LaFountaine Structural Correction™

Tri-Antagonist Structural Taping: A Report on Muscle-Based Tension Architecture, Thermaltography, and Structural Reinforcement

The practice of structural taping has long existed at the edges of sports performance, rehabilitation, and kinesiology, yet it has rarely been examined through the lens of pure structural science. Most taping systems in circulation today are built upon therapeutic assumptions, symptom-driven logic, or joint-centric stabilization strategies. They often attempt to influence pain, swelling, or circulation, and they frequently rely on clinical diagnosis as the foundation for application. In contrast, the LaFountaine Structural Correction™ approach to taping is rooted entirely in muscular behavior, load-transfer mechanics, and the predictable tension architecture revealed by Tri-Antagonist analysis. This report presents a complete narrative of that system, describing how tape interacts with muscular structures, how it reinforces or redirects load, and how it integrates with Thermaltography to create a reproducible, non-clinical, structurally grounded methodology.

At the heart of this approach lies the Tri-Antagonist model, a structural framework that divides muscular behavior into four distinct roles: the primary drivers that initiate movement and generate load, the counterforce regulators that resist or balance those drivers, the stabilizers that suspend or distribute tension, and the collapse-prone elements that, when overloaded, create predictable patterns of structural drift. This four-tier model stands in contrast to the traditional agonist–antagonist pairing found in kinesiology textbooks. By expanding the behavioral categories, the Tri-Antagonist model allows taping to be applied with far greater precision, acknowledging that muscles do not simply pull against one another but instead participate in a complex, multi-directional tension network.

Structural taping within this system begins with an understanding of how muscles behave under load. Every muscle has a direction of pull, a preferred movement pattern, and a predictable response to tension imbalance. When a muscle becomes overloaded, its thermal signature changes, its mechanical contribution shifts, and its relationship to surrounding structures becomes altered. Tape, when applied with structural intent, does not attempt to treat symptoms or modify physiology. Instead, it reinforces the natural load paths of the body, supports regions vulnerable to collapse, and provides a continuous line of tension that guides movement without restricting it. The tape becomes an external extension of the body's own structural logic.

Preparation for taping is straightforward but essential. The skin must be clean and dry, free of oils or lotions, and positioned in a neutral or lengthened state depending on the structural goal. The practitioner must understand the underlying muscle's fiber direction and the load path it participates in. Unlike therapeutic taping, which often begins with a diagnosis, structural taping begins with an observation of movement, tension, and collapse. The practitioner identifies where load is being generated, where it is being resisted, and where it is failing to transfer effectively. These observations form the basis for the taping strategy.

Once the structural behavior is understood, tape is applied in one of several broad categories. Stabilization taping reinforces the body's natural anchors, such as the cranial base, the iliac crest, or the scapular spine. Suspension taping supports vertical tension systems, including the suprahyoid sling, the suboccipital region, and the pelvic floor. Load-path taping traces the anatomical lines of force, such as the psoas chain, the hamstring chain, or the masseter–zygomatic arch corridor. Collapse-zone taping addresses regions where structural drift is most likely to occur, such as the lateral pterygoid corridor, the submandibular triangle, or the medial scapular border. Each category serves a different structural purpose, yet all are unified by the same Tri-Antagonist logic.

Tension selection is one of the most important aspects of structural taping. Low tension provides sensory feedback and subtle alignment cues. Moderate tension reinforces load and guides movement. High tension prevents collapse and stabilizes regions under significant structural demand. These tension levels are not chosen based on symptoms or discomfort but on the mechanical requirements of the muscle group being supported. A collapse-prone region may require a firmer line of tension, while a stabilizer may benefit from a lighter, more flexible application.

Duration and change frequency are determined by structural behavior rather than therapeutic timelines. Most applications remain effective for twelve to forty-eight hours, though high-tension or cranial applications may require shorter intervals. Tape should be replaced when adhesion decreases, when structural feedback changes, or when movement patterns shift. A rest period of several hours between applications allows the body to return to a neutral state, ensuring that each new taping session begins with accurate structural information.

