



TAPING THE WORLD FOR HEALTH™



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What's In A Name?



- **Proper Name:** Kinesio® Tex Tape. (For use with the Kinesio® Taping Method) These are both trademarked.
- **Common Term Use:** Kinesio®, Kinesio® Tape, KT

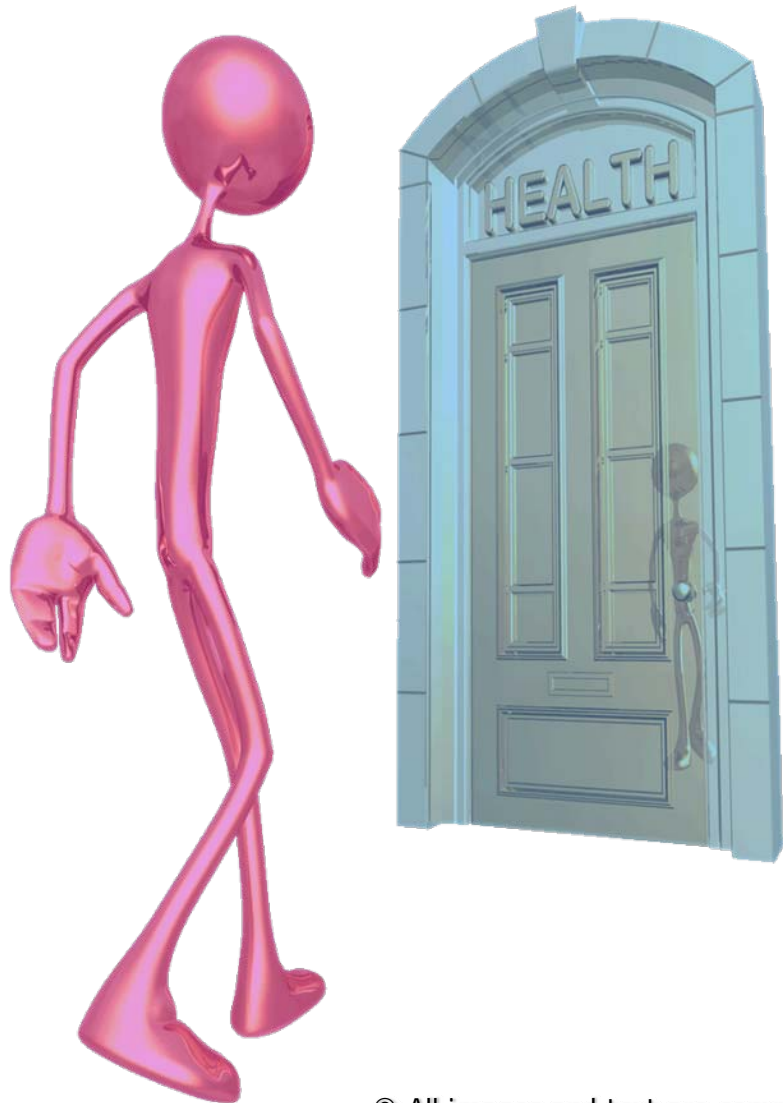
What is Kinesio® Taping?



- A time tested, therapeutic taping method
- Uniquely designed elastic tape
- Enhances muscular, joint and circulatory function
- Can be applied and worn 24 hours a day, 3-5 days



What is Kinesio® Taping?



- Used during rehabilitative and chronic phases of injury
 - acute
 - sub acute
 - rehabilitative
- Preventative
- Return body to Homeostasis

What is Kinesio® Taping?



- Can be used with other modalities :
 - cryotherapy
 - hydrotherapy
 - manual therapy
 - Electro-stimulation
 - Acupuncture
 - IMS
- Immediate and long term response



History of Kinesio® Taping

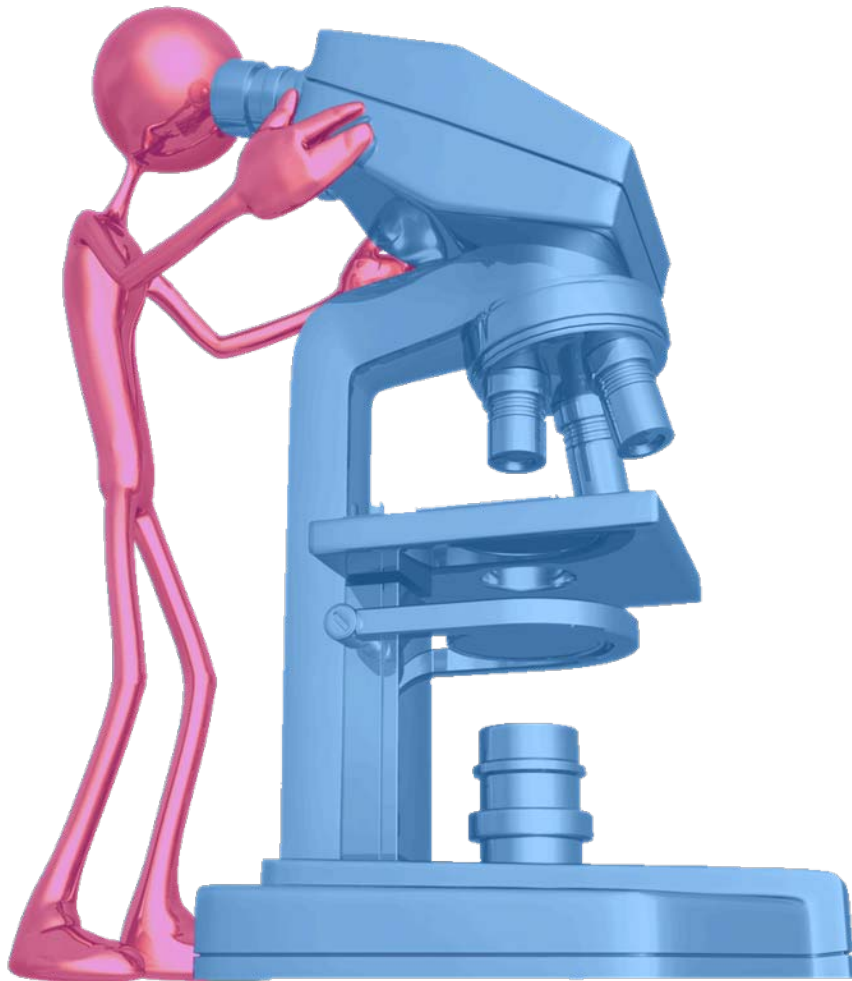


Kenzo Kase, D.C., Founder

Invented the taping method
in 1973

Dr. Kase wanted his patients to
utilize a “prescription” that they
could take home and use between
visits.

History of Kinesio® Taping



- Began experimenting with existing tapes
- Non-desirable results, developed a **new** type of tape
- Kinesio® Taping Method was used in Japan's clinical rehabilitation settings
- International exposure due to use in '88 Seoul Olympics
- Introduced to the USA in 1995

Kinesio® Taping Today



- 85% of applications are non-athletic
- Professional teams and athletes rely on the unique technique within
 - United States/Canada
 - South America
 - Asia
 - Europe
 - Middle East
 - South Africa
- Introduced into academia as a part of the curriculum



Practitioners



- Primary markets are PT's, OT's, ATC's, DC's, MD's, LaC, MT's, and RN's
- In 2007, over 51,000 practitioners purchased Kinesio® Tex Tape in the US, with over 150,000 worldwide
- 21 International Partners of Distribution representing over 73 countries around the globe



Unique Qualities of Kinesio® Tex Tape



- Tape applied to paper substrate with 10% stretch
- Elasticity to 40-60% of resting length
- Stretches along longitudinal axis **only.**
- Thickness and weight similar to skin
- 100% medical grade, acrylic heat activated adhesive
- No medicinal properties in tape

Unique Qualities of Kinesio® Tex Tape



LATEX FREE!!!!

Feel the Stretch



Fold the tape in half



Tear the backing



Pull the backing from both sides



Example of stretch

Kinesio® Taping Method vs. Other Taping Techniques



- Three main taping techniques recognized within therapeutic communities.
 - Prophylactic Athletic Taping
 - McConnell® Taping Technique
 - Kinesio® Taping Method

Athletic Taping



Most commonly used technique

- Primary purpose not rehabilitative
- Acute injuries and injury prevention
- Limited wear time
- Skin irritation due to latex adhesive
- Requires pre-tape or spray adhesive
- Compression of the skin, joints, and muscles
- Used to limit or assist motion



McConnell® Taping Technique



- Bracing or strapping technique (EnduraTape®, LeukoTape®)
- Extremely rigid, cotton mesh tape
- Requires pre-tape
- Limited Uses: primarily orthopedic
- Limited wear time due to skin irritation
- Poor adhesive quality when wet



