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Effectiveness of Kinesio Taping in patients with chronic non-specific low back pain

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Introduction: Low back pain is currently the most common musculoskeletal problem globally. It is estimated that approximately 18% of the world's population suffers from low back pain and that 39% will suffer at least one episode of low back pain in their lifetime. Kinesio Taping® (KT) is widely used to aid in the treatment of musculoskeletal disorders⁶. KT was developed in 1973 by Kenzo Kase^{8,9}, who suggests that one of the effects of this technique is the improvement of symptoms in patients with low back pain.

Therefore the objective this review To investigate the effects of Kinesio Taping® (KT) in patients with non-specific low back pain. **Methods:** We performed searches on PubMed, EMBASE, PEDro, SciELO and LILACS, up to February 26th, 2018. We included only randomized controlled trials (RCTs) in adults with chronic non-specific low back pain that compared KT to no intervention or placebo and RCTs that compared KT combined with therapeutic exercise to exercise alone. The methodological quality and statistical reporting of the eligible trials were measured by the 11-item PEDro scale. The quality of the evidence was assessed using the GRADE classification. We considered pain intensity and disability as the primary outcomes. Whenever possible, the data were pooled through meta-analysis.

Results: We identified eleven RCTs for this systematic review (pooled n=743). Two clinical trials (pooled n=100) compared KT to no intervention at the short-term follow-up. Four studies compared KT to placebo (pooled n=287) at the short-term follow-up. Two studies (pooled n=100) compared KT to placebo at intermediate-term follow-up. Five clinical trials (pooled n=296) compared KT combined with exercises or electrotherapy to exercises or spinal manipulation alone. No statistically significant difference was found for any outcome.

Conclusions: Very low to moderate quality evidence shows that KT was no better than any other intervention for any of the outcomes assessed at any time point of the follow-ups in patients with chronic non-specific low back pain. Therefore, the current evidence does not support the use of KT in clinical practice for patients with chronic low back pain.