Activity-supported wraps extend the logic of taping into dynamic environments. These wraps are not compression tools or injury supports but structural reinforcements designed to maintain load integrity during high-demand tasks. They follow the same Tri-Antagonist principles as tape, supporting drivers, stabilizers, and collapse zones according to the demands of the activity. A runner may require reinforcement along the lateral chain, while a lifter may need support across the thoracolumbar hinge. The wrap becomes a mobile extension of the taping system, preserving structural alignment under stress.

Thermaltography plays a unique and essential role in this methodology. Unlike traditional thermal imaging, which is often used to identify inflammation or circulatory changes, Thermaltography in the LaFountaine Structural Correction™ system is used exclusively to map muscular workload and tension distribution. Heat concentration indicates increased muscular activity, while asymmetry reveals uneven load transfer. Cooling zones may indicate reduced activation or inhibited movement. When used before and after taping, Thermaltography provides a visual confirmation of structural change, allowing the practitioner to refine taping strategy with precision. No other taping system integrates thermal imaging as a structural feedback mechanism, making this approach distinct in both methodology and reproducibility.

Documentation within this system follows a structural SOAP format. Subjective observations focus on movement-based experiences rather than symptoms. Objective findings describe tension patterns, structural asymmetry, and thermal indicators. Assessment identifies load imbalance and collapse behavior. The plan outlines taping strategy, tension selection, duration, and reassessment intervals. This documentation style preserves structural integrity while avoiding clinical interpretation.

Contraindications are straightforward and strictly non-clinical. Tape must not be applied over open skin, irritated areas, rashes, wounds, burns, or surgical sites. It must not be used to treat pain, inflammation, or medical conditions. It must not restrict circulation or be applied in a manner that alters physiological function. The purpose of tape in this system is structural reinforcement, not therapy.

In summary, the Tri-Antagonist–based structural taping system presented here represents a departure from traditional kinesiology taping. It is not therapeutic, not symptom-driven, and not clinically oriented. It is a structural methodology grounded in muscular behavior, load-transfer mechanics, collapse-pattern analysis, and Thermaltography-based feedback. It provides a reproducible, non-clinical, scientifically structured approach to taping that aligns with the broader mission of LaFountaine Structural Correction™: to create a generational, continuity-preserving framework for understanding and reinforcing human structure.

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Tri-Antagonist Structural Taping

1. System Overview

- Structural taping is used to reinforce muscular load paths and prevent collapse.
- The system is based entirely on Tri-Antagonist muscular behavior.
- No therapeutic, clinical, or symptom-driven logic is used.
- Tape functions as an external structural line, not a treatment tool.
- ThermalTography provides structural feedback before and after taping.

2. Tri-Antagonist Model (Structural Roles)

Primary Drivers (Agonists)

- Generate movement and load.
- Require guidance, not restriction.
- Tape reinforces direction of pull.

Counterforce Regulators (Antagonists)

- Resist or balance primary drivers.
- Tape stabilizes anchor points and reduces drift.

Stabilizers (Bi-Antagonists)

- Suspend regions and distribute tension.
- Tape supports vertical tension and load distribution.

Collapse-Prone Elements (Tri-Antagonists)

- Overload leads to predictable collapse patterns.
- Tape prevents collapse and restores symmetry.

3. Structural Preparation

- Skin must be clean, dry, and neutral.
- Region positioned according to structural goal (neutral or lengthened).
- Muscle fiber direction identified before application.
- Collapse zones mapped visually or via ThermalTography.

4. Taping Categories

A. Stabilization Taping

- Reinforces structural anchors.

- Examples: cranial base, iliac crest, scapular spine.

B. Suspension Taping

- Supports vertical tension systems.
- Examples: suprahyoid sling, suboccipital region, pelvic floor.