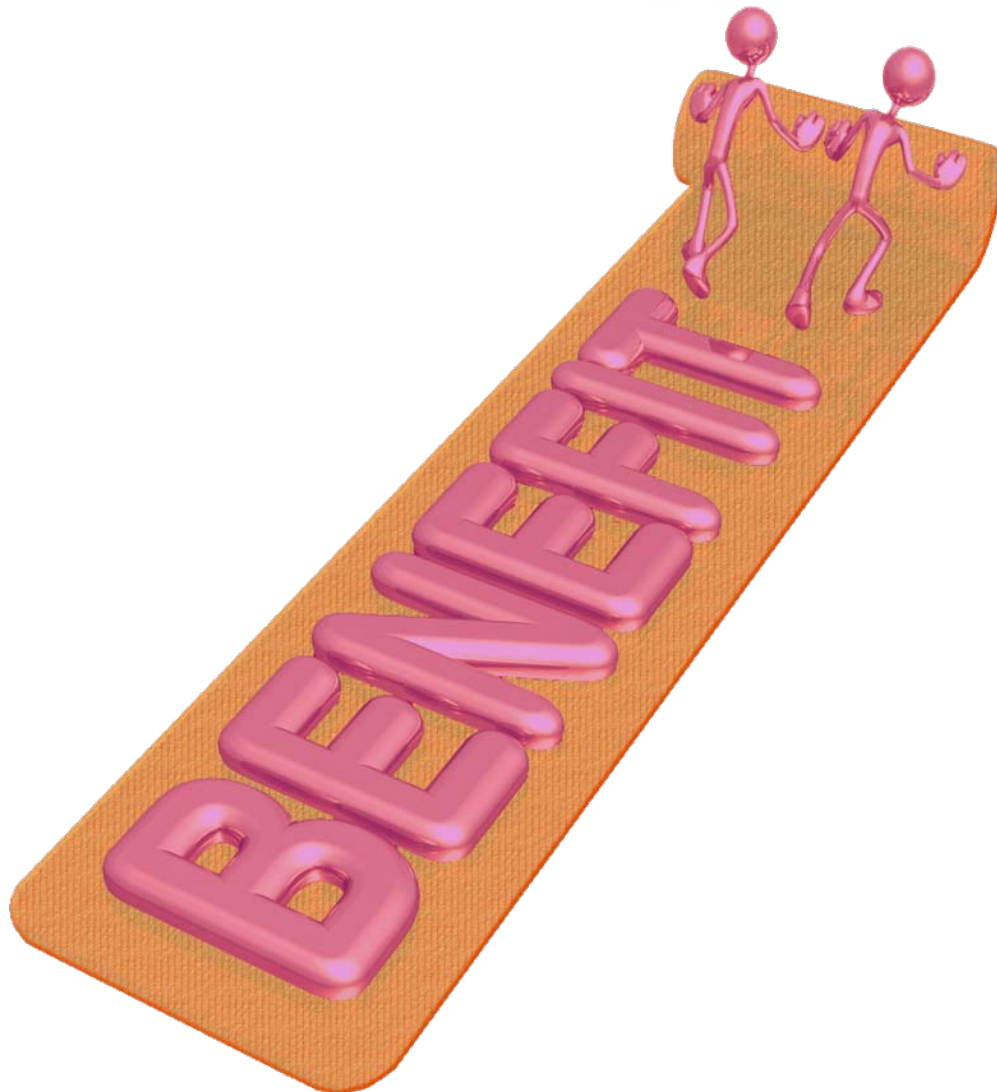
Kinesio® Taping Method



- Latex Free
- Safe for pediatric to geriatric populations
- Longer wear time
- Well tolerated
- Rehabilitative
- Works with the body to allow normal ROM



Kinesio® Tex Tape

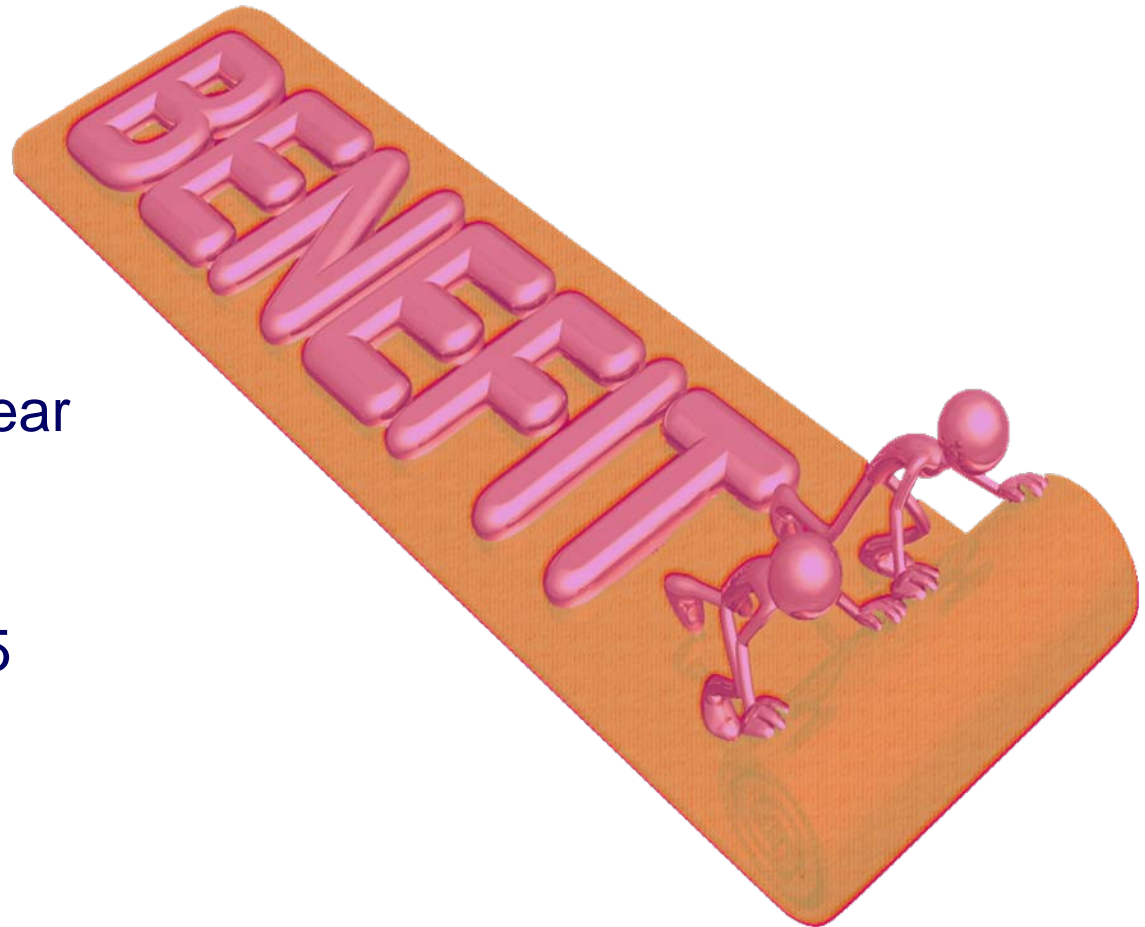


- Enhances the circulatory system via superficial activation
- Restores epidermal tissue homeostasis
- Used worldwide for preventative and clinical conditions

Unique Benefits of Using the Kinesio® Taping Method



- More Economical
- Easy to Apply
- Water resistance improves wear time
- Application generally lasts 3-5 days
- Effective treatment between professional visits



Kinesio® Tex Tape



- ✓ - Yes (Green)
- ✗ - No (Red)

Tape Comparison	White	McConnell®	Kinesio®
Latex-Free	✗	✗	✓
No Pre-Tape Required	✗	✗	✓
Elastic/Non-Rigid	✗	✗	✓
Non-Compressive	✗	✗	✓
Skin Friendly/Breathable	✗	✗	✓
Allows Full ROM	✗	✗	✓
Multiple Day Wear	✗	✗	✓
Water Resistant	✗	✗	✓
Enhances Circulatory	✗	✗	✓
100's of Clinical Apps	✗	✗	✓



The Who's Who of Sports



The Who's Who of Sports



The Who's Who of Sports



United States Postal Service Cycling Team



Lance Armstrong's Every Second Counts



- "Something better than any laser, wrap, or electric massager....The Tape.
- It is a special hot-pink athletic tape that came from Japan and seemed to have special powers.
- ...tape(d) us all up, different parts of our bodies...George's back, Chechu's knees.
- Sometimes we'd be so wrapped up ...that we'd look like dolls, a bunch of broken dolls.
- But the next day the pain disappeared--it was gone."

Lance Armstrong



Professional Soccer Leagues



Over 75% of MLB teams
Over 50% of NFL teams



August 1, 2000

MARINERS

Mr. Tsuyoshi Kase
11105 Spruce N.E., Suite 2
Bellevue, WA 98004

September 5, 2000

John Gonzalez, ATC
Kennesaw, USA
11000 Spruce

P.O. Box 4100 • SEATTLE, WA 98104 • 206.345.4000 • www.mariners.org

The letter is a testimonial from Rick Griffin, Head Athletic Trainer for the Seattle Mariners. It discusses the effectiveness of Kinesio tape in treating lower leg injuries, mentioning that the tape has helped players stay on the field and that the results have been consistent over time.

Rick Griffin,
(Head Athletic Trainer-Seattle Mariners)

New York Jets LLC
100 Hudson Avenue, Hightstown, NJ 08520-1000

David Price, A.T.C.
Head Athletic Trainer

September 5, 2000

John Gonzalez, ATC
Kennesaw, USA
11000 Spruce

www.kinesio.com

Mr. 016-900-8100
Mr. 016-900-8100
www.kinesio.com

The letter is a testimonial from David Price, Head Athletic Trainer for the New York Jets. It describes how Kinesio tape has been used for support and stabilization, leading to great results for the team's players. Price notes that the tape is a versatile product that can be used in various ways to help athletes.

David Price,
(Head Athletic Trainer-NY Jets)

Five Major Physiological Effects of Kinesio® Taping...On



1. Skin
2. Circulatory/Lymphatic Systems
3. Fascia
4. Muscle
5. Joint

Kinesio® Tex Tape Effect on the Skin

(Endogenous Analgesic System) (superficial fascia)



- Stimuli to mechanoreceptors of skin
- Decrease inflammation, decrease pressure on mechanical, chemical, proprioceptors and pain receptors



