Official Study Title:
The Clinical Effects of Kinesio Taping Versus Sham Taping on Pain, Kinesiophobia, Functional Mobility, and Disease Activity in Patients with Rheumatoid Arthritis: A Randomized Controlled Trial

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The Effectiveness of Kinesiology Taping in Patients with Knee Rheumatoid Arthritis in Terms of Pain, Function and Kinesiophobia: A Randomised Controlled Trial

Background:
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Rheumatoid arthritis is a chronic inflammatory disease that leads to joint pain, reduced

functional capacity, and movement-related fear. Non-pharmacological and supportive treatment methods are increasingly emphasized to improve patients' quality of life. Kinesio taping has been suggested as a potential complementary approach, but its clinical benefits compared to sham applications remain uncertain.

Objective:
The aim of this study is to investigate the effects of kinesio taping compared to sham taping in patients with rheumatoid arthritis, with a particular focus on pain, functional mobility, kinesiophobia, and disease activity.

Methods:
A randomized controlled design is planned, including 30 patients with rheumatoid arthritis aged 45–65 years with moderate disease activity (DAS28: 2.6–5.1). Participants will be randomly assigned to two groups: kinesio taping or sham taping. Interventions will be applied twice a week for four weeks. Outcomes will include pain (Visual Analog Scale), disease activity (DAS28), kinesiophobia (Tampa Kinesiophobia Scale), and functional mobility (Timed Up-and-Go Test). Measurements will be taken before and after the intervention period.

Ethical Approach: All procedures conform to the ethical standards of the Helsinki Declaration and were approved by the Istanbul Rumeli University Ethics Committee.

The Statistical analysis: The statistical evaluation of the study data will be carried out using IBM SPSS Statistics version 26.0. The distribution of quantitative variables will be examined with the Kolmogorov-Smirnov test to determine normality. Between-group comparisons of categorical variables will be performed with the Chi-square test, while continuous variables will be analyzed using the Independent Samples t-test. Pre- and post-intervention differences within each group will be assessed by the paired t-test. Statistical significance will be set at $p < 0.05$. In addition, effect sizes will be estimated as r values, calculated from the formula $t / \sqrt{n}$, in accordance with Cohen's d interpretation.