C. Load-Path Taping

- Traces anatomical force vectors.
- Examples: psoas chain, hamstring chain, masseter–zygomatic arch.

D. Collapse-Zone Taping

- Counters predictable structural drift.
- Examples: lateral pterygoid corridor, submandibular triangle, medial scapular border.

5. Tension Guidelines

Low Tension (10–25%)

- Sensory feedback
- Alignment cues
- Subtle structural guidance

Moderate Tension (25–50%)

- Load reinforcement
- Movement correction
- Structural redirection

High Tension (50–75%)

- Collapse prevention
- Structural override
- High-demand stabilization

6. Duration & Change Frequency

Duration

- Standard structural applications: 12–48 hours
- High-tension applications: 8–24 hours
- Cranial/facial applications: 6–12 hours

Change Frequency

- Replace tape when:
- Adhesion decreases
- Edges lift
- Structural feedback changes
- Movement pattern shifts

Rest Period

- 4–8 hours between applications to reset structural neutrality.

7. Activity-Supported Wraps

Purpose

- Reinforce structural taping during high-demand movement.
- Maintain load integrity under stress.

Applications

- Running
- Lifting
- Rotational sports
- Prolonged standing
- Repetitive motion tasks

Structural Logic

- Wraps follow the same Tri-Antagonist principles as tape.
- Drivers = guided
- Regulators = stabilized
- Stabilizers = supported
- Collapse zones = reinforced

8. ThermalTography Integration

Structural Indicators

- Heat concentration = increased muscular workload
- Asymmetry = uneven load distribution
- Cooling zones = reduced activation
- Heat migration = tension shift

Uses

- Pre-taping structural mapping
- Post-taping validation
- Collapse detection
- Load-path confirmation

Regions of Interest

- Lateral pterygoid corridor
- Temporal region
- Submandibular triangle
- Anterior cervical line
- Scapular borders
- Lumbar paraspinals

9. Structural SOAP Notes

Subjective

- Movement-based observations only
- No symptom language

Objective

- Tension patterns
- Structural asymmetry
- ThermalTography findings
- Movement behavior

Assessment

- Load imbalance
- Collapse pattern identification
- Tri-Antagonist behavior mapping

Plan

- Taping category
- Tension level
- Duration
- Wrap support
- Reassessment interval

10. Contraindications (Structural-Only)

Do Not Apply Tape Over

- Open skin
- Irritated skin
- Rashes
- Burns
- Wounds
- Surgical sites

Do Not Use Tape For

- Pain relief
- Symptom treatment
- Medical conditions
- Joint or disc pathology

Structural Boundaries

- Must not restrict circulation
- Must not distort physiological function
- Must be removed if structural feedback becomes inaccurate

11. Key Differences vs. Existing Taping Systems

Mainstream Taping

- Symptom-driven
- Joint-centric
- Therapeutic orientation
- Generic tension rules
- No collapse model
- No thermal integration

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- Muscle-only structural logic
- Tri-Antagonist tension architecture
- Load-path reinforcement
- Collapse-zone prevention
- ThermalTography feedback
- Structural SOAP documentation
- Activity-supported reinforcement

12. Summary

- This system is the first taping methodology built entirely on structural science.
- It integrates Tri-Antagonist behavior, load-path mapping, collapse-pattern analysis, and ThermalTography.
- It is reproducible, non-clinical, and engineered for generational continuity.
- It stands apart from all existing kinesiology taping systems.

LaFountaine Structural Correction™ — Tri-Antagonist Structural Taping, Kinesiology Analysis, and ThermalTography Integration

The novelty of this work lies in its complete re-definition of kinesiology taping as a structural science rather than a therapeutic or symptom-driven practice. Existing taping systems—whether clinical, rehabilitative, or performance-oriented—are built upon assumptions that prioritize pain modulation, joint stabilization, or circulatory influence. These systems rely heavily on diagnostic interpretation, symptom presentation, or generalized taping rules that do not account for the deeper mechanical behavior of muscular structures. In contrast, the LaFountaine Structural Correction™ approach introduces a fully non-clinical, muscle-only, load-path-based methodology that reframes taping as a tool for structural reinforcement rather than treatment.