Circulatory/Lymphatic System

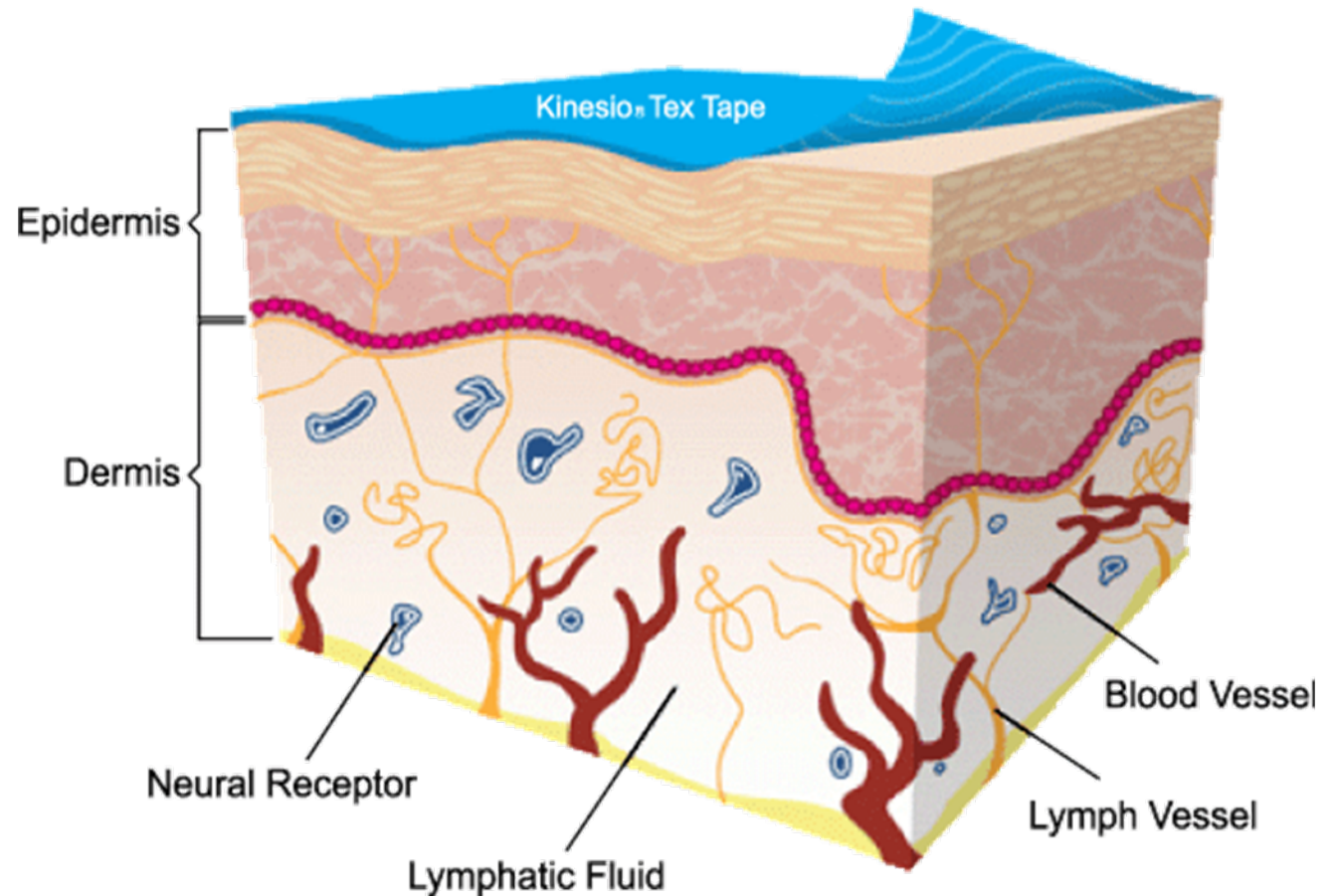


- Increase interstitial lymphatic fluid flow
- Enhance fluid exchange between tissue layers
- Reduce edema
- Equalize temperature

Kinesio® Taping Effects on Superficial Lymphatic Drainage



- Lifts the skin, causing convolutions
- Creates channels of low pressure in congested areas
- Decreases pain



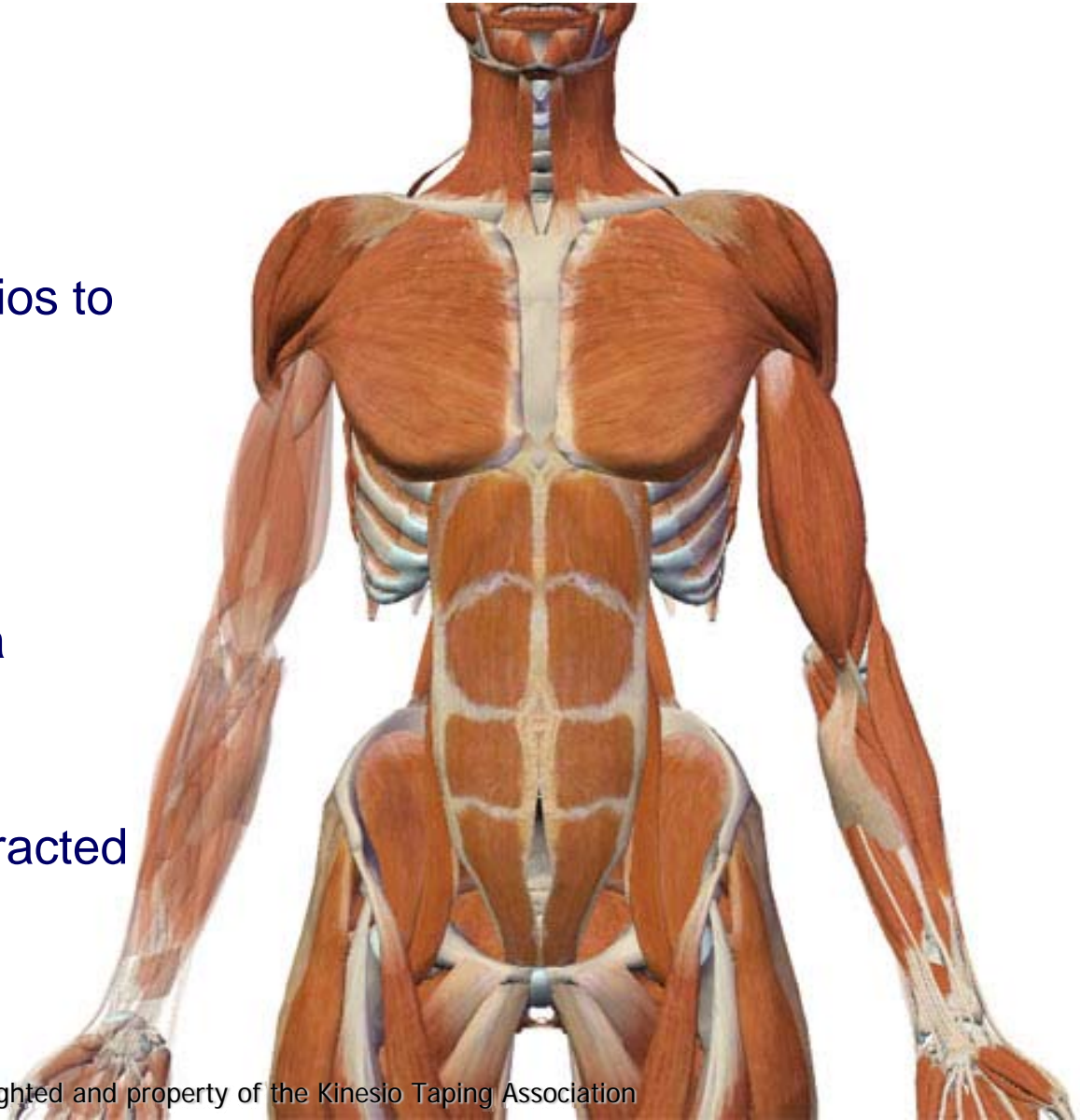
Kinesio® Taping after 12 Hours



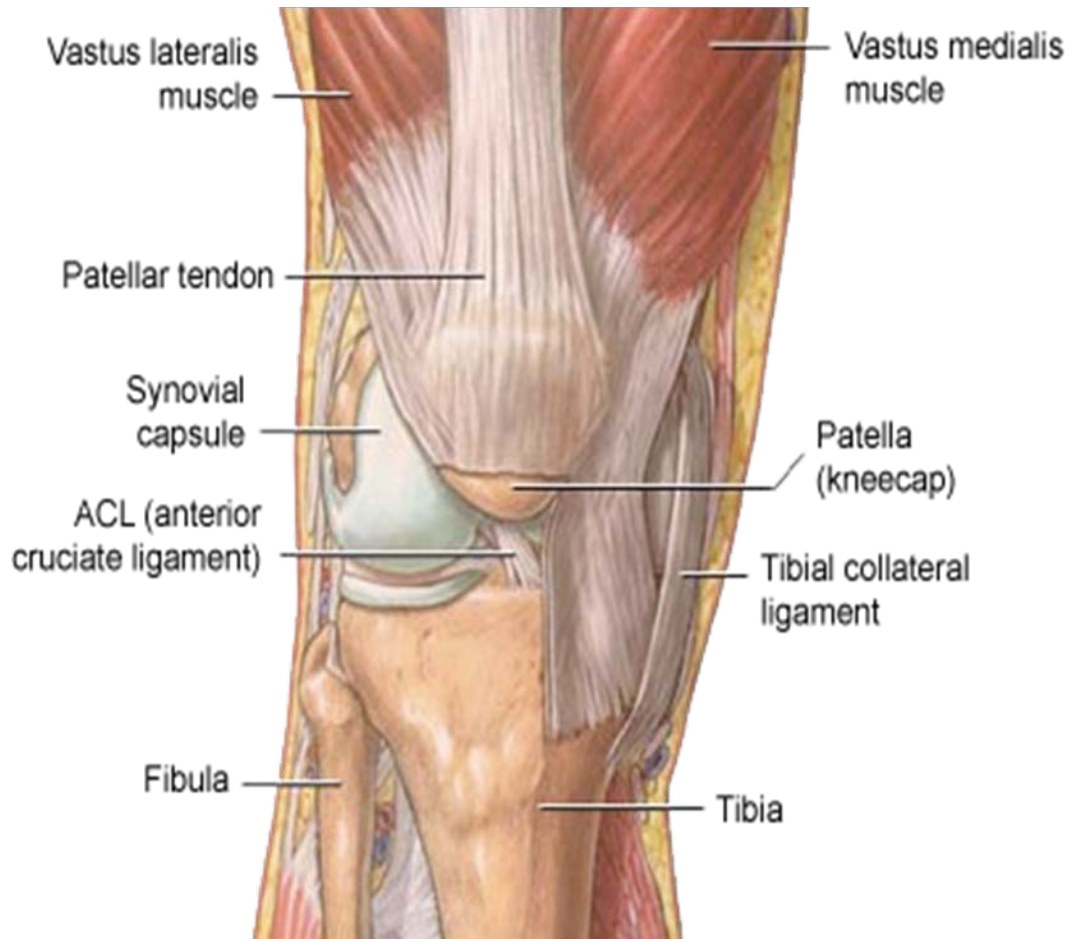
Muscle



- Relieves pain
- Increases Range of Motion
- May normalize length/tension ratios to create optimal force
- Assists tissue recovery
- Reduces fatigue
- Improves muscle contraction of a weakened muscle (Facilitation)
- Stimulate relaxation of over-contracted muscle (Inhibition)



