

ORIGINAL ARTICLE

Effects of Kinesiotaping in Lateral Epicondylitis: A Narrative Review

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ABSTRACT

Lateral epicondylitis is a common musculoskeletal condition characterized by pain and functional limitation of the elbow due to overuse of the wrist extensor tendons. Kinesio taping (KT) has been increasingly used as a conservative intervention to manage symptoms. This literature review aimed to evaluate the effectiveness of Kinesio taping in individuals with lateral epicondylitis. A systematic search of PubMed, Cochrane Library, and Google Scholar identified eight eligible studies, including randomized controlled trials, systematic reviews, and meta-analyses published between 2015 and 2025. Outcome measures included pain intensity, grip strength, functional disability, and quality of life. The reviewed evidence suggests that Kinesio taping provides short-term pain relief and functional improvement, particularly when applied with appropriate tension and combined with exercise therapy. However, results were inconsistent, and evidence supporting long-term benefits is limited. Kinesio taping appears to be an effective adjunct to physiotherapy rather than a standalone treatment.

KEYWORDS

- Kinesio tapping • Lateral epicondylitis • Tennis elbow • Lateral tendinopathy
- Effects

INTRODUCTION

Lateral epicondylitis (LE), commonly referred to as tennis elbow, is a disorder involving the attachment site of the extensor carpi radialis brevis tendon at the outer part of the elbow. It

results in pain and sensitivity around the lateral epicondyle, the bony area on the outside of the elbow.^{1,4} While the exact causes of LE are not fully understood, it is believed to be associated with tendinosis, a tendon degeneration in

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that area. This condition is considered to result from overuse of the muscles located at the back of the forearm.^{1,2} While it is commonly associated with occupational or athletic activities—particularly racquet sports like tennis or paddle sports—the majority of affected individuals do not participate in these. Instead, it is frequently attributed to repetitive microtrauma caused by actions such as excessive gripping, wrist extension, radial deviation, and/or forearm supination. Lateral epicondylitis affects approximately 1% to 3% of the general population, with no significant difference between genders. It is most commonly seen in individuals aged between 35 and 50 years.^{1,3}

Several treatment approaches have been practiced in clinics for surgically and conservatively treating lateral epicondylitis. Conservative management includes ultrasound, stretching, strengthening exercises, steroid injections, platelet-rich plasma, extracorporeal shock wave therapy, laser therapy, hot-cold therapy, exercise therapy, counterforce bracing,^{1,8} etc. However, insufficient studies have been conducted to determine which conservative method is the most effective.

Among conservative treatment methods, the taping technique first described by Kenzo Kase in the late 1970s has been widely accepted in recent years. Kinesio tape is a form of new elastic therapeutic tape made of cotton and imitates the skin with a similar thickness and structure that can extend longitudinally 30-40%. Kinesio taping elevates the skin to create extra space for blood and lymphatic circulation to help the regeneration of injured tissue. The tape reduces pain and increases sensitivity by increasing lymphatic drainage and blood flow in the subcutaneous tissue². It also affects muscle stimulation or inhibition depending on the application technique; it also increases muscle strength and improves range of motion. Kinesio taping entails applying the tape with a specific amount of tension while positioning the targeted muscle in a stretched state, allowing the tape to form visible convolutions once applied. The therapist determines the suitable level of tension during the evaluation to ensure the desired traction is exerted on the skin.. According to the Kinesio tape method manual, the traction created by the tape lifts the outer layer of the skin, which helps

decrease pressure on the mechanoreceptors⁴ located beneath the dermis, thereby lowering pain signals or nociceptive input.