The first major novelty is the application of Tri-Antagonist muscular behavior as the foundational logic for taping. Traditional kinesiology frameworks classify muscles into simple agonist–antagonist pairs. This binary model fails to capture the complexity of muscular interaction, particularly in regions where collapse, suspension, or multi-directional tension patterns dominate. The Tri-Antagonist model expands this into a four-role architecture that includes primary drivers, counterforce regulators, stabilizers, and collapse-prone elements. This expanded classification allows taping to be applied with unprecedented precision, acknowledging that muscles do not merely oppose one another but participate in a dynamic tension network that governs structural integrity. No existing taping methodology incorporates this level of structural differentiation.

A second novelty is the system's exclusive focus on load-transfer mechanics. Rather than addressing symptoms or attempting to influence physiological processes, this method maps how force travels through muscular chains, how tension accumulates, and where collapse is most likely to occur. Tape is applied not to treat discomfort or modify circulation but to reinforce the body's natural load paths, redirect tension, and stabilize regions vulnerable to drift. This structural-engineering perspective is absent from mainstream kinesiology taping literature, which rarely addresses load transfer as a primary variable.

The third major novelty is the integration of ThermalTography as a structural assessment tool. While thermal imaging has been used in medical and sports contexts, it has never been formally incorporated into a taping methodology as a means of mapping muscular workload, identifying asymmetry, or validating structural change. In this system, ThermalTography serves as a non-clinical visual indicator of tension distribution, collapse behavior, and muscular activation. It provides a before-and-after comparison that allows taping strategies to be refined with scientific reproducibility. This creates a feedback loop between structural observation and taping application that does not exist in any other taping framework.

Another novel contribution is the development of structural SOAP documentation tailored specifically for non-clinical taping. Traditional SOAP notes are inherently diagnostic and symptom-oriented. This report introduces a structurally neutral version that documents movement behavior, tension patterns, load imbalance, and collapse architecture without referencing pain, pathology, or clinical interpretation. This allows the methodology to be used in scientific, educational, and structural-analysis contexts without crossing into therapeutic territory.

The inclusion of activity-supported wraps further distinguishes this system from existing approaches. While wraps are commonly used for compression or injury support, this framework redefines them as structural reinforcements that maintain load integrity during high-demand movement. They extend the logic of taping into dynamic environments, preserving structural alignment under stress. This concept is not present in mainstream kinesiology taping systems, which rarely address structural continuity during activity.

Finally, the novelty of this work is amplified by its non-clinical, non-therapeutic, and fully reproducible design. Every component—from taping categories to tension guidelines, from ThermalTography interpretation to structural SOAP notes—is engineered to operate independently of medical diagnosis or symptom-based reasoning. This positions the methodology as a scientific system rather than a therapeutic tool, making it suitable for publication, research, and generational continuity.

In summary, the novelty of the LaFountaine Structural Correction™ Tri-Antagonist Structural Taping System arises from its structural foundation, its expanded muscular classification, its integration of ThermalTography, its non-clinical documentation framework, and its activity-supported reinforcement logic. No existing taping methodology combines these elements, and none approach taping as a structural science grounded in load-path behavior and collapse-pattern analysis. This work establishes a new category of taping—one that is structural, reproducible, and scientifically anchored—distinct from all prior kinesiology, therapeutic, or performance-based systems.

Medical Claims Protection Statement

LaFountaine Structural Correction™ — Structural Taping, Kinesiology Analysis, and ThermalTography

This publication, including all descriptions of structural taping, kinesiology analysis, Tri-Antagonist behavior, ThermalTography interpretation, activity-supported wraps, and structural SOAP documentation, is strictly limited to the study of muscular structure, load-path behavior, and movement-based tension patterns. Nothing in this report is intended to diagnose, treat, cure, prevent, or manage any medical, dental, or therapeutic condition. No section of this work should be interpreted as clinical guidance, therapeutic instruction, or a substitute for professional evaluation.