Joint



- Improves joint biomechanics and alignment
- Balances agonist and antagonist
- Reduces protective muscle guarding and pain
- Facilitate ligament & tendon function
- Enhances kinesthetic awareness

Cerebral Palsy



photo courtesy of Audrey Yasukawa, OT, CKTI

Before Taping

- Scapula is elevated
- Asymmetry with head, neck and trunk

Cerebral Palsy



photo courtesy of Audrey Yasukawa, OT, CKTI

After Taping

Look at the changes:

- What was inhibited?
- What was facilitated?
- You cannot tell just from looking at the tape

Cerebral Palsy



- Lower Trapezius facilitation
- Trunk Extensors to activate and shift weight
- External Rotation to align Humerus

photo courtesy of Audrey Yasukawa, OT, CKTI

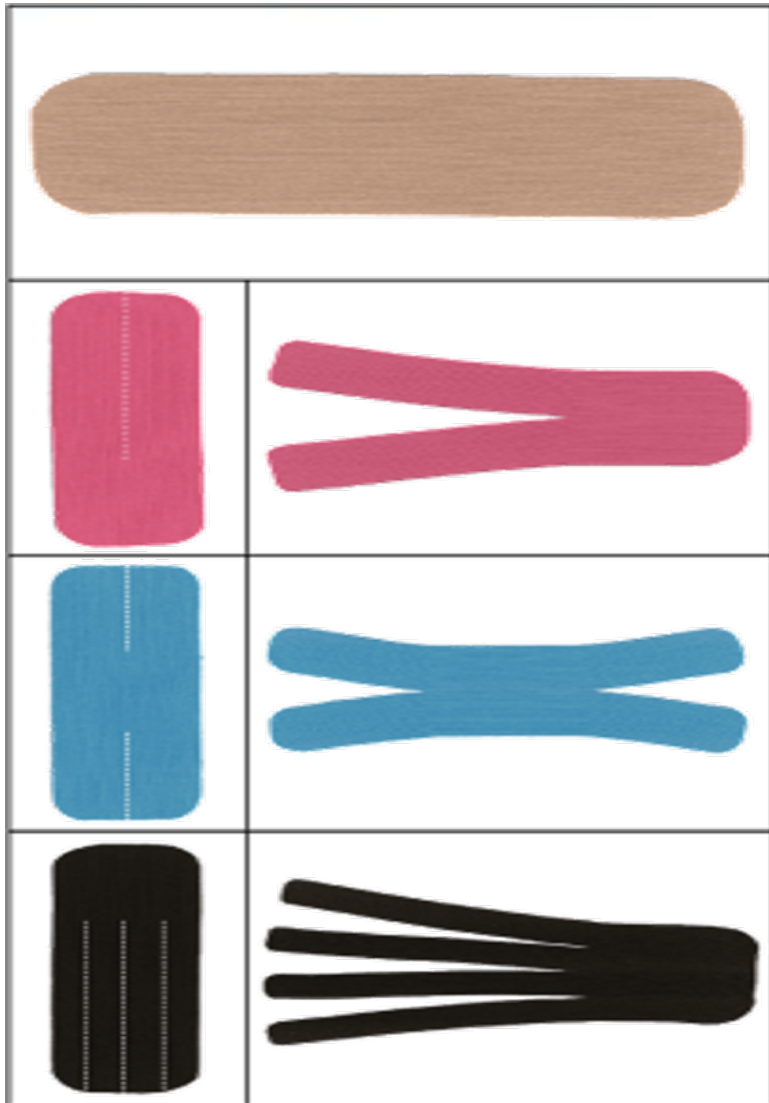
After Taping

Research



- JOSPT July 2008: The Clinical Efficacy of Kinesio Tape for Shoulder Pain: A Randomized Double-Blinded, Clinical Trial, Thelen, Dauber, Stoneman; volume 38
- JOSPT, July 2009: Short-Term Effects of Cervical Kinesio Taping on Pain and Cervical Range of Motion in Patients With Acute Whiplash Injury: A Randomized Clinical Trial, Gonzales-Iglesias et al.; volume 39

Application of Kinesio® Taping



- Assess/Screen
- Tape
- Re-assess
- X, I, Y & Fan cuts
(the “Y” & “I” cuts are most common)

Basic Applications Concept



D to P (I to O)

Distal → Proximal (Insertion to Origin)

To **inhibit** overused muscle- Acute conditions, muscle spasm

15% to 25% tension

P to D (O to I)

Proximal → Distal (Origin to Insertion)

To **facilitate** weak muscle-chronic conditions, rehabilitation

15% to 50% tension

Therapeutic Direction is the recoil of the tape toward the anchor

Therapeutic Zone is the targeted tissue

Application of Kinesio® Taping



- Kinesio® Tex tape is generally applied to stretched tissue, with appropriate stretch added manually when patient cannot stretch
- **Less is More**
- No tension on the anchors

Kinesio® Taping Vocabulary



- “Paper Off Tension” Tape is applied with the 10-15% tension off the substrate
- *P to D (O to I)* applied with 15% - 50% tension
Proximal to Distal (Origin to Insertion)
- *D to P (I to O)* applied with 15%-25% tension
Distal to Proximal (Insertion to Origin)
- Tensions greater than 50% are for Corrective techniques only (KT2)

Application of Kinesio® Taping



- Skin should be free of oils and dry
- After application, lightly rub the tape to activate the heat sensitive adhesive
- Tape application in moist areas or prior to swimming or sports: apply 30-40 minutes prior to activity
- Tape both the pain, and cause of the pain

Limitations of Kinesio® Taping



- Body hair needs to be clipped or shaved
- Apply tape approx. 30 minutes before activity
- Application during activity, may require the use of a tape adherent
- Patient education is important component to success of application

Removal Of Kinesio® Tex Tape



- Remove in direction of hair growth
- Roll the tape off using the base of the hand to brush/ pat skin gently to reduce discomfort

Removal Of Kinesio® Tex Tape



“Skin from tape” method:

- Pull the skin back from the tape
- Tape may be removed while bathing
- Soap, hand lotion or oil (baby or mineral) may be applied to the tape to break the adhesive bonds comfortably

Initial Difficulties with Kinesio® Taping Method



- Unlearn traditional athletic tape application methods
- Proper patient assessment is critical
- Taping for neurological and lymphatic as well as orthopedic conditions



Y101-88

Sports Injuries

Wie der Schultergürtel funktioniert

Schulter-Spannung

Rotator-Cuff-Muskeln

Handgelenk

Handgelenksverletzungen

Sportverletzungen entstehen durch unvorsichtige, glatte, zu viele oder schnelle Geschwindigkeit in einem zu steilen, zu hohen, zu weichen, zu weichen und zu weichen Gelände. Sportverletzungen entstehen durch unvorsichtige, glatte, zu viele oder schnelle Geschwindigkeit in einem zu steilen, zu hohen, zu weichen, zu weichen und zu weichen Gelände.

Verletzungen der Schulter: 2. Bei geringen Verletzungen können Banden, Sehnen und Muskeln repariert werden und bleiben. Bei schweren Verletzungen sind Operationen notwendig.

Hand und Handgelenk

Handgelenk

Handgelenksverletzungen

Handgelenksverletzungen

Schulter

Verletzungen der Schulter: 2. Bei geringen Verletzungen können Banden, Sehnen und Muskeln repariert werden und bleiben. Bei schweren Verletzungen sind Operationen notwendig.

Oberarmverletzungen

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Knie und Hüfte

Verletzungen der Schulter: 2. Bei geringen Verletzungen können Banden, Sehnen und Muskeln repariert werden und bleiben. Bei schweren Verletzungen sind Operationen notwendig.

Wie der Kniegelenk funktioniert

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Knie

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Erstversorgung (First Aid)

Verletzungen der Schulter: 2. Bei geringen Verletzungen können Banden, Sehnen und Muskeln repariert werden und bleiben. Bei schweren Verletzungen sind Operationen notwendig.

Verletzung (Injury)

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Let's Start Taping!

KT Taping Lab

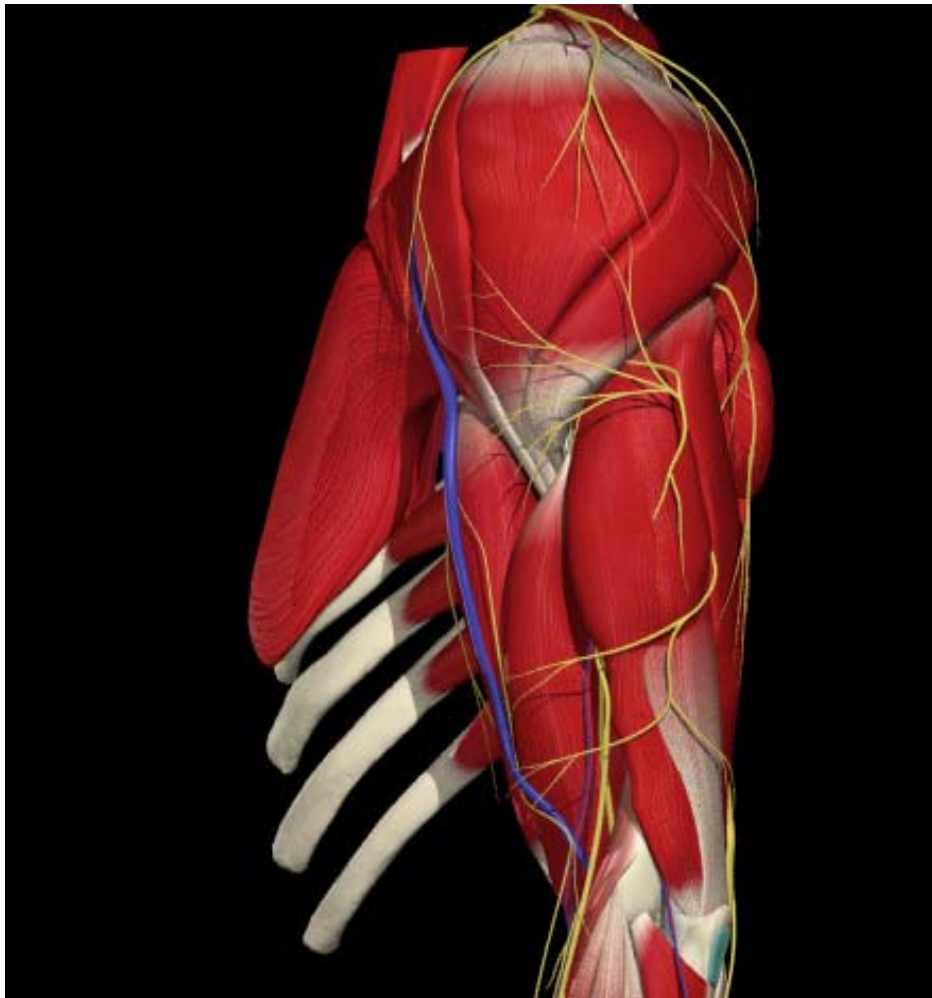


- Deltoid
- Rotator Cuff
Impingement
- Trapezius

- Sacrospinalis
- Erector Spinae
Muscle Strain
Lumbar, corrective
tape

- Quadriceps
- Patella tendinitis

Deltoid



- The deltoid muscle being the major muscle in external rotation, internal rotation and abduction of the humerus, is composed of anterior, middle and posterior fibers.
- Clinical Applications. Acute and chronic Shoulder Injuries, AC Injuries
- Tape Specs. 2" width, Y-Shaped Tape

