateral epicondylitis.	X		
2 Bilgin et al. (2025)	KT vs wrist splint vs. counterforce band in lateral epicondylitis	Pain,, functional disability, grip strength	All interventions were Kinesiotaping (KT) in athletes with soft tissue injuries, particularly for	X		

			pain management and the athletes' performance equally reduced pain and improved grip strength.	
3 De Oliveria, F.C.L., et al (2017)	Kinesiotaping combined with rehab for rotator cuff tendinopathy	Pain intensity, ROM, UE functionality, grip strength	Assessed KT efficacy as an adjunct to rehabilitation in reducing pain and functional limitations in patients with rotator cuff tendinopathy. The study still aims to provide evidence that the benefits of KT are still pending.	X
4 Durgut et al (2024)	Kinesiotaping vs. cold therapy with rotator cuff tendonitis	Pain, function deficits	KT group showed better improvements in UE limb function.	X

5 Nguyen et al. (2025)	Kinesiotaping combined with rehabilitation program for rotator cuff shoulder pain	Pain Intensity, ROM, Shoulder function	The group receiving KT in addition to the rehabilitation demonstrated enhanced efficacy in reducing pain.	X
6 Özmen et al. (2021)	Kinesiotaping (KT), Ultrasound Therapy US, ESWT for lateral epicondylitis	Pain, grip strength, and sonographic tendon thickness	All interventions are all effective in reducing pain and improving function in patients with lateral epicondylitis	X

Discussion

The present scoping review synthesized findings from studies that investigated the effects of KT on pain management and performance among athletes with soft tissue injury in the upper extremity particularly those athletes who were engaged in repetitive wrist and forearm activities. The studies that were carried out are with different designs, sample sizes, and interventions, thus providing a general overview of the available evidence base. The studies have examined the impact of KT on athletes of pain levels and athletic performance outcomes. For instance, Akkurt et al. (2025) conducted a randomized, shamcontrolled, single-blind experiment on the effectiveness of KT in athletes with chronic lateral epicondylitis. The control group received KT intervention and while the other group received sham taping. The outcomes measured was their grip strength and pain intensity. It was revealed that in a KT group, there was a notable decreased in pain levels and it increased their grip strength. In a study of Bilgin et al. (2025), compared KT, wrist splinting and epicondylitis bandaging to athletes with lateral epicondylitis. It showed that KT was similarly effective to wrist splints and epicondylitis bandage in reducing pain and performance enhancement. Another study by Cho et al. (2018), where this study used a double-blind, randomized, cross-over approach, the study evaluated KT's immediate result on elbow pain during resisted wrist extension in those with chronic lateral epicondylitis. In this study, pain

was measured using VAS during a resisted wrist extension. Although the study was not able to assess the long term- effects, the study still indicated that KT significantly decreased pain. In dynamic and activity-related settings especially, Bilgin et al. (2025) compared KT to wrist splinting and epicondylitis bandaging and found that KT was similarly effective in reducing pain and enhancing performance. When KT was paired with a rehabilitation program or compared to cold treatment, respectively, Nguyen et al. (2025) and Durgut et al. (2024) both noted improvements in pain reduction and upper extremity functioning for shoulder illnesses including rotator cuff tendinopathy. Given KT improved performance in overhead activities, Nguyen's results were particularly pertinent for athletic settings. While noting improvements in pain, Durgut et al. (2024) observed that KT did not significantly increase shoulder range of motion, therefore implying a constraint in KT's capacity to improve more difficult performance measures. Though sonographic gains were more noticeable in the extracorporeal shock wave group, indicating KT's involvement may be more symptomatic than structural, Özmen et al. (2021) showed KT to be beneficial in reducing pain and enhanced grip strength among patients with lateral epicondylitis. Though de Oliveira et al. (2017) only offered a protocol, the trial design analyzed both pain and function and outcomes, thereby implying a holistic approach to evaluate KT's contribution within recovery. These studies taken together confirm KT's efficiency in lowering pain in several forms of soft tissue injuries and in different upper limb areas such as elbow and shoulder. Additionally there is an evidence for improvement in grip strength, task-specific performance, and sport-related movements. Overall, the data from several research showed that KT helped in pain management as well as in enhancing grip strength, ROM, and athletes performance. Nonetheless, the requirement of standardized procedures and the variation in study designs emphasize the need of more research to validate these advantages and maximize the application of KT approaches in sports populations.

CONCLUSION

This scoping review gathered all available evidences on the effects of KT in pain management and athletic performance specifically for athletes with soft tissue injury in the upper extremities and who were engaged in repetitive wrist and forearm activities. Results of these studies using KT across upper extremities'

soft tissue injury including lateral epicondylitis and rotator cuff tendinopathy was also presented. Although the available evidence indicated that KT was widely used in sports rehabilitation, the current research showed that some studies

indicated notable improvements in pain and performance while other studies showed similar effects with other intervention. This review aimed to address these inconsistencies and guided evidence-based practice which can be used later on by Sports Physical Therapist, and athletic coaches. This scoping review highlighted the following key points:

1. In both localized and activity-related disorders of the upper extremity limb, KT was successful in reducing pain level.
2. KT helped with functional gains including improved ROM, more grip strength, and more enhanced upper extremity used in athletic performance.
3. No research indicated uncertain or unfavorable results, suggesting a universal agreement on the

positive function of KT in this athletic population.

In conclusion, in terms of pain management and performance enhancement, KT proved to be a possible approach for athletes with soft tissue injuries in the upper extremities. More high-quality, standardized research is therefore required as many studies employ diverse approaches, intervention strategies, and evaluated results. This will increase the body of knowledge and enable sports physical therapist, and athletic coaches to apply kinesiotaping techniques that are supported by different studies that is specifically tailored for sports rehabilitation.

RECOMMENDATIONS

Recommendations for this scoping review are aimed for the population of athletes who are in the sports field of Physical Therapy, athletic coaches and to future research. Considering the above results of the data gathered, it is recommended that:

1. Particularly for athletes with soft tissue injuries involving repeated wrist and forearm activities, KT should be regarded as a supporting intervention in sports rehabilitation.
2. KT approaches should be included into PT courses and seminars by educational institutions to improve both theoretical knowledge and practical ability.
3. Future research is needed across several age groups, sex, and sports disciplines as well as various types of upper extremity soft tissue injuries.
4. Future research must assess whether KT has an influence tissue healing and prevent re-injury besides only reducing pain.

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