Preface

Dear Reader,

Five years after *K-Taping – An Illustrated Guide* was first published, with a primary focus on the treatment of adults, this new guide to *K-Taping in Pediatrics* highlights a part of the therapeutic spectrum in which we must work more sensitively and with more awareness than we already do with our fully grown patients. Not only are children more sensitive and delicate in terms of sensorimotor function, the feedback they provide to the therapist differs from that provided by adults. Children do not evaluate their therapist, a process which forms at least part of an adult's assessment. Children do not analyze or question the functional approach of their treatment. Their feedback focuses far more specifically on changes in their awareness or physical function that they may experience, although they may often be reticent in giving their response. Who hasn't treated a child and received a terse answer of »hmmm....good«, when asking for feedback on how something feels?

When working with children in general, and infants and children with disabilities in particular, visual feedback and noticeable changes in posture and movement patterns are often the only way to evaluate the success or progress of treatment. Feedback from parents can be helpful when working with children with disabilities, as they often provide intense support during therapy and in daily life, and are well-equipped to observe even tiny improvements or changes in the posture or movements of their child.

In recent years K-Taping applications have been developed specifically for children, and the »before and after« results have been exciting. Visible changes, sometimes apparent only minutes after application, demonstrate how effective K-Taping in the field of pediatrics can be. Based on this evidence that K-Taping therapy offers an effective, medication-free treatment option for infants and small children with congenital deformities, this guide focuses on early therapy for conditions such as congenital muscular torticollis (twisted neck), club foot, and other congenital deformities and misalignments.

As well as applications specifically for younger patients, *K-Taping in Pediatrics* includes many indications and application techniques relevant to the everyday practice of physical therapists and doctors, in addition to tips and expert knowledge garnered from over 15 years of study and practice.

Individual chapters cover the fundamentals (▶ Chap. 1) and differing application techniques (▶ Chap. 2) of the K-Taping method in detail, with particular emphasis on the treatment of children (▶ Chap. 3). However, the guide is directed primarily at certified K-Taping therapists who have completed either the K-Taping-Pro or K-Taping-Pediatrics course. It is recommended that those who wish to explore the full range and effectivity of this therapeutic method as applied to children complete their training at the K-Taping Academy rather than attempting to educate themselves from the book. The precise implementation of the various techniques, the specifics of handling the elastic K-Tape, and the correct positioning of a child's body for an application can only be learnt and practiced correctly under the supervision of a qualified instructor. In this way, the elastic K-Tape is transformed into a unique and effective tool for therapists and medical professionals.

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