KT Deltoid Application



- Measure and cut “Y” tape
- Position: Flex Elbow, Shoulder to 90*
- Adhere anchor of “Y” to deltoid tuberosity
- Activate the glue

- Position: Horizontal ABDuction
- 15-25% tension. D to P (I to O)
- Follow anterior deltoid
- Attach end to lateral clavicle
- Activate the glue



KT Deltoid Application



- Position: Horizontal ADDuction
- 15-25% tension
- Posterior tail along posterior deltoid
- Attach end at lateral edge of spine of scapula
- Activate adhesive



KT Deltoid Lab



- Completed taping
- Y strip
- D to P (I to O)
- 15-25% tension
- Inhibition



Rotator Cuff Impingement or Tendonitis



- supraspinatus muscle taping from insertion to origin. This application should be applied first as it is the primary tissue to be treated.
- Place the base of the Kinesio® Y strip two inches below the greater tuberosity of the humerus, with no tension.

Rotator Cuff Impingement or Tendonitis, cont.



- Have the patient move into shoulder adduction behind the back, with lateral neck flexion.
- Apply light or paper off tension (15-25%) to the tails of the Kinesio® Y strip. The superior tail should follow superior to the spine of the scapula, approximately the junction between the upper trapezius muscles and supraspinatus ending at the superior medial border
- The inferior tail should follow along the spine of the scapula. Lay the distal 1 to 2 inches down with no tension

Rotator Cuff Impingement or Tendinitis, cont.



- Application of the deltoid muscle taping from insertion to origin. All three portions are being taped as a group.
- The practitioner may select to tape the muscles separately.
- Place the base of the Kinesio® Y strip two inches below the deltoid tuberosity of the humerus, with no tension and proceed per deltoid application.

Rotator Cuff Impingement or Tendinitis, cont.



- Place the base of a 6-8 inch long Kinesio® Y strip on the anterior aspect of the shoulder in the area of the coracoid process, with no tension. The base can be adjusted to place the cut of the Y directly below the region of pain.
- One hand should hold the base to ensure no tension is added.
- Apply moderate tension with downward pressure surrounding the area of pain



Rotator Cuff Impingement or Tendonitis, cont.



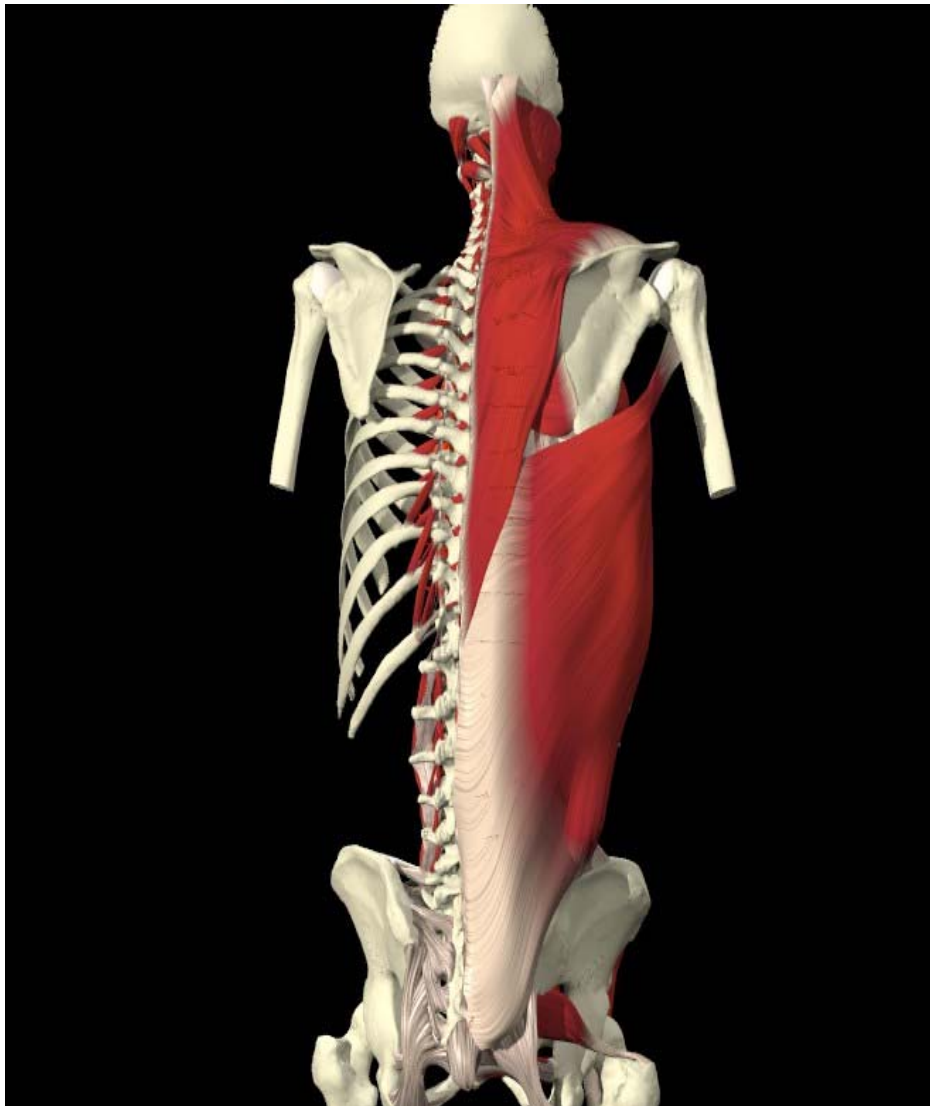
- When approximately 1/2 of the Kinesio® Y strip has been applied, slide the hand which was holding the base up to the point of end tension on the Kinesio® Tex Tape.
- Have the patient move into shoulder flexion with horizontal flexion.
- Apply the tails of the Kinesio® Y strip, with no tension, in a splayed out pattern to dissipate the created force.
- Initiate glue activation prior to any further patient movement.

Rotator Cuff Impingement or Tendonitis, cont.



- **Completed rotator cuff impingement or tendonitis Kinesio Taping® Method application.**

Trapezius



Trapezius



- **Function**

The Trapezius muscle is comprised of 3 sections, the upper, middle and lower fibers. We will concentrate today on the middle trapezius. The middle fiber of the trapezius assists in adduction while the lower fibers help in rotation, depression, and adduction of the arm. If the middle trapezius becomes weak, then as the upper limb is raised the scapula slips laterally. When the lower trapezius is not working, then the arm can not be raised in flexion without substitution patterns.

KT Middle Trapezius Application



- Measure and cut “Y” Tape
- Adhere Anchor of the Y-shaped tape under the acromion process
- Activate adhesive

KT Middle Trapezius Application



- Position: Flex the elbow to 90 degrees and reach upper arm horizontally
- 15-25% tension. D to P (I to O)
- Apply each tail individually along the muscle with approx. a 5 degree angle

KT Middle Trapezius Application



- The Ends of “Y” tape are fixed on approximately T1 and T5
- Ends with no tension
- Activate Adhesive

