Taping for Shoulder Subluxation In a Patient with Hemiplegia
Prepare the arm:
- Shave area to be taped, if needed
- Clean with alcohol prep wipes, then apply protective skin barrier

Positioning:
- Approximate arm either on arm rest or a table
- Position trunk and scapula in neutral, humerus next to the patient’s trunk

Taping:
- For each strip: Place cover-roll stretch tape first, then Leukotape over the cover-roll, both with no stretch.
- Take care not to leave creases in the tape.

**1st Strip - to correct anterior humerus displacement**

Start at anterior shoulder, running along the sternum fibers of pectoralis major and covering the head of the humerus and AC joint, end past the medial border of the scapula to correct abduction. Place a small piece of cover-roll as anchor on pectoralis while applying Leukotape to prevent pull on skin.

**Supplies needed:**
- Cover-roll stretch tape
- Leukotape
- Scissors
- Alcohol Prep wipes
- Protective Skin Barrier wipes
- Adhesive remover wipes
- Waterproof marker
2\textsuperscript{nd} Strip: To correct humeral anterior displacement and subluxation

Start on the front of the arm, below the deltoid tuberosity, pull up and posteriorly, along the fibers of the anterior deltoid, and end before the spine of the scapula. Make sure tape does not cover the root of the spine of the scapula.

3\textsuperscript{rd} Strip – support to correct subluxation

Start on the lateral side of the arm, below the deltoid tuberosity, up arm along the middle deltoid. Have patient turn head away from shoulder being taped, to not trap skin of neck. End below the neck.

Make sure to not leave space in between tape strips that traps small skin areas. Place cover roll piece.
4th Strip: Support to correct subluxation

Start on the posterior side of the arm below the deltid tuberosity and up towards clavicle. Tape stops before the spine of clavicle in order to not limit mobility.

Place pieces of cover-roll anchors over all ends to secure Leukotape. Date tape and write “O.T.”

Leukotape should be replaced approximately every 5 to 7 days. Use adhesive remover wipes when taking tape off in order to decrease skin irritation. If skin looks good, you may re-tape in the same session. If skin is red, wait until next session to re-apply tape.

Patient may shower with tape on.