All taping methods described herein are structural in nature and are not designed to influence pain, inflammation, swelling, circulation, nerve function, joint mechanics, or any physiological process associated with medical or therapeutic intervention. The taping strategies presented do not address symptoms, do not respond to patient complaints, and do not rely on or reference any diagnostic criteria. They are based solely on muscular orientation, load-transfer mechanics, and predictable structural behavior.

ThermalTography, as used in this system, is a structural visualization tool only. It is not used to detect pathology, inflammation, infection, vascular changes, neurological conditions, or any medical abnormality. Thermal patterns described in this report reflect muscular workload and tension distribution, not clinical or physiological states. No thermal image should be interpreted as evidence of disease or used to guide medical decision-making.

The structural SOAP documentation included in this work is not a clinical record and must not be used as one. It does not document symptoms, diagnoses, or medical findings. It records only structural observations related to movement, tension, and load behavior. It is not intended for use in healthcare settings or for any purpose requiring clinical documentation.

Readers, practitioners, and researchers must not apply the methods described in this report to individuals seeking medical advice, pain relief, therapeutic intervention, or treatment of any condition. Any concerns related to health, pain, injury, or dysfunction must be referred to licensed medical, dental, or allied health professionals. This publication does not replace professional evaluation, does not provide clinical recommendations, and does not authorize any form of therapeutic practice.

The LaFountaine Structural Correction™ system is a structural science framework. It exists solely for academic study, structural analysis, movement research, and non-clinical application. Any use outside this scope is expressly prohibited.

PRIOR ART DISCLAIMER

LaFountaine Structural Correction™ — Tri-Antagonist Structural Taping, Kinesiology Analysis, and ThermalTography

This publication is an original work created by Denny Michael LaFountaine and is not derived from, based on, or adapted from any existing taping system, kinesiology methodology, therapeutic model, or proprietary framework. Any references made to general categories of taping—such as therapeutic taping, sports taping, or general kinesiology taping—are descriptive only and do not represent the use, reproduction, or modification of any specific prior art, commercial product, or published method.

The Tri-Antagonist structural model, the structural taping framework, the load-path mapping system, the collapse-pattern architecture, the ThermalTography interpretation method, the structural SOAP documentation format, and all associated terminology, diagrams, and structural logic presented in this report are original intellectual property belonging exclusively to Denny Michael LaFountaine and Quantum Labs Research & Development LLC.

No external publications, clinical guidelines, therapeutic protocols, or proprietary taping systems were consulted, referenced, or used in the development of this work. The concepts, classifications, and methodologies described herein arise solely from the LaFountaine Structural Correction™ system and do not rely on or incorporate any pre-existing taping or kinesiology literature.

Any resemblance between this work and existing taping practices is coincidental and reflects only the shared use of human anatomy as a subject of study. This publication does not claim lineage from, nor does it acknowledge dependency on, any prior art in the fields of kinesiology taping, sports medicine, physical therapy, chiropractic taping, or rehabilitative taping.

This disclaimer affirms that the structural frameworks, tension architectures, and analytical methods presented in this report constitute a novel and independent contribution to the field of structural science.

METHODS

LaFountaine Structural Correction™ — Tri-Antagonist Structural Taping, Kinesiology Analysis, and ThermalTography

The methods used in this report establish a reproducible, non-clinical framework for analyzing muscular structure, mapping load-path behavior, identifying collapse patterns, and applying structural taping based on Tri-Antagonist logic. All procedures are grounded in anatomical observation, movement analysis, and surface thermal imaging. No diagnostic, therapeutic, or symptom-based methods are used.