KT Middle Trapezius Application Lab

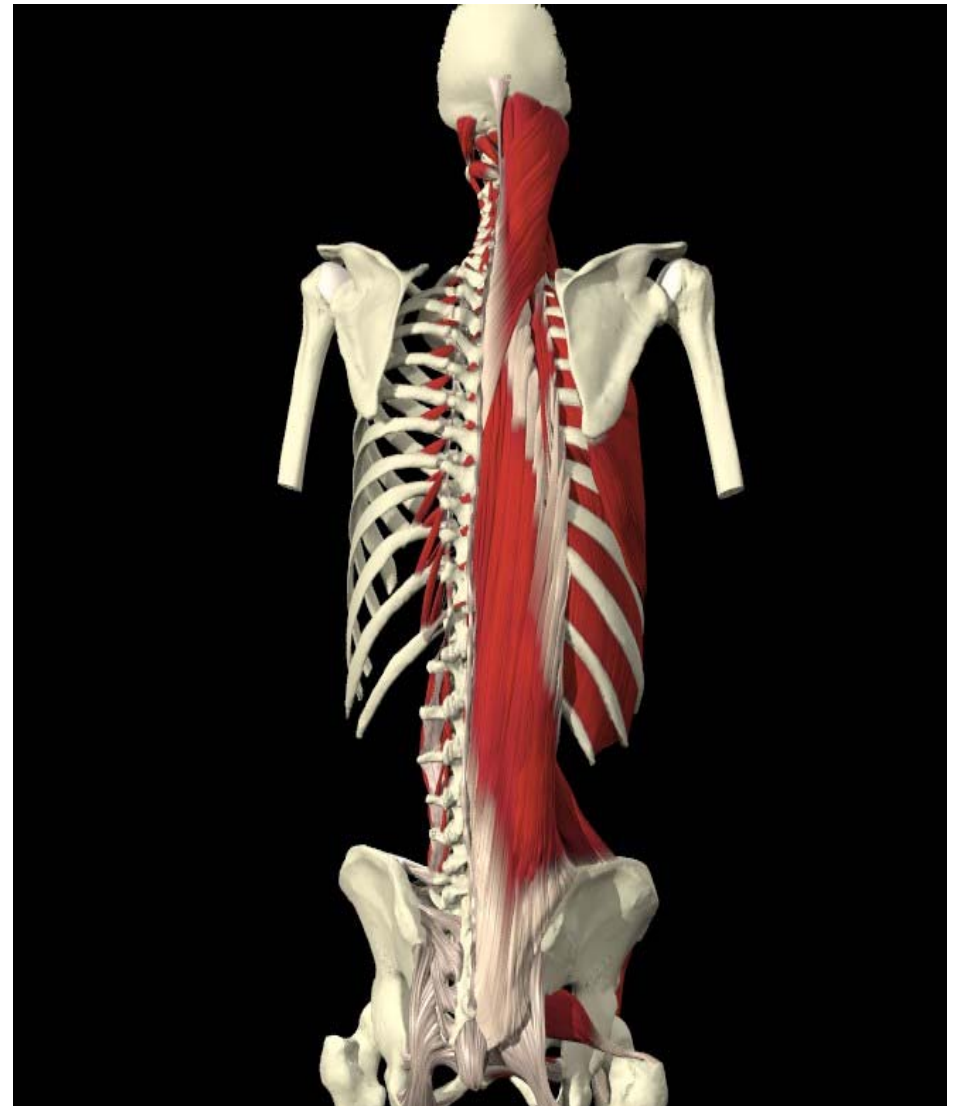


- Middle trapezius tape while arm and body is in neutral position. Note upper trapezius I strip
- Completed taping
- Y Strip
- D to P (I to O)
- 15-25% tension
- Inhibition; may be taped for facilitation as well

Sacrospinalis



- The sacrospinalis is the generic term of the erector spinae in the thoracic and lumbar regions.
- Anterior member of the erector spinae group is the iliocostalis which, while being insufficient on its own to move the body forward or to maintain an erect posture, is very strong in resistance to extension, hyperextension and lateral flexion.



KT Sacrospinalis Application



- Position: The patient stands
- Measure and cut “Y” tape
- Adhere the anchor (origin of “Y” tape) over the center of the sacrum
- Activate the adhesive

KT Sacrospinalis Application



- Position: Patient gradually flexes forward within comfort
- 15-50% tension . P to D (O To I)
- Adhere one end of the “Y” tape along the erector spinae muscle
- No tension on ends
- Activate the adhesive



KT Sacrospinalis Application



- Keeping a 5 degree angle within the valley of the “Y” tape, adhere the opposite tail along the other side in the same manner as the previous one.
- No tension on ends
- Activate the adhesive

KT Sacrospinalis Lab



- Completed taping
- Sacrospinalis tape when body is in a neutral, standing position
- Y strip
- P To D (O To I)
- 15-50% tension
- Facilitation

KT Erector Spinae Muscle Strain, Lumbar Region



- This muscle group provides vertebral stabilization and can become injured as a result of sudden overload, possibly in extension, weak muscles, trunk rotation and may be associated with lumbar intervertebral disk herniation.
- The Kinesio Taping technique will assist in reducing acute or chronic muscle spasms, edema, and pain.

KT Erector Spinae Muscle Strain, Lumbar Region



- 1 strip
- Measure from crest of sacrum (SI) to approximately T12
- Cut 2 lengths of Kinesio® Tex tape. The Kinesio I-strips will be placed along the erector spinae muscles

KT Erector Spinae Muscle Strain, Lumbar Region



- Anchor tape to Left SI region with no tension
- Begin by placing the patient in a forward bent position

KT Erector Spinae Muscle Strain, Lumbar Region



- Position: Lumbar spine flexion with sidebend to opposite side
- Apply Kinesio® I Strip to the skin by pulling the paper backing off while guiding the tape onto skin
- Use only “paper off tension” over the musculature

KT Erector Spinae Muscle Strain, Lumbar Region



- Activate adhesive by rubbing the Kinesio® Tex I strip prior to any movement
- End at T12-L1
- The end will be applied with no tension
- Rub until you begin to feel warmth

KT Erector Spinae Muscle Strain, Lumbar Region



- Apply second Kinesio® I Strip on the right by repeating these steps:
- Apply anchor with no tension
- Position patient into lumbar flexion and sidebend as tolerated
- Apply with “paper off tension”
- End applied with no tension
- Rub to activate adhesive prior to movement

KT Erector Spinae Muscle Strain, Lumbar Region



- Anchor at SI area
- Paper-off tension
- End at T12-L1
- Rub to activate the adhesive
- Don't rub against the edge of the tape



KT Erector Spinae Muscle Strain, Lumbar Region



- Position: Lumbar spine flexion
- Measure and cut I tape
- 25-50% Tension, Space Correction
- Begin by tearing a Kinesio "I" strip in the middle
- Using 25-50% stretch, apply tape directly over the region of greatest pain or spasm

KT Erector Spinae Muscle Strain, Lumbar Region Lab

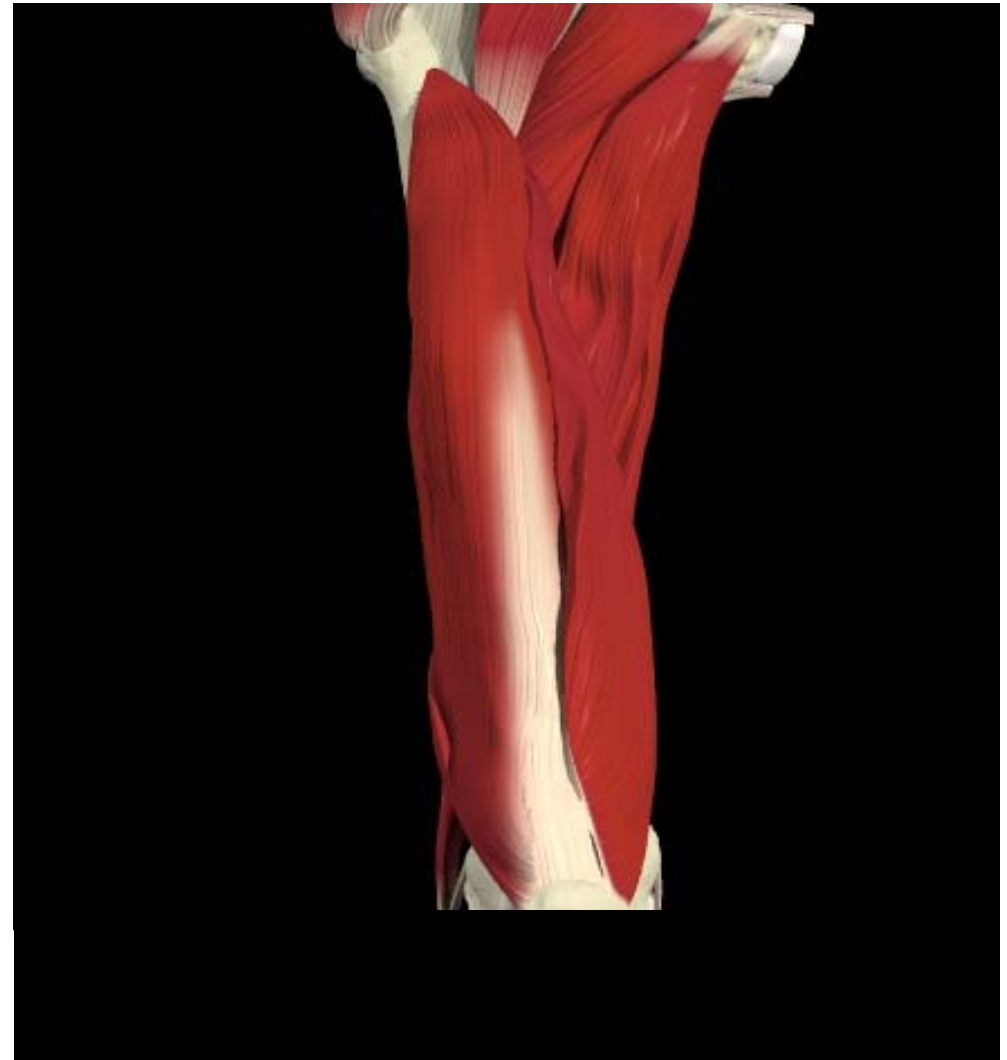


- Completed Taping
- Erector Spinae Muscle Group
- Two erector “I” Strips
- P to D (O to I) Facilitation
- Paper off Tension
- Space Correction
- “I” Strip
- 25-50% Tension in the middle over region of pain or spasm
- No tension on the ends

Quadriceps Femoris



- The quadriceps femoris, the strong extensor of the knee, is made up of four muscles, namely the rectus femoris, vastus lateralis, intermedius and medialis.
- Within this group only the rectus femoris traverses two joints. This muscle works in flexion of the hip.



KT Quadriceps Femoris Application



- Position: Supine the knee extended
- Measure and cut “Y” tape
- 15-50% tension P to D (O to I)
- Adhere the base of the tape to the belly of quadriceps femoris and line tape towards patella
- Activate Adhesive

KT Quadriceps Femoris Application



- 15-50% tension P to D (O to I), knee bent over edge of table
- Separate the two branches of the “Y” tails
- Gradually flex the knee and at maximum flexion affix the tape around the patella
- Activate the adhesive

KT Quadriceps Femoris Application Lab



- Quadriceps femoris tape while patient is in standing position and slightly flexed at the knee
- Complete taping
- Y strip
- P to D (O to I)
- 15-50% tension
- Facilitation

KT Patella Tendonitis/Tracking



- Patella tendonitis and/or tracking will be using two techniques to gain the desired results.
- One of the most common conditions KT practitioners utilize.
- The KT Technique will reduce edema, pain, and allow full ROM, while offering the patient the support they are seeking.

