Protection Equals Performance

Application Manual
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Congratulations on your purchase of DeniBan Athletic Tape! Never before has an athletic tape provided more versatility. DeniBan's versatility makes taping easier, even on areas that have been traditionally very challenging, such as the arch of the foot, fingers, elbows, and even shoulders including the AC joint. DeniBan is ideal for all joint applications.

**Innovative**

DeniBan represents a revolution in prophylactic taping by introducing the idea of functional joint restriction. For the first time, specific motions at a joint can be limited, while simultaneously allowing functional motion in non-involved directions. Contrast this with traditional taping, where the inelasticity of white tape has simply formed a restrictive cast. This approach limits all of the available ranges of the joint, decreasing overall function and athletic performance. With traditional techniques, performance is traded for limited protection.

DeniBan challenges these traditional limits. For example, when taping an ankle with white tape to prevent sub-talar movement, the entire functional motions of the ankle are restricted. However, DeniBan allows the athlete protection against the undesired motions while maintaining functional plantar and dorsiflexion. Protection equals performance!

**Material Content:** Cotton, polyurethane, acrylic tape adherent

**Use:** First aid, prevention of injuries and re-injury, alignment correction, and muscle support.

**Product Precautions:**
Use only as prescribed.
Stop use and ask a doctor if irritation develops, redness is present, or rash or itching is present.
Do not use if you are allergic to adhesive tapes, and any symptoms of allergy and skin irritation exists.
Consult with a doctor before taping application if you have sensitive skin.
Clean the area before applying tape.
DeniBan may easily come off if it is applied on a skin with sweat or with lotion.

**Storage:**
Avoid areas with high temperatures, high humidity, and direct sunlight. DeniBan should be stored at or below room temperature.
Keep out of reach of children.
**Sizes and Styles of DeniBan:**
DeniBan is available in Original and Light styles. DeniBan Original is best in heavier-duty applications and for major joints of the body. It is available in 2” and 3” widths. These instructions provide the optimal width for each joint application, but with a little creativity you can generally substitute either thickness for a given taping application.

DeniBan Light is best for lighter taping jobs such as extremities, and for muscle support functions. It is available in both 2” and 1.25” widths.

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**Measuring DeniBan:**
You will want to prepare the strips of DeniBan needed for your specific joint application ahead of time. The length you cut will be determined by the amount of tension at application.

Using the specific joint instructions that follow, measure DeniBan in it’s resting state, then decrease the measurement using the following scale:

- **Easy stretch** – 90% of the resting length
- **Moderate stretch** – 80% of the resting length
- **Firm stretch** – 70% of the resting length

As an example, if your resting length of DeniBan is 10”, and you will need a firmly stretched application, you would cut your strip of DeniBan at only 7”. As you stretch it upon application, it will reach the desired end length of 10”. This process becomes very quick once you become accustomed to using DeniBan.

Remember, DeniBan generally uses much less tape at application then traditional white tape, and measuring it correctly will both minimize loss and maximize your usage per roll!

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**Self-Application:**
In many cases, self-application is easy with DeniBan!

**Removal:**
DeniBan should be removed carefully, and you may want to use an adhesive tape remover on more sensitive skin. Do not pull the tape vertically to the skin. Fold the end of the tape back horizontally and then remove it in a gentle manner, while holding the skin with a finger of the other hand.
Use: Deniban Original 2” & 3”

Effective for plantar fasciitis and shin splints.

01 Apply the bifurcated (split) end of strip 1 (toe strip) around the base of the great toe. This is best done with original 2” Deniban.

02 Moderately pull strip 1 posteriorly towards the lateral malleolus, covering the medial aspect of the foot.

03 Apply strip 2 on the ball of the foot. Use 3” original Deniban.

04 Firmly pull strip 2 posteriorly towards the base of the heel, covering the medial aspect of the plantar of the foot.

05 Apply strip 3 on the plantar surface of the 3rd to 5th metatarsal heads and finish by firmly pulling strip 3 posteriorly towards the base of the heel.

06 Apply strip 4 (anchor) around the mid-foot portion of the foot to secure strips 2 and 3.
**Use: Deniban Original 3”**

**Position**
Position patient in a long-sitting position, with ankle in neutral (same as traditional white tape method), or sitting with the ankle in neutral for self-application.

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**Bone**

- **Medial View**
- **Lateral View**

**Ligament**

- **Plantar Flexion**
- **Dorsiflexion**

**Movement**

- **Inversion**
- **Eversion**
- **Painful Movement**

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**Strips 1, 4 = Anchor**
(measure around the shaft of the lower leg at the base of the Gastrocnemius [no tension on DeniBan]).

**Apply strip 1**
(Anchor) around the shaft of the lower leg just at the base of the Gastrocnemius.

**Strip 2 = Stirrup**
(measure from the top of medial malleolus to the top of the lateral malleolus [no tension on DeniBan]).

**Strip 3 = Figure “8”**
(measure from posterior of medial malleolus to posterior of lateral malleolus [no tension on DeniBan]).

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**Apply strip 2 (Stirrup) to inferior (base) of heel (align midline of DeniBan with midline of malleoli), and firmly pull both sides up over malleoli and anchor to the sides of the lower leg. You will need to adjust the tension to control the amount of sub-talar movement.**
Use: Deniban Original 3”

02
Apply strip 3 (Figure “8”) by first attaching the adhesive side to the plantar aspect of the foot just proximal to the 5th metatarsal and firmly pull the lateral extension of strip 3 superiorly and obliquely attaching it to the medial aspect of the lower leg.

03
Firmly pull the medial extension of strip 3 superiorly and obliquely attaching it to the lateral aspect of the lower leg, (adjust tension to control amount of inversion and/or eversion movement).

