

Clinical Pearl: Kinesiology Tape for Onychocryptosis

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Onychocryptosis, or ingrown toenail, is characterized by penetration of the periungual skin by the nail plate. One conservative treatment is taping, but frequent detachment is a notable shortcoming. We describe use of kinesiology tape to overcome this limitation for effective treatment of onychocryptosis.

Cutis. 2019;103:197.

Practice Gap

Onychocryptosis, or ingrown toenail, is a highly prevalent nail condition characterized by penetration of the periungual skin by the nail plate (Figure, A). Patients may report pain either while at rest or walking, which may be debilitating in severe cases and may adversely affect daily living. Treatment may be approached using conservative or surgical therapies. Conservative methods are noninvasive and appropriate for mild cases but require excellent compliance. Although nail trimming is the simplest method, it may necessitate cutting soft tissue, particularly when the nail is anchored deep within the

periungual skin. Another conservative method is taping, which aims to separate the nail fold from the offending nail edge by using an adhesive. In common practice, the adhesive often detaches within a few hours, which is further exacerbated by moisture from sweating or bathing.¹ Therefore, for effective treatment of onychocryptosis, the tape typically must be reapplied multiple times per day, limiting compliance.

Tools

We propose using kinesiology tape to treat onychocryptosis. Kinesiology tape is a highly elastic adhesive that was originally employed by athletes to relieve pain while supporting muscles, tendons, and ligaments during strenuous activity. We hypothesized that its stronger adherent properties and greater elasticity would be advantageous for treatment of onychocryptosis compared to standard tape.

The Technique

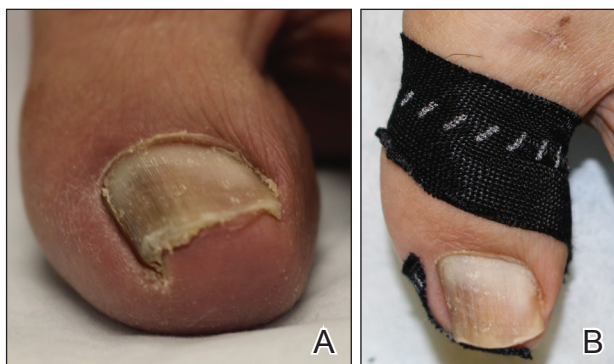
A strip of tape is cut to approximately 10 to 15 mm×5 cm and is applied once daily to the lateral nail fold, pulling it away from the nail plate in oblique and proximal directions and then wrapping it around the plantar surface dorsally (Figure, B). Kinesiology tape properties allow for less frequent application and greater tension to be applied to the nail fold while reducing the risk for vasoconstriction, as the tape does not need to be fully wrapped around the digit for reliable adherence.

Practice Implications

Kinesiology tape adheres more firmly than other tapes and requires less frequent applications. Use of kinesiology tape for onychocryptosis therapy often is effective and may negate the need for more invasive procedures and improve quality of life during and after treatment.

REFERENCE

1. Haneke E. Controversies in the treatment of ingrown nails [published online May 20, 2012]. *Dermatol Res Pract.* 2012;2012:783924.



A, Onychocryptosis of the left first toenail. The lateral aspect of the nail plate is penetrating the periungual skin of the lateral nail fold. B, Kinesiology tape was placed on the medial aspect of the lateral nail fold and pulled in an oblique and proximal direction around the toe dorsally, separating the nail fold from the intruding nail plate.

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The authors report no conflict of interest.

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