KT Patella Tendonitis/Tracking



- Begin with the basic Quadriceps Femoris taping we discussed but bring the split to the superior edge of patella
- Activate adhesive

KT Patella Tendonitis/Tracking



- Place anchor of the “Y” strip just below the tibial tuberosity
- Position: Have patient place knee in 30 degrees flexion or greater if tolerated
- Place tails of “Y” strip with at least 25-50% stretch around the patella, with strips ending approximately near medial/lateral vastus muscles

KT Patella Tendonitis/Tracking



- Ends with no tension
- Activate Adhesive
- Completed Taping

Kinesio® Products



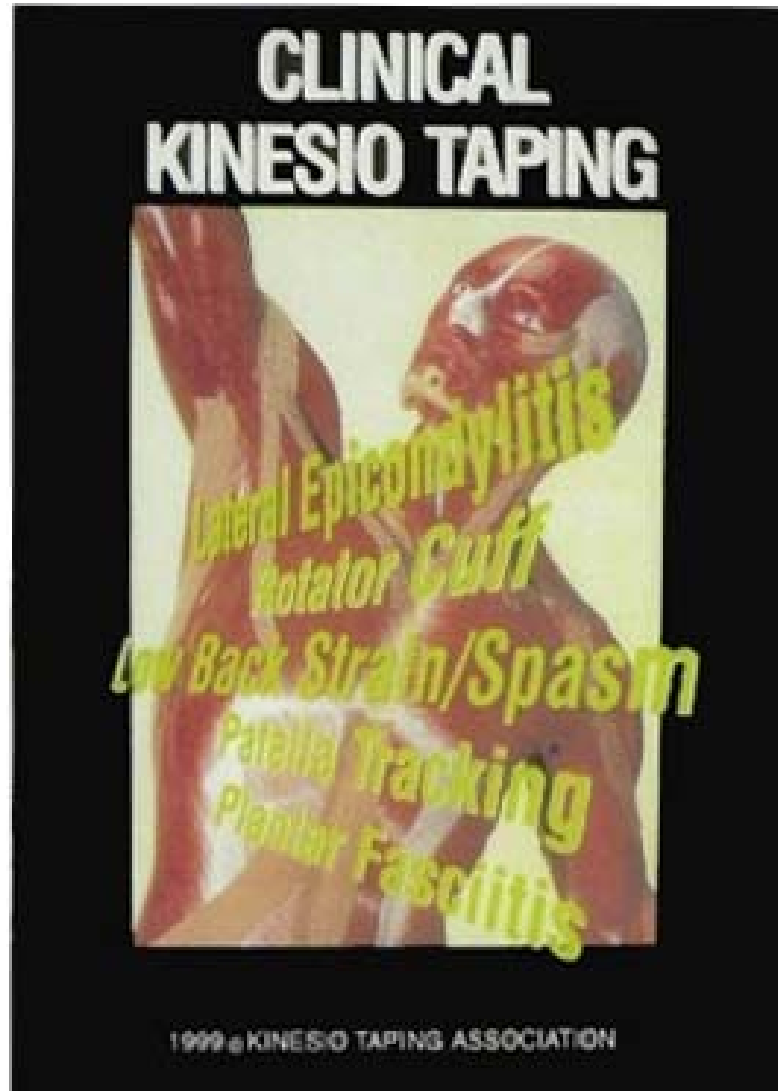
Colors



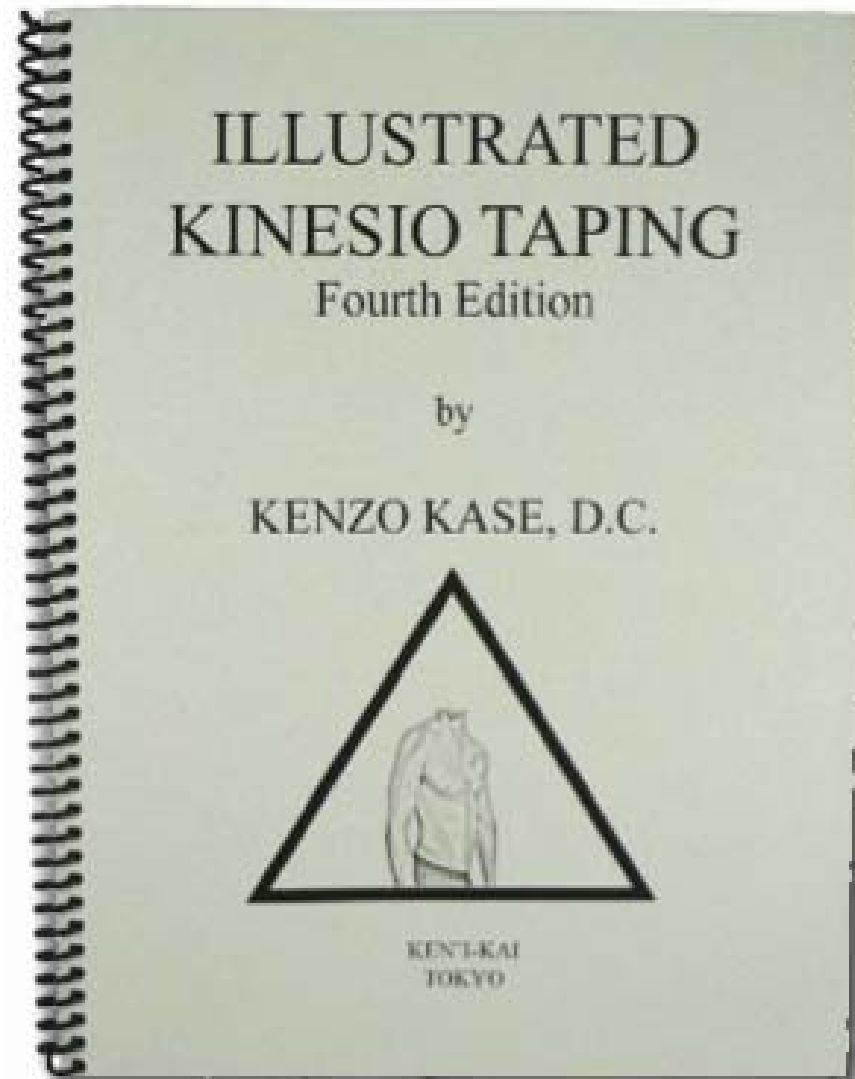
- Currently, Kinesio Tex Tape comes in Beige, Blue, Pink, and Black
- Please note that the pink is commonly listed as “**RED**”
- There is no difference in the colors other than the color itself. **Color Therapy**
- All color is added from plant extracts, which add to the hypoallergenic properties
- Bulk rolls now come in color as well



