Neuromuscular taping reduces blood pressure in systemic arterial hypertension

We read with interest the article of Shah et al. [1] regarding the application of Neuromuscular taping to the back of patients suffering from systemic arterial hypertension and its possible effect in modifying blood pressure. However, we would like to clarify that if we talk about “neuromuscular taping” we are talking about a specific tape application technique that is very different from the techniques mentioned (read kinesio taping, medical taping and Vendje neuromuscular). In particular there are two distinct and opposing types of taping used in the therapeutic area.

The first one is called kinesio taping, functional taping or medical taping [2] and they use a specific compression or stretched application methodology that may also be called neuromuscular bandage; this method implies a taping application with a % of tension that is variable between paper-off, 25, 50 and 100% and so forth. This technique has been created in the 1980–90’s and has been studied in many conditions [3].

In recent years a second technique called Neuromuscular Taping, originated in Italy in early 2000 [4], uses a different tape application methodology: a non-stretched tape applied over the skin in an extended position resulting in a decompressive taping definition. This taping technique is characterized by resulting skin wrinkling, skin folds or skin undulations. This method used for treatment has been applied in different conditions (cerebral palsy, joint hypermobility, systemic sclerosis) resulting in different papers that have been published [5–9]. It has been hypothesized that decompressive NMT improves blood circulation as noted in reduction of Raynaud phenomenon [9] and in modulation of post-transcriptional gene regulation [10].

In summary one type of application implies a “compression” technique while the second one a “decompression” technique which lead to the mechanism of action and function that may be different.

Accordingly to the image published by Shah et al. [1] that shows a tape applied without stretch over the skin stretched with the shoulders in a forward position, the technique used is a neuromuscular taping application, as indicated in the abstract, with the typical undulations and wrinkling created on the skin.

We also agree with authors that more specific studies are required in order to better understand the possible applications of these techniques in different conditions and in particular in this specific context.

Conflict of interest statement

All authors declare have no conflict of interest except for David Blow who is the Founder of the NeuroMuscular Taping Institute.

References