# Usage of taping to prevent recurrence of knee ligament injury in Judo
## - Taking cases of medial collateral ligament injury as examples-

Atsuhiko NAGAO[1),2)],Lee Tae-Hyun [3)]

[1)]Japan judo Therapist Association, Tokyo; [2)]Meiji University of Integrative Medicine, KyotoJapan;
[3)] Yong-In University 、 Korea;

Key word：taping, prevent, MCL, Judo

**Introduction**

Judo is a contact sport, and, among its practitioners, the occurrence of knee ligament injury is higher and it tends to be more severe compared to non-contact sports such as volleyball. Especially, the occurrence of medial collateral ligament (MCL) injury is markedly high.

Even when judo players have knee joint ligament injuries, they cannot wear knee braces during practice or competitions as these may hurt the other player or themselves. Fixation with a bandage is not strong enough, and the recurrence rate is high. We performed taping to prevent injury recurrence in 5 judo players with a grade 1 (an incomplete tear without lateral instability) or grade 2 (a partial tear with slight lateral instability) MCL tear, who were given permission to practice judo after treatment at medical institutions, achieving favorable results. We would like to introduce the taping method.

**I.Situations in which injuries occurs.**

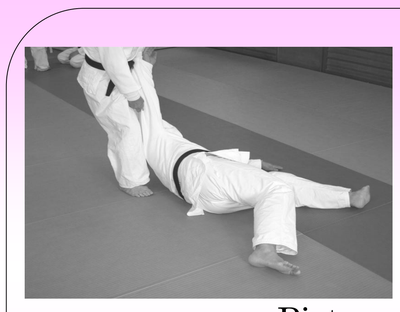
Injury occurs to the pivoting foot when initiating waza or kari-ashi when the other opponent counterattacks. When the opponent performs waza, the landing foot is likely to be injured. Injury to ligaments also occurs during newaza.

**II. Grades of MCL injury**

Grade 1 injury: A slight tear is present but no instability exists.
Grade 2 injury: Slight joint instability is present but it remains functional. The tendon is partially torn but continuity is maintained.
Grade 3 injury: A complete tear of the MCL. Marked instability of the joint is observed.


Pictures 1 and 2
Extroversion of the knee occurred during ashi barai


Pictures 3 and 4
After attempting a waza, the opponent counterattacked and positioned themselves over the knee

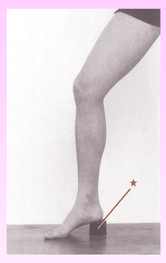



Pictures 5 and 6
Extroversion of the knee occurred when the player was thrown

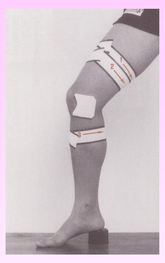
Fig. Situation in which MCL injury occurs in judo

**III. Taping to prevent medial collateral ligament injury**

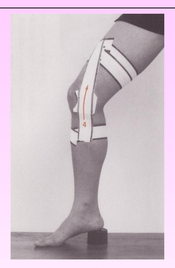
Material: Inflexible adhesive tape, 50 mm Elastic adhesive tape, 50 and 75 mm



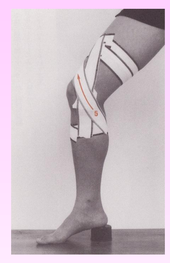
●1. Taping position: the knee joint in a flexed position (15-20 degrees)



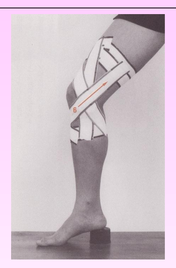
●2. Anchor tape (Elastic adhesive tape, 50 mm)



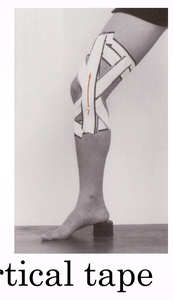
●3. Vertical tape (Elastic adhesive tape, 50 mm)



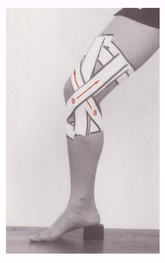
●4. X-support tape (Elastic adhesive tape, 50 mm)



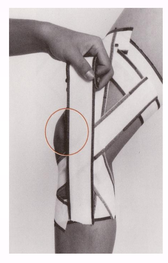
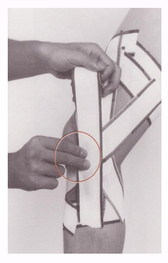
●5. X-support tape (Elastic adhesive tape, 50 mm)



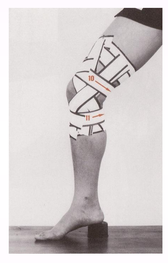
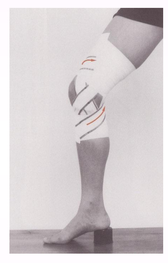
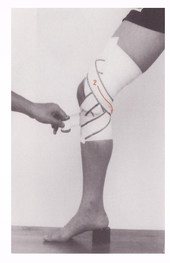
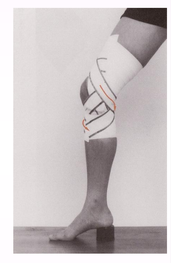
●6. Vertical tape (Inflexible adhesive tape, 50 mm)



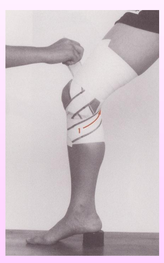
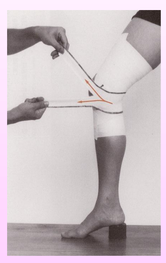
●7. X-support tape (Inflexible adhesive tape, 50 mm)

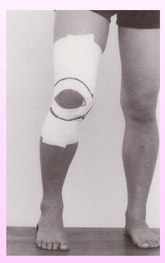



●8. Folding back of the tape

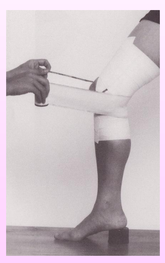





●9. Anchor tape (Inflexible adhesive tape, 50 mm)

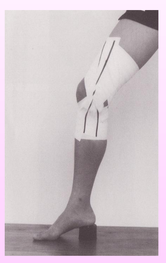


●10. Spiral tape (Elastic adhesive tape, 50 mm)

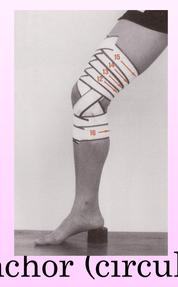


●11. Compressiontape (Elastic adhesive tape, 75 mm)






●12. Twisted tape (Inflexible adhesive tape, 50 mm)



●13. Anchor (circular) tape (Inflexible adhesive tape, 50 mm)

**IV. Results (collected by a questionnaire)**

1. Three players with grade 1 MCL injury (3 weeks after injury)
   All of them could practice without pain and recurrence
2. Two players with grade 2 MCL injury (5 weeks after injury)
   All of them could practice without pain and recurrence