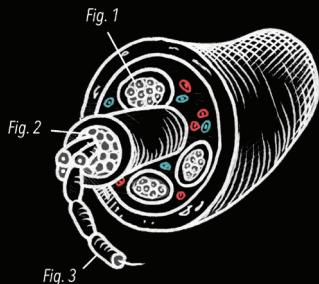


Nerves in Rope Bondage



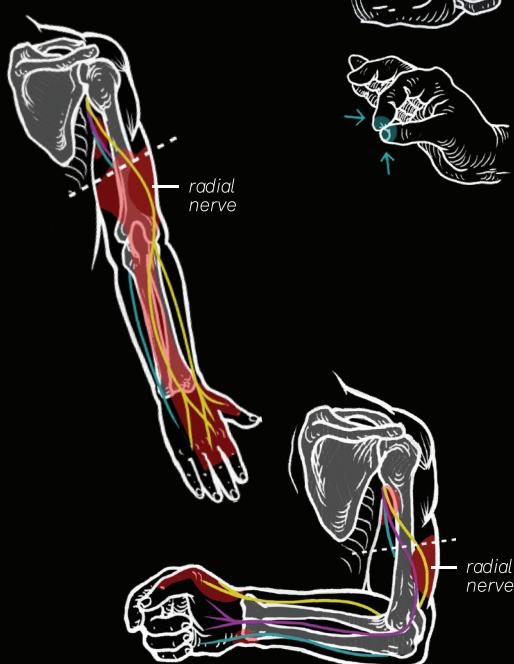
What is a nerve?

A nerve consists of **many fibres (axons)** (fig.1 & 2) surrounded by **sheathes of myelin** (fig.3) and arranged into bundles within protective coverings, and may contain **motor fibres, sensory fibres** or both. In rope, injury occurs by direct compression or by shearing force. In case of prolonged or substantial compression there is a risk of lesion of this myelin (**neurapraxia**) followed by a **loss of the motor and sensory function**. This