Some predisposing risk factors for developing lateral epicondylitis are as follows:

Musculoskeletal Conditions

- Carpal tunnel syndrome
- Dupuytren's disease
- Rotator cuff pathology
- Trigger finger

Metabolic Factors

- Hypercholesteremia
- Diabetes mellitus
- Hypertension
- Obesity

Other Factors

- Manual labor/ strenuous physical activity
- Smoking
- Oral corticosteroids
- Tobacco use

Clinical Features

- **Elbow Pain:** The primary symptom is discomfort on the outer side of the elbow, centered around the lateral epicondyle. This pain may feel like a constant dull ache or a sharp, burning sensation.
- **Sensitivity to Touch:** Pressing on the lateral epicondyle typically causes noticeable tenderness and discomfort.
- **Pain Triggered by Movement:** Activities that require gripping, lifting, or rotating the forearm usually intensify the pain.
- **Weakened Grip:** Due to tendon involvement and discomfort, individuals often experience a significant reduction in grip strength.
- **Pain Spreading to the Forearm:** The discomfort can radiate down the forearm and sometimes reach the wrist.
- **Worsening with Daily Activities:** Common tasks such as shaking hands, opening doors, or holding a mug can aggravate the pain.

Need for the Study

There are many techniques for treating lateral epicondylitis, and the existing literature reviews do not know which is the most effective method. Hence, it is important to understand if Kinesio taping also plays a role in the treatment.

OBJECTIVE

The study aims to understand the effectiveness of Kinesio taping in treating lateral epicondylitis.

Clinical Significance

Physiotherapy interventions like cryotherapy, ultrasound therapy, or TENS help decrease acute pain and inflammation. Manual therapy techniques and soft tissue mobilization alleviate muscle tension and localized tenderness. Progressive resistance exercises target the forearm and wrist muscles to improve muscular strength and endurance. Stretching improves flexibility in the wrist extensors and reduces muscle imbalances. Physiotherapy is often an effective conservative treatment, reducing the need for corticosteroid injections or surgery.

METHODOLOGY

A web-based search was performed in the PubMed database, Cochrane Library and GoogleScholar with the keywords effectiveness, lateral epicondylitis, tennis elbow, Kinesio taping, and lateral tendinopathy. The search had 312 articles, and 8 articles were included for review based on the type of study.

Search Strategy

A web search studies from 2015-2025 was conducted across the databases pubmed and cochrane library out of which 8 eligible studies was found out using keywords kinesio tapping ,lateral epicondylitis ,tennis elbow, lateral tendinopathy and effects along with the boolean operators used as 'AND', 'OR'.

Study Characteristics

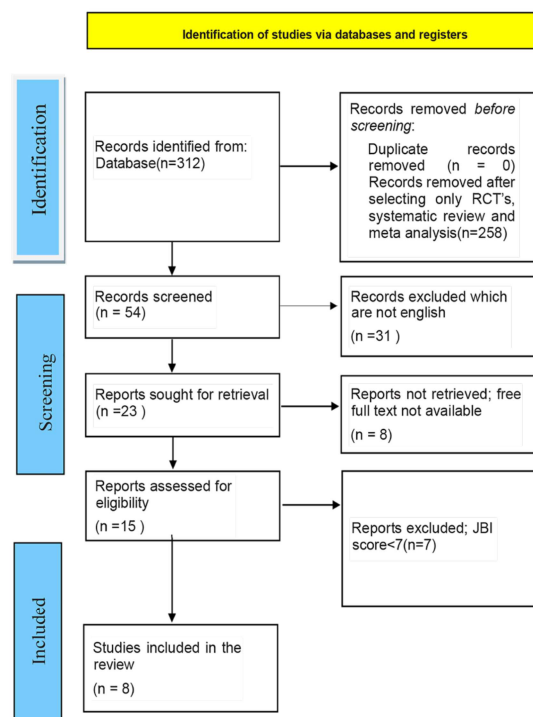
The inclusion criteria for this review comprised systematic reviews, randomized controlled trials, and meta-analyses published between 2015 and 2025. Only full-text articles published in the English language and available online free of cost were considered eligible for

inclusion. Studies were required to meet acceptable methodological quality standards. The exclusion criteria included articles with poor quality appraisal scores (CASP score <7) and studies published in languages other than English.