04
Apply strip 4 (2nd Anchor) firmly around the shaft of the lower leg just at the base of the Gastrocnemius.
Use: Deniban Original 3”

Position
Patient should be standing.

01 Split an end of DeniBan. On the medial side of the knee, place the divided ends towards the anterior and inferior aspect of the patella and posteriorly across the gastrocnemius, interlocking with the anterior strip. Then pull the DeniBan in an upward motion to cover MCL.

02 After covering the MCL, pull the DeniBan firmly in an upward spiral manner towards the lateral aspect of the hip (greater trochanter), finishing at the middle of the gluteus maximus.

03 Step 3: Place the center of the DeniBan over the tibial tuberosity and pull posteriorly and obliquely.
Use: Deniban Original 3”

04 05
Continuing with the same strip of DeniBan, cover the biceps femoris tendon laterally and the semitendinosus and semimembranosus tendons medially, pulling posteriorly and superiorly in a diagonal fashion, crossing the popliteal fossa with both strips, and then spiral around the anterior aspect of the thigh, forming an X.

06
Starting at the anteromedial aspect of the lower leg, spiral up laterally over the popliteal fossa, and then finish at the anterior aspect of the thigh.

07
Repeat the same technique as step 6 but spiral up medially, forming an X with the preceding strip at the popliteal fossa.

08
Start with DeniBan covering popliteal fossa of the knee, and then split both ends of DeniBan to be placed around the patella.

09
Place split portions of DeniBan around superior and inferior aspects of the Patella.
Use: Deniban Original 3”

01
Place anchor strips approximately 4 inches inferiorly to the posterior aspect of the iliac crest. Apply DeniBan approximately 4-6 inches above the waist.

02
Run a strip of DeniBan from the base of one anchor strip obliquely across the spine to the opposite anchor strip.
Use: Deniban Original 3”

03 Run another strip of DeniBan from the base of the opposite anchor strip obliquely forming a X over the center of the spine.

04 Continue using the previous technique, with each strip overlapping the preceding one by approximately half its width.

05 Apply a series of 3-4 criss-crosses, consisting of 3-4 strips on each side.

06 Complete the procedure applying 2 closure strips over the preceding criss-crossed strip ends.
Restriction of Shoulder Abduction and External Rotation

01 Start at middle of upper arm on the lateral side, and spiral medially towards the posterior aspect of the upper arm.

02/03 Spiral up and run DeniBan just inferior to the acromion process and clavicle, towards the middle of the sternum.

Use: Deniban Original 3”

Do not compress Brachial Artery!

Pull Firmly

Painful Movement
Use: Deniban Original 3”

Support of Quadriceps Muscle Group

01
Split an end of DeniBan and place it around the medial and lateral aspects of the patella.

02
After enclosing the patella, pull gently upward over the anterior aspect of the thigh.
Support of Hamstring Muscle

Use: Deniban Original 2” or 3”

01
Start from the ischial tuberosity and pull DeniBan down laterally toward the fibular head.

02
Start from the ischial tuberosity and pull DeniBan down medially toward the tibia.
Use: Deniban Light 2” or Original 2”

Calf Support Tape

01
Start at the base of the calcaneus and pull a strip of 2” DeniBan laterally over the gastrocnemius towards the fibular head.

02
Starting as in step 01, run the strip medially, overlapping the DeniBan over the Achilles tendon.
Restriction of Elbow Hyper-Extension

Use: Deniban Light 2” or Original 2”

01 Position the elbow in slight flexion for the tape application (the same as traditional white taping method).

02 Make appropriate longitudinal cuts at each end of the strip and anchor one end of the strip around the anterior portion of the forearm.

03 Firmly pull the strip proximally towards the anterior surface of the biceps brachii, and attach it around the mid-shaft of the arm.

04/05 Apply another strip on the medial aspect of the forearm and firmly pull the strip proximally and laterally attaching it on the mid-shaft of the arm. Repeat this but start the strip on the lateral forearm. Firmly pull the strip proximally and medially, attaching it around the mid-shaft of the arm (these strips form an “X” across the anterior elbow joint).

06 07 Place anchor strips around the proximal and distal aspects of the arm to secure the first three strips.
Restriction of wrist flexion
Works for the restriction of wrist flexion, the prevention of lateral epicondylitis of the elbow (Tennis elbow), and the prevention of its recurrence.

Restriction of Ulnar Deviation
Works for the support of Flexor Carpi Ulnaris, the prevention of medial epicondylitis of the elbow (Baseball elbow), and the prevention of its recurrence.

Use: Deniban Light 2” or Original 2”

01
Place the center of the DeniBan in line with the web space between the 2nd and 3rd digits. Pull obliquely towards the lateral epicondyle.

01
Start at base of 5th digit. Pull moderately towards the medial epicondyle of the elbow.
Use: Deniban Light 1.25”

**Restriction of MP Extension at 2nd to 5th digits**

1. Wrap the DeniBan around the proximal phalanx with the split ends.
2. Pull the strip straight towards the wrist. Adjust the amount of tension being applied according to severity and/or pain.

**Measurement of the length.**
Measure from PIP to the wrist and cut.

Split an end of DeniBan Light.

Place the finger in a flexed position for tape application.
Use: Deniban Light 1.25”

Restriction of Range-of-Motion at the 1st MCP

01 Split the DeniBan and wrap the splits around the 1st proximal phalanx. Apply the tension opposite of the painful direction.

02 Adjust tension and angle of the pull towards the wrist according to severity and/or pain, and place it to secure the end.

01 Decide which movement causes pain. (This example is of pain during extension.)

Restriction of Range-of-Motion at the 1st MCP

Bone

Movement

Be sure not to cut off blood supply.

Pull Firmly