



They were developed in Asia, mainly in Korea and Japan, and their invention is attributed to Dr. Aeo Kang, a Korean rehabilitation physician, and their subsequent evolution to the Japanese osteopath, Professor Nobutaka Tanaka. Their mode of action is based on Oriental medicine, which was adapted to Western medicine.

The concept of Cross Taping includes several ancient concepts of Traditional Chinese Medicine such as Tendinomuscle Energy Meridians or modern ones such as Trigger Points and their influence on the electromagnetic flow of the body to restore the bioelectric balance and electromagnetic microcurrents that pass through the skin, optimizing their functioning in case of imbalances, both superficial and deep.

Although currently there are no scientific studies that show in which way the Cross Tape achieve their purpose nor a theoretical basis of how they work, the results obtained after their application are so evident and compelling that in a very short period of time they have achieved a great impact, expanding their field of application both as an individual technique or in combination with Neuromuscular Bandage .

The Reflex Arc theory could explain the body's response to the stimulus of the application of the Cross Patch, which is transmitted afferently or sensorially from the periphery to the dorsal horn of the spinal cord. From there a response is generated through the central core efferently or motorically.

This response depends on the mode of application of the Cross Patch, which by acting upon the sensory receptors in the skin transforms them into transducers or transformers of one type of energy into another. The nervous system encodes the energy created in the different receivers and converts it into an electrical signal, thus initiating a bioelectrical activity.

We can act directly upon the

- :: exteroceptors
- :: nociceptors (pain receptors), decompressing them by lifting the skin
- :: pressure receptors such as Pacinian corpuscles by pressing or not pressing the patch during the application
- :: receptors sensitive to stretching such as Meissner's corpuscles
- :: temperature-sensitive receptors such as Ruffini receptors (heat) or Krause receptors (cold). Depending on the sensations experienced by the wearer they are sometimes of cold, reddening- heat and or even an alternating hot-cold contrast.

Another study looks at the possible influence of Cross Tape on the Interoceptors or Visceroceptors when placing the patch onto acupuncture points which often overlap with Trigger Points and even when they are applied on specific dermatomes which can generate a posterior neuroreflex response.

Ultimately its contribution could be summarized in four basic characteristics:

:: **Analgesic ability** by influencing those nociceptors detecting/ deactivating the classical, myofascial trigger points.

:: **Ability to influence the usual acupuncture points**, thus stimulating or inhibiting potential energy balances; this is known as soft or needleless acupuncture.

:: **Ability to influence the dermatomes by** creating a neuroreflex effect on the segmental relationship of the body's elements.

:: **Ability to influence the muscles or lymph node stations**, because after its application less slippage and subsequent lifting of the skin occur, which can influence the muscle tone by either inhibiting or improving its capacity for lymphatic drainage.