Procedure

A literature search was conducted using the PubMed database, employing keywords such as effectiveness, tennis elbow, lateral epicondylitis, and Kinesio taping. Initially, 312 articles were identified out of which only 8 met the inclusion criteria; these were selected for review following a thorough screening of titles and abstracts. Filters were applied to ensure the selection was limited to English language with full-text availability at free of cost, with a timeline included. A randomized control trial, meta-analysis, and systematic reviews are included in this study.

RESULTS



Search Results (effects (Title/Abstract)) AND (kinessio tapping(Title/Abstract) AND(lateral epicondylitis(Title/Abstarct) OR (tennis Elbow (Title/ Abstract) OR (lateral tendionopathy(Title/Abstarct).

LITERATURE REVIEW

1. **Hassan Shakeri et al (2017)** conducted a study to investigate the effect of KT with and without tension on pain intensity, pain pressure threshold, grip strength, and disability in individuals with lateral epicondylitis and myofascial trigger points in the forearm. A randomized controlled trial involved 30 women with lateral epicondylitis (LE) and active myofascial trigger points (MTPs) in the forearm muscles. Inclusion criteria included chronic lateral elbow pain provoked by Cozen's, Mills', and third finger extension tests, the presence of active MTPs, and pain intensity >50 mm on a visual analogue scale (VAS). Exclusion criteria included proximal upper limb/neck symptoms, prior surgery, steroid injections within the last 6 months, and other related conditions. Participants were randomly assigned to two groups (n=15 each): KT with Tension Group- Received Kinesio taping using a diamond pattern with 75% traction applied perpendicularly to the tape lines toward the lateral epicondyle. Placebo Group (KT without Tension)- Received the same diamond pattern taping but without any tension or overlap. Both groups received taping three times per week for one week (total of 4 sessions). The tape was applied while the participants were lying on their backs with their elbows in a slightly bent position. Outcome measures were assessed before and after the 1-week intervention period as follows: Pain Intensity: Measured using a 10-cm VAS during daily activity and pressure on MTPs using a 25 N force from a mechanical algometer. Pressure Pain Threshold (PPT): Measured at MTPs using an algometer. The metal rod was applied until the participant reported pain. Three measurements were averaged. Grip Strength: Measured using a calibrated dynamometer in a standardized supine position. Three trials were averaged. Upper limb disability was assessed through the Disabilities of the Arm, Shoulder, and Hand (DASH) questionnaire. Reliability of Measures: Intratester reliability was high: ICC = 0.92 (PPT) and 0.96 (Grip Strength). Standard error of measurement (SEM) = 1.06 for PPT, 0.87 for grip strength.
2. **Leyla Eraslan et al (2017)** A study was carried out to evaluate and compare the short-term impacts of Kinesio Taping and extracorporeal shock wave therapy (ESWT), both combined with physiotherapy, on pain levels, functional ability, and grip strength in patients with newly diagnosed lateral epicondylitis undergoing rehabilitation. A randomized controlled trial was conducted with 45 patients (34 females, 11 males; aged 36–66 years, mean age 48 ± 7) diagnosed with lateral epicondylitis due to occupational repetitive hand use. Patients with certain comorbidities, recent corticosteroid use, or upper extremity pathologies were excluded. All participants had symptoms for at least 8–10 weeks and were randomly assigned to one of three groups: Group 1: Physiotherapy alone, Group 2: Physiotherapy + Kinesio taping and Group 3: Physiotherapy + Extracorporeal Shock Wave Therapy (ESWT). All groups received treatment 5 days per week for 3 weeks. Physiotherapy included cold pack application, TENS, and a home-based progressive eccentric exercise program. Kinesio taping was applied using muscle/fascia correction techniques, and ESWT involved 2000 shockwaves per session (adjusted if pain was severe), administered weekly. Pain intensity was assessed using the Visual Analogue Scale (VAS) at rest, during activity, and at night. Muscle integrity via Cyriax Resisted Muscle Test. Grip strength was measured using a Jamar dynamometer. Functional status using the Turkish version of the Patient-Rated Tennis Elbow Evaluation (PRTEE) scale; these outcome measures were used for evaluation. Statistical analyses included tests for normality, Bonferroni post hoc, Kruskal-Wallis, and Mann-Whitney U tests, with significance set at $p < 0.05$ with a confidence interval of 95%. The study had 82% power for detecting grip strength changes.
3. **Ivan P.H. Au et al (2017)** conducted a deceptive crossover trial to determine the true and immediate effect of applying Kinesio tape (KT) on the pain intensity, pain-free grip strength, maximal grip strength, and electromyographic activity. In a study involving patients with lateral epicondylitis (LE) who had no prior