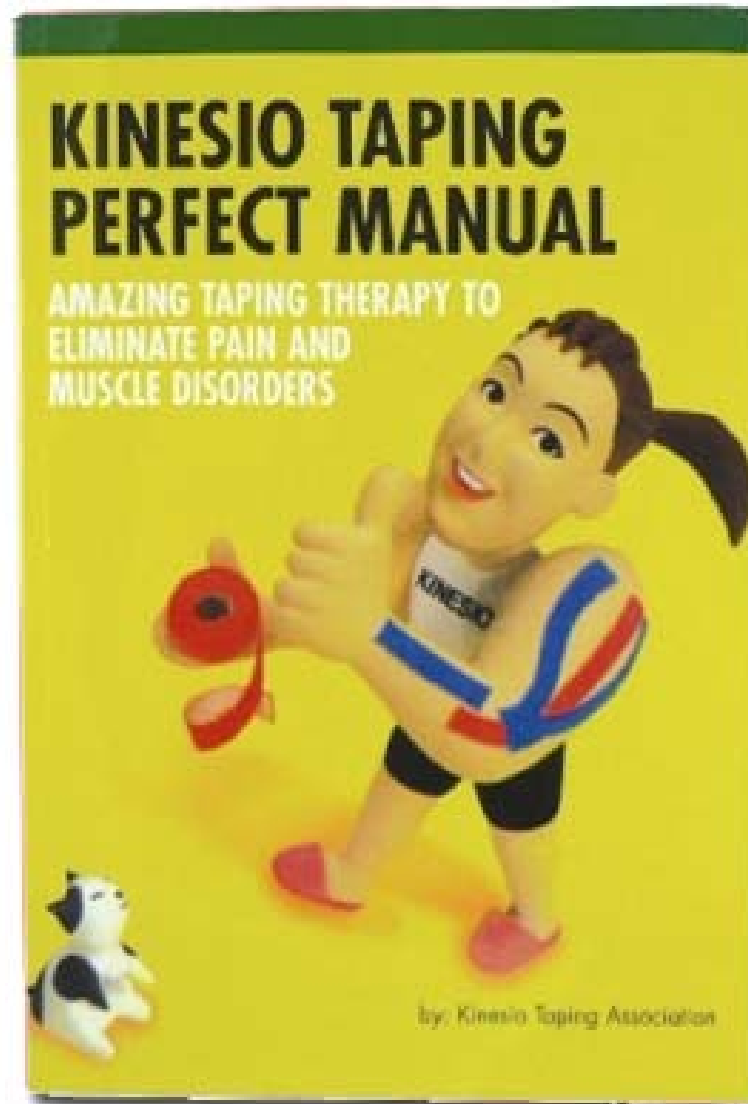
Video



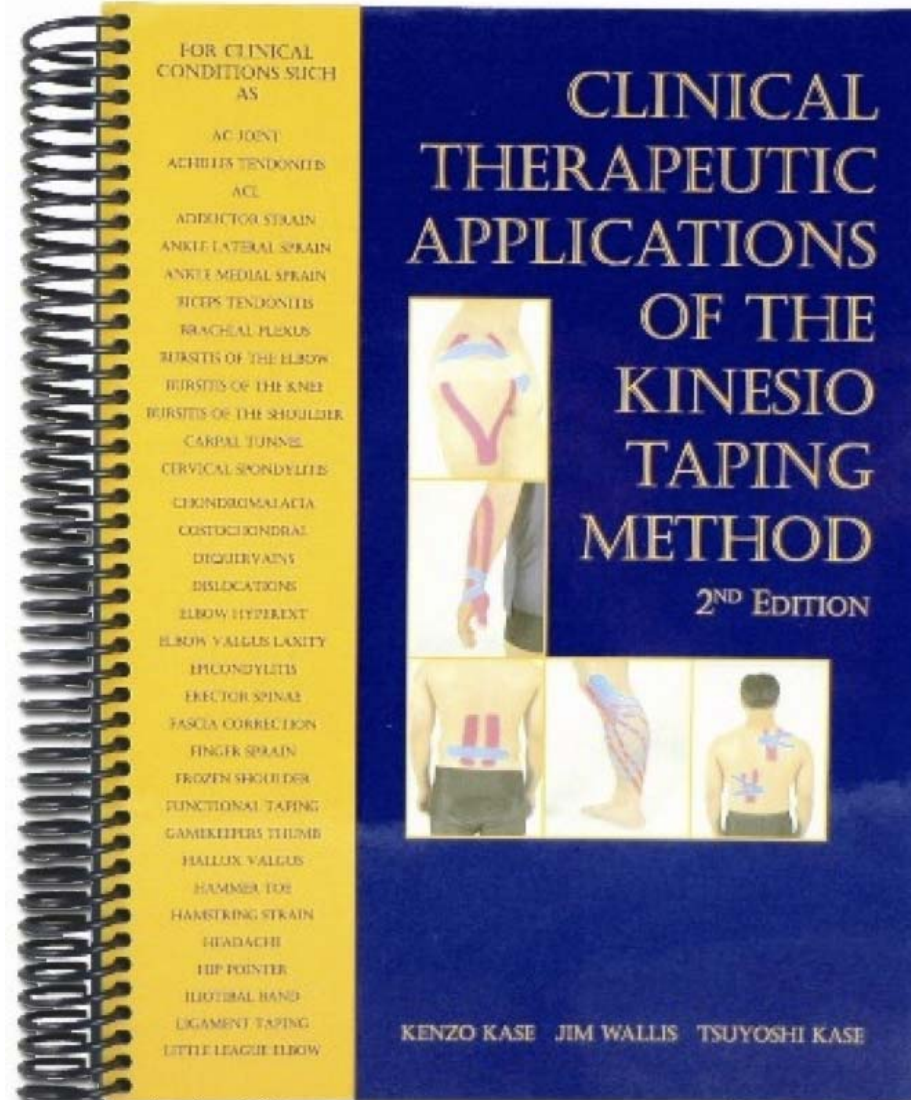
Illustrated Manual



Perfect Manual



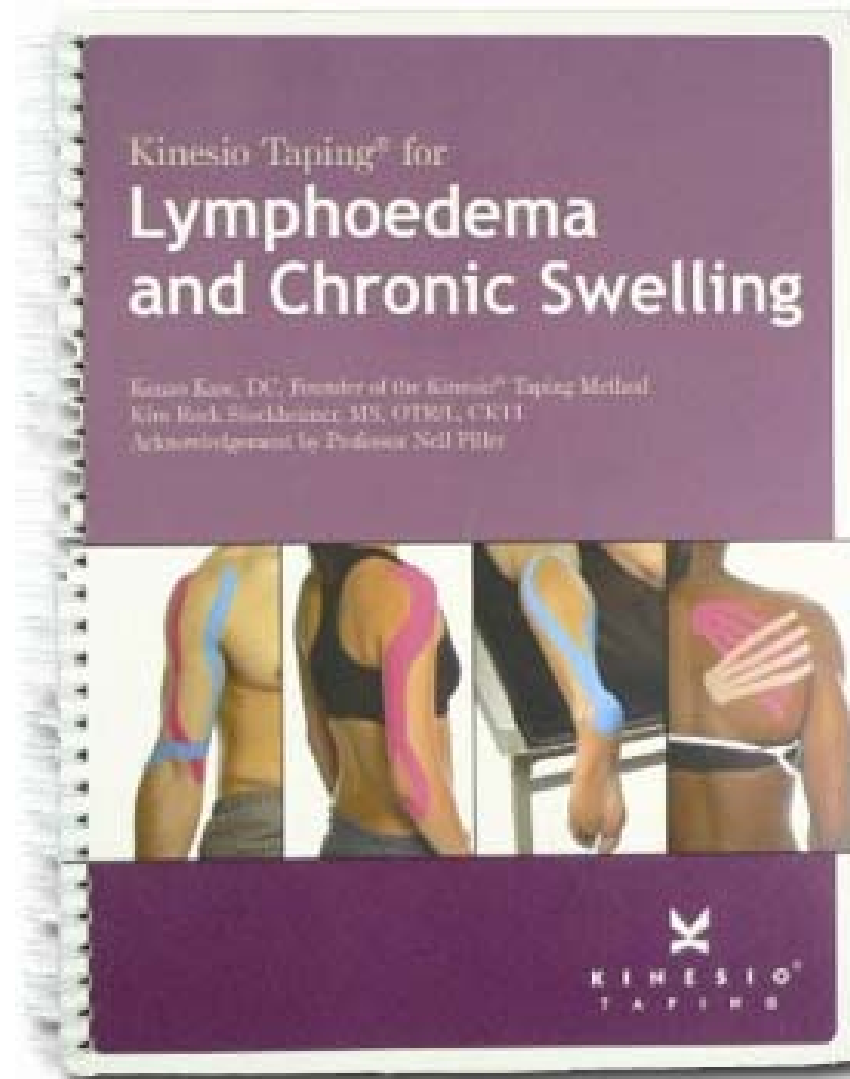
Clinical Manual



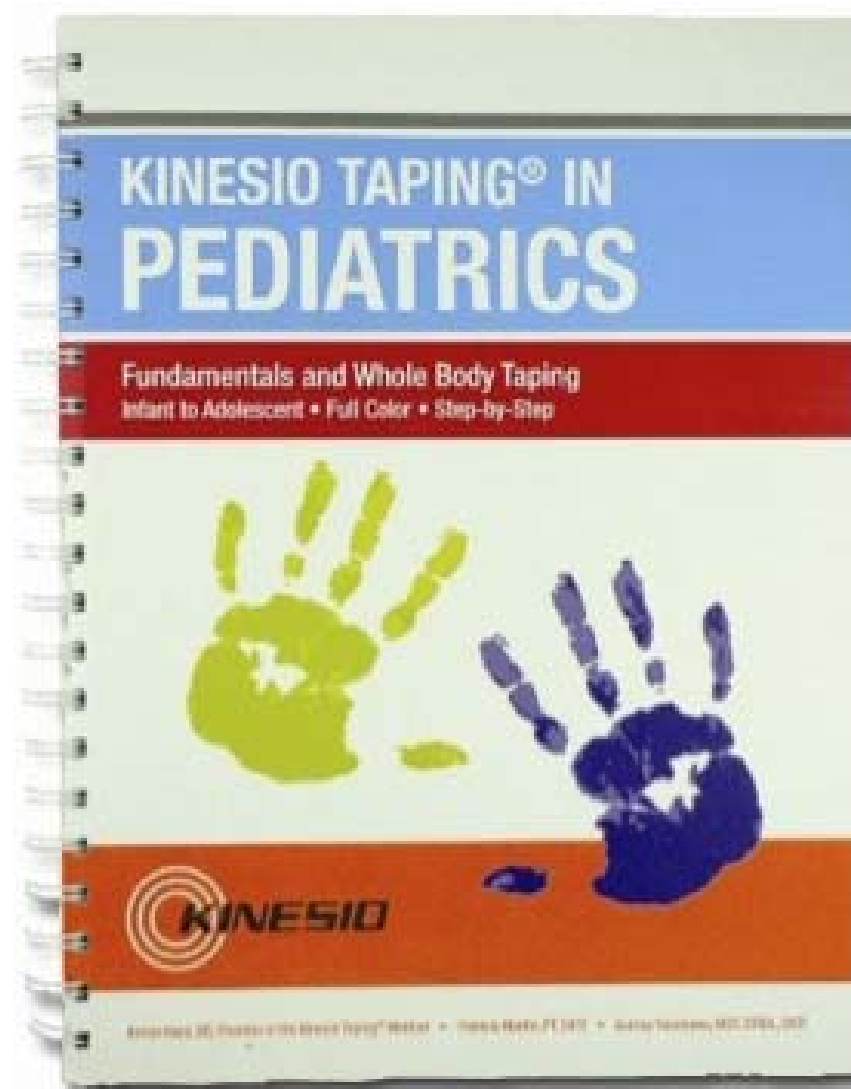
FOR CLINICAL
CONDITIONS SUCH
AS

- AC JOINT
- ACHILLES TENDONITIS
- ACL
- ADDUCTOR STRAIN
- ANKLE LATERAL SPRAIN
- ANKLE MEDIAL SPRAIN
- BICIPITS TENDONITIS
- TRACHEAL FLEXUS
- BURSITIS OF THE ELBOW
- BURSITIS OF THE KNEE
- BURSITIS OF THE SHOULDER
- CARPAL TUNNEL
- CERVICAL SPONDYLITIS
- CHONDROMALACIA
- COSTOCHONDRAL
- DIGUIRVAENS
- DISLOCATIONS
- ELBOW HYPEREXT
- ELBOW VALGUS LAXITY
- EPICONDYLITIS
- ERECTOR SPINAL
- FASCIA CORRECTION
- FINGER SPRAIN
- FROZEN SHOULDER
- FUNCTIONAL TAPING
- GAMERKEEPERS THUMB
- HALLUX VALGUS
- HAMMER TOE
- HAMSTRING STRAIN
- HEADACHE
- HIP POINTER
- ILIOFIBAL BAND
- LGAMENT TAPING
- LITTLE LEAGUE ELBOW

Lymphoedema Manual



Pediatrics Manual



Scissors



Education



- Order the books and video
- Take a Kinesio® Taping Certification Course to become certified
- Courses are listed on the Kinesio® Taping website www.kinesiotaping.com
- Database Access
- Health Care Professionals can also be referred to Jason Bates, Education Coordinator at 309-932-2777 or 309-883-1214 cell phone.
jbates@kinesiotaping.com



Certification Courses & Seminars



- Presentations
- Kinesio® Taping Association Certification Courses
- Kinesio® Taping Association Approved Independent Courses

KTAI Database Website



- <http://www.kinesiotex.com/portal>



Basic Components of Kinesio® Taping Database



- Index of muscles
 - MMT
 - Matrix/response & recommendations
 - Taping application
 - Video
- Division Search
- Symptom Search
- Screenings

