# Rib Injuries

Rib Taping Technique (RTT) – Fractured Ribs

Fractured ribs or costochondral injuries are often distressing to the patient and are characterised by pain on movement, inspiration, and severe on coughing or sneezing. Physiotherapy is aimed at offering pain relief and ensuring adequate ventilation and respiratory toilet to prevent pneumonia and atelectasis. These aims can be partly achieved with the aid of a Rib Taping Technique (RTT). Circumferential or continuous strapping restricts chest wall excursion during inspiration, thereby compromising adequate ventilation and is discouraged. The RTT has the advantage of restricting movement or splinting the injured rib /ribs to the one above and one below, without restricting movement of the rest of the chest wall.

Technique: Application of Fixomull Transparent

The skin of the chest wall is sensitive and it is not uncommon to have severe skin reactions and blisters following the application of tape. Fixomull Transparent, a new product of BSN provides adequate protection against any adverse skin reactions of the tape. The RTT should ideally be changed daily with regular inspection of the skin condition.
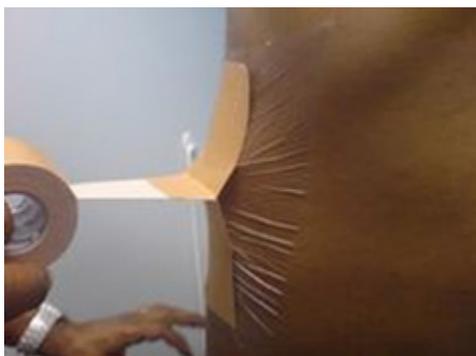
RTT must be applied in maximum inspiration. The technique aims to splint the affected ribs to one or two above and below. A short strip of Leuko P is applied above the injured area. A longer strip of Leuko P is applied from below. Both strips are attached approximately over the injured area: gentle traction is applied to crease the skin and soft tissue. Both strips should be attached close to the skin.

Whilst maintaining this traction, the distal strip is applied to overlap with the proximal strip, with the soft tissue "creased" over the injured rib. The taping should be reapplied every day or second day, with careful examination for any skin reactions.   The tape should be reapplied with greater tension if no significant pain relief is achieved. Patients must be instructed on the importance of deep breathing exercises and coughing.