knowledge of Kinesio Taping (KT), four different conditions were examined: facilitatory KT, inhibitory KT, sham KT, and no taping. A total of 33 participants were selected using convenience sampling from nearby hospitals and physiotherapy centers. Individuals with prior physiotherapy for LE, awareness of KT, or other upper limb conditions were excluded. Participants were blindfolded throughout the experiment to ensure blinding and were misled to believe that muscle sensors—not therapeutic tape—were being tested. Each participant received four different KT conditions in randomized order using an online tool (random.org): 1 Inhibitory KT (IKT): applied from insertion to origin with 125% stretch, Facilitatory Kinesio Taping (FKT) was administered by applying the tape from the muscle's origin to its insertion using a 125% stretch. In contrast, Sham Kinesio Taping (SKT) was applied in the same direction as FKT but without any stretch. Untaped (UT): no tape applied. A certified physiotherapist applied the tape over the wrist extensors of the symptomatic forearm according to Kase *et al.* (2003). Testing was conducted immediately after each taping condition. Outcome measures included: Pain-free grip strength and maximal grip strength, measured with a Jamar dynamometer in a standardized seated posture, Pain intensity, rated on a Numerical Pain Rating Scale (NPRS) during maximal gripping, Surface EMG activity of the wrist extensors, recorded during both strength tests using pre-amplified and filtered signals from electrodes placed consistently across all conditions. Each test was performed three times per condition with a 20-second rest between trials and a 5-minute rest between conditions. EMG signals calculated the root mean square (RMS) for muscle activity. Statistical analysis was performed using repeated-measures ANOVA to detect within-subject effects of KT on outcome variables. Significance was set at $p < 0.05$, and effect sizes (η^2) were reported to quantify the proportion of variance explained by the intervention.

4. **Caitlin E. George et al (2019)** conducted a study to systematically identify, appraise,

and examine evidence regarding the effects of therapeutic tape on pain and function in individuals with lateral epicondylalgia (LE). A review of nine studies examined both the immediate and short-term effects of various therapeutic taping techniques on pain and function in individuals with lateral epicondylalgia (tennis elbow). Studies were included if they involved individuals with clinically diagnosed lateral epicondylalgia (LE), used tape-only interventions, had an untaped comparison condition, reported pain or function outcomes, and were full-text peer-reviewed articles in English. Techniques included diamond deloading rigid tape, inhibitory/facilitatory kinesiotape, and transverse circumferential rigid tape, with some studies including placebo or control groups. Immediate effects were observed in five studies, showing reductions in pain (up to 52%) and improvements in pain-free grip strength (up to 33%) within 0–30 minutes of tape application. Notably, diamond deloading tape consistently demonstrated significant pain reduction and functional improvement. Short-term effects, evaluated in two studies over 1–2 weeks, revealed improvements in grip strength and reduced pain sustained after multiple applications of kinesiotape. Study quality, as measured by the Epidemiological Appraisal Instrument (EAI), varied (0.39–0.72), with common risks of bias including inadequate blinding and incomplete outcome reporting. Despite methodological limitations, findings suggest that therapeutic taping—especially diamond deloading rigid tape—can provide short-term symptom relief and functional gains in LE.