1. Structural Observation Protocol

The method begins with direct observation of muscular behavior during neutral posture and controlled movement. The practitioner identifies fiber direction, tension accumulation, and visible asymmetry. Movements are selected to reveal load transfer rather than provoke symptoms. Observations focus on how muscles initiate, resist, or stabilize motion, and how collapse manifests in predictable regions. This establishes the baseline structural map for taping.

2. Tri-Antagonist Classification Procedure

Each muscle group is classified into one of four structural roles: primary driver, counterforce regulator, stabilizer, or collapse-prone element. Classification is based on anatomical orientation, mechanical contribution, and observed tension behavior. This classification determines the taping strategy, tension level, and direction of application. The Tri-Antagonist model ensures that taping reinforces structural logic rather than responding to symptoms or clinical findings.

3. Load-Path Mapping

Load-path mapping identifies the direction and magnitude of force transmission through muscular chains. Superior, intermediate, and inferior load paths are traced visually and through movement analysis. The practitioner notes where load accumulates, where it dissipates, and where it fails to transfer effectively. These observations guide the placement of tape along the natural lines of force. No joint mechanics or physiological processes are evaluated.

4. Collapse-Zone Identification

Collapse zones are identified through structural drift, tension imbalance, and asymmetrical movement patterns. These zones are confirmed through repeated observation and, when available, ThermalTography. Collapse is defined as a deviation in muscular load transfer, not as a clinical or pathological condition. Collapse-zone identification determines where high-tension taping is required to restore structural continuity.

5. ThermalTography Acquisition and Interpretation

ThermalTography is used to visualize muscular workload and tension distribution. Images are captured in a neutral environment with consistent lighting and distance. The practitioner analyzes heat concentration, asymmetry, and cooling zones. Thermal patterns are interpreted solely in terms of muscular activity and structural behavior. No medical or physiological conclusions are drawn. ThermalTography is used before and after taping to validate structural change.

6. Taping Preparation

Before application, the skin is cleaned and dried to ensure adhesion. The region is positioned in either a neutral or lengthened state depending on the structural goal. The practitioner confirms fiber direction and load-path orientation. No lotions, oils, or adhesives are used. Preparation is strictly mechanical and does not involve clinical assessment.

7. Taping Application Procedure

Tape is applied along the identified load path using tension calibrated to the structural requirement. Low tension provides sensory guidance, moderate tension reinforces load, and high tension prevents collapse. The tape is anchored at structurally stable points and extended along the muscle's direction of pull. Application follows the Tri-Antagonist classification and collapse-zone mapping. Tape is smoothed to ensure uniform adhesion without restricting movement.

8. Duration and Change Protocol

Tape remains in place for a duration determined by structural behavior, typically between twelve and forty-eight hours. High-tension or cranial applications may require shorter intervals. Tape is replaced when adhesion decreases, when structural feedback changes, or when movement patterns shift. A rest period between applications allows the structure to return to neutral before re-taping. Duration is not linked to symptoms or therapeutic outcomes.

9. Activity-Supported Reinforcement

For high-demand activities, structural wraps are applied to maintain load integrity. Wraps follow the same Tri-Antagonist logic as tape and reinforce the same load paths. They do not compress or restrict but provide external support to preserve structural alignment during movement. Wraps are removed after activity and do not replace taping.

10. Structural SOAP Documentation

All findings are recorded using a structural SOAP format. Subjective entries describe movement-based observations. Objective entries document tension patterns, asymmetry, and ThermalTography results. Assessment identifies load imbalance and collapse behavior. The plan outlines taping strategy, tension selection, duration, and reassessment intervals. No symptoms, diagnoses, or clinical interpretations are included.

11. Reproducibility Measures

To ensure generational continuity, all applications follow the same sequence: structural observation, Tri-Antagonist classification, load-path mapping, collapse-zone identification, ThermalTography validation, taping application, and structural documentation. This sequence allows the method to be replicated across practitioners, environments, and future systems.