5. **Esra Giray et al (2019)** conducted a double-blinded randomized control trial to compare the efficacy of Kinesio taping, sham taping, or exercises only in the treatment of lateral epicondylitis. This study was a randomized, double-blind, sham-controlled, parallel-group clinical trial conducted at a single center to evaluate the effectiveness of Kinesio taping in individuals with lateral epicondylitis (LET). A total of 30 patients were enrolled (mean age: 44.46 ± 9.92 years; 26 females, 4 males). Symptom duration <12 weeks, Pain/tenderness

over the lateral epicondyle, Positive Maudsley's, Mills', or resisted wrist extension test, and Ultrasound-confirmed diagnosis were used for inclusion criteria. Exclusion criteria used were neuropathies, systemic arthritis, diabetes, pregnancy, prior elbow surgery/trauma, recent therapy for LET, or tape allergy. Participants were randomly assigned into three groups: Kinesio taping + exercises, Sham taping + exercises, Exercises only (control). Randomization used opaque, sealed envelopes. Only the taping physician knew the group assignments. Patients and assessors were blinded. Blinding integrity was tested post-study. All groups received education and a home exercise program (stretching, eccentric strengthening). Taping was applied by a certified physician every 3 days for 2 weeks (4 applications total) using muscle inhibition and fascia correction methods for the Kinesio taping group, Taping was applied with no tension, avoiding muscle origin/insertion, for the sham taping group, and exercises only for the control group. Patient-Rated Tennis Elbow Evaluation (PRTEE) – pain and function scores were used as a primary outcome measure. Visual Analogue Scale – pain at rest, during activity, and at night, Quick Dash – upper limb function, Grip strength – painless and maximum, using a handheld dynamometer, and Immediate effects were assessed after the first taping in the Kinesio taping and sham groups. Evaluation occurred before treatment, after treatment, and 4 weeks post-treatment. Sample size was calculated using GPower for 95% power at 5% alpha (n=7 per group minimum). Data analyzed using IBM SPSS v20. Mann-Whitney U tests for nonparametric data. 2-way repeated measures ANOVA for PRTEE (with Bonferroni and Greenhouse-Geisser corrections). Effect sizes and 95% CI calculated. Significance threshold set at $P < .05$.

6. **Ying Zhong et al (2020)** conducted a meta-analysis from randomized controlled trials (RCTs) to evaluate the efficacy and safety of KT in the treatment of LE. This systematic review and meta-analysis followed the PRISMA (Preferred Reporting Items for Systematic Reviews

and Meta-Analyses) and AMSTAR (Assessing the Methodological Quality of Systematic Reviews) guidelines. A comprehensive literature search was conducted in PubMed, MEDLINE, EMBASE, and the Cochrane Library in December 2019 using the following terms: (lateral epicondylitis OR tennis elbow) AND (Kinesio tape OR Orthotic Tape). To be included in the meta-analysis, studies had to fulfill all of the following PICOS-based criteria:¹ Population – individuals diagnosed with lateral epicondylitis (LE);² Intervention – participants underwent treatment with, KT for treating LE;³ comparison intervention: sham taping or physiotherapy;⁴ outcome measures: at least one of the following outcome measures was reported: functional outcome, pain-free grip strength, pain score and adverse events⁵ study design conducted: RCT. Studies without appropriate outcome assessments, comparison groups, or full-text availability were excluded. Two reviewers independently extracted data, and discrepancies were resolved by discussion or third-party consultation. The data that were excluded include: Author, year, study design, sample size, age, and gender distribution. Intervention details and follow-up duration, Clinical outcomes used: Visual Analogue Scale (VAS), grip strength, Modified Mayo Performance Index, DASH score, and adverse events. Two independent reviewers used the Cochrane risk of bias tool. Seven domains were evaluated: random sequence generation, allocation concealment, blinding of participants/personnel/outcome assessors, incomplete data, selective reporting, and other bias. Continuous outcomes were summarized using Weighted Mean Differences (WMD) with 95% Confidence Intervals (CI). Heterogeneity was evaluated through P-values and the I^2 statistic. An I^2 value greater than 50% combined with a P-value less than 0.1 was considered to indicate substantial heterogeneity, in which case a random-effects model was employed. If these thresholds were not met, a fixed-effects model was used instead. For further investigations the sources of heterogeneity, sensitivity and subgroup analyses were conducted. To assess public

bias, a funnel plot was used. All analyses were performed using STATA version 13.0

7. **Isil Saadet Yenice Balevi et al. (2021)** conducted a study that aimed to evaluate the short-term and residual effectiveness of the Kinesio taping method on pain, grip force, quality of life, and functionality. 50 patients diagnosed with lateral epicondylitis underwent the randomized control trial. The participants were divided into two groups: one received actual Kinesio Taping (study group), while the other received placebo taping (control group). Power analysis determined 25 participants per group. Assessments were conducted at the 4th week and the 6th week. Chronic unilateral lateral epicondylitis (≥ 12 weeks), positive provocation tests, normal elbow ROM and X-ray findings were used as the inclusion criteria, while exclusion criteria Neurological issues, systemic/inflammatory diseases, recent treatment, pregnancy. Randomization by a therapist was done using GraphPad QuickCalcs; patients and diagnosing physician were blinded. Inhibitory Kinesio taping applied once weekly for 4 weeks with 15–25% tension following Kase's method was done for study group and Sham taping applied without tension, unrelated to muscle origin/insertion was done for control group. Both groups obtained the same home exercise program and activity modification education. 6-week home program with eccentric strengthening and stretching, 3 times/day, 3 sets of 10 reps and First 4 weeks with tape, last 2 without. Monitored biweekly via phone, this was the exercise protocol used. The primary outcome measure was pain using numerical rating scale(NRS) and secondary Resisted muscle testing (Cyriax method), handgrip strength (Jamar dynamometer), functionality (PRTEE), and quality of life (SF-36). Statistical analysis were made using SPSS v22. Tests: Shapiro-Wilk, T-test, Mann-Whitney U, Chi-square, Fisher's Exact, Friedman, and Dunn tests and Effect sizes (Cohen's d, Kendall's W) were calculated. Significance set at $p < 0.05$.

8. **Firat Erpala et al (2021)** prospectively compared early results of Kinesio tape (KT) as an alternative method for the treatment of lateral epicondylitis with those of corticosteroid injection and the rest-and-medication group (RMG). The study enrolled patients diagnosed with lateral epicondylitis (LE) based on clinical criteria. Inclusion criteria comprised adults aged between 18 and 70 years who had experienced lateral elbow pain for at least six weeks and had a positive result in at least one of the following clinical tests: Mills, Maudsley, or Cozen's test. Exclusion criteria included the presence of cervical radiculopathy, peripheral neuropathy, prior rheumatological or autoimmune disease diagnoses, diabetic neuropathy, history of elbow surgery, open wounds or local/systemic infections, pregnancy, known allergies to tape or corticosteroids, elbow arthrosis, or corticosteroid injections (CSI) administered within the last 6 months. Participants were assigned to groups according to the day they visited the clinic: those seen on Mondays were placed in the KT group, Wednesdays in the CSI group, and those seen on Thursdays in the RMG group. The KT intervention was administered in three sessions across a 15-day period using consistent application methods. CSI consisted of a single 10 mg triamcinolone injection at the painful site. RMG patients received lifestyle advice and optional paracetamol or NSAIDs for the first 2 weeks. Patients were instructed to avoid aggravating activities such as lifting heavy items, kneading dough, or using hand tools. Participants were evaluated at baseline, week 2, and week 4 by a blinded researcher, with pain assessed using the Visual Analog Scale (VAS) at rest and during resisted wrist extension. Quick Disability of Arm, Shoulder and Hand (QDASH) and Patient-Rated Elbow Evaluation – Turkish version (PREE-T) were used to assess the functional assessment. Grip strength was assessed with a Jamar SH 5001 dynamometer, and LE severity was rated using the Nirschl Pain Phase Scale. Evaluations were accessed at baseline, week 2, and week 4 by the same blinded assessor. Data analysis was performed using SPSS v22.0. Statistical analysis involved ANOVA,

Kruskal-Wallis, Mann-Whitney U, chi-square, and post hoc Tukey tests, with significance set at $p < 0.05$.