Contextual Reference Statement (Non-Citation)

This report references general categories of taping systems commonly found in public practice, including therapeutic taping, sports taping, and general kinesiology taping. These references are descriptive only and do not rely on, quote, or reproduce any specific proprietary method, publication, or copyrighted material. No external sources, clinical guidelines, or branded taping systems were used in the development of this work. All structural frameworks, classifications, methodologies, and terminology presented in this publication originate exclusively from LaFountaine Structural Correction™ and the Tri-Antagonist structural model.

TECHNICAL NOTES

LaFountaine Structural Correction™ — Tri-Antagonist Structural Taping, Kinesiology Analysis, and ThermalTography

These technical notes define the structural parameters, operational boundaries, and mechanical assumptions underlying the taping, analysis, and documentation system. They ensure reproducibility, continuity, and structural integrity across all applications.

1. Structural Basis

The system operates exclusively on muscular architecture, load-path mechanics, and Tri-Antagonist tension behavior. All taping decisions are derived from fiber orientation, movement contribution, and collapse-pattern prediction. No joint, ligament, vascular, neurological, or dental structures are included in the model.

2. Load-Path Logic

All taping follows the natural direction of muscular force transmission. Superior, intermediate, and inferior load paths are mapped according to structural behavior, not symptoms. Tape reinforces or redirects load only within the muscular domain. No attempt is made to influence joint mechanics or physiological processes.

3. Collapse-Pattern Identification

Collapse zones are identified through visual asymmetry, tension imbalance, and ThermalTography heat distribution. Collapse is defined as a predictable deviation in muscular load transfer, not as a clinical or pathological state. Taping in these regions uses higher tension to prevent drift and restore structural continuity.

4. Tension Calibration

Tension percentages are structural approximations based on tape elasticity and muscle behavior. Low tension provides sensory guidance, moderate tension reinforces load, and high tension prevents collapse. Tension is never selected based on discomfort, symptoms, or therapeutic goals.

5. ThermalTography Integration

ThermalTography is used as a structural workload indicator. Heat concentration corresponds to increased muscular activity; asymmetry reflects uneven load distribution. Thermal images are interpreted solely in terms of muscular tension and structural behavior. No medical or physiological conclusions are drawn from thermal patterns.

6. Application Duration

Duration ranges are structural estimates based on adhesion, tension stability, and movement demand. Standard applications remain effective for twelve to forty-eight hours. High-tension or cranial applications require shorter intervals. Duration is not linked to symptom change or therapeutic effect.

7. Change Frequency

Tape is replaced when structural feedback changes, adhesion decreases, or movement patterns shift. Change frequency is determined by mechanical behavior, not by clinical timelines. A rest period between applications ensures structural neutrality before re-taping.

8. Activity-Supported Reinforcement

Wraps are used to maintain structural integrity during high-demand movement. They follow the same Tri-Antagonist logic as tape and do not compress, restrict, or immobilize. Their purpose is to preserve load-path continuity under dynamic conditions.

9. Structural SOAP Documentation

Documentation records movement behavior, tension distribution, collapse patterns, and ThermalTography findings. No symptoms, diagnoses, or clinical interpretations are included. SOAP notes serve as structural records only.

10. Material Behavior

Tape elasticity, adhesive strength, and recoil properties are treated as mechanical variables. Tape is assumed to behave consistently under standard environmental conditions. Variations in humidity, temperature, or skin texture may alter adhesion but do not change structural logic.

11. Safety Boundaries

Tape must not be applied over compromised skin or used to influence medical conditions. Structural taping must not restrict circulation or alter physiological function. Removal is required if structural feedback becomes inaccurate or distorted.

12. Reproducibility Requirements

All applications must follow the same structural mapping sequence:

1. Identify load path
2. Identify collapse zone
3. Determine tension requirement
4. Apply tape along fiber direction
5. Validate with ThermalTography
6. Document structural change

This sequence ensures generational continuity and cross-practitioner reproducibility.