DISCUSSION

This study mainly focuses on the effectiveness of Kinesio taping in lateral epicondylitis. Different authors have diverse and varied opinions regarding this. Most studies support Kinesio taping as a short-term intervention for reducing pain, improving grip strength, and functionality. According to Hassan Shakeri *et al.* (2017) showed significant improvement with KT applied under tension, outperforming placebo KT for pain intensity and grip strength.¹ Isil Saadet Yenice Balevi *et al.* (2021) demonstrated sustained benefits of KT up to 6 weeks post-intervention, even after tape removal, when combined with exercise⁷ in total, Kinesio tape proved to show some kind of placebo effect at the early phase of treatment, which is held for a short duration. In contrast

to this, some authors, Giray *et al.*, Yenice Balevi *et al.*, Leyla Eraslan *et al.*, tell that kinesiotaping, when compared with other treatments such as extra corpeal shock wave therapy, exercise therapy, corticosteroid injections etc. these all when combined and used or used together in treatment, along with KT, facilitates the early movement and good results. Ivan Au *et al.* (2017) found no clinically significant difference between different KT techniques (facilitatory, inhibitory, sham), suggesting that placebo and sensory stimulation may partly explain immediate effects.³ An overview of all these studies can be told as KT seems to provide clinically relevant short-term improvement in lateral epicondylitis, particularly when utilized with correct tension and technique. Its effects are optimized by using it in conjunction with exercise therapy but long-term outcomes are unclear. More high-quality, large-scale, and blinded RCTs would be required to establish optimal protocols and verify durability of effects.

Table 1: Literature review

Author	Intervention	Benefits	Evidence Level
1. Hassan Shakeri et al (2017)	Kinesio tape with and without tension	Effective in reducing pain during daily activities and improving upper limb functional disability.	Level 2
2. Leyla Eraslan et al (2017)	Kinesio tape and extracorporeal shock wave therapy+physiotherapy	Improvement in pain intensity, grip strength and functional status	Level 2
3. Ivan P.H. Au et al (2017)	Kinesio tape along with sham tape, facilitatory and inhibitory KT	No significant difference in pain intensity between different tapes	Level 4
4. Caitlin E. George et al (2019)	Diamond deloading rigid tape	Significant reduction in resting pain, and improvement in grip strength	Level 1
5. Esra Giray et al (2019)	Kinesio tape, sham tape, or exercise.	Improve grip strength and mobility	Level 2
6. Ying Zhong et al (2020)	Various forms of exercise	Reduction of pain during rest and during movement	Level 1
7. Isil Saadet Yenice Balevi <i>et al.</i> (2021)	Actual kinesio tape vs placebo taping	Decrease in pain level and improvement in elbow movement	Level 2
8. Firat Erpala et al (2021)	Corticosteroid and rest and medication	Improvement in pain, function and grip strength	Level 2

CONCLUSION

In conclusion, the literature review on the effectiveness of Kinesio taping in lateral epicondylitis gives us various insights. Kinesio taping provides a short-term effect when used with correct tension, direction of taping, and

the amount of resistance provided by the tape. At the same time, when compared with other treatment modalities as exercise therapy, electrical modalities, corticosteroid injections, etc, its results are optimized. However, the long-term effects are still unclear. When used alone, it only has placebo effect on people.

Extracorporeal shock wave therapy, kinesio taping and physiotherapy, corticosteroid injection, rest and medication and various other treatments shows improvement in the activities of daily living of individuals, reduction of pain, improve grip strength and mobility, however still further high-quality, long-term studies are required to confirm these benefits and about the long terms of kinesiotaping is also needed to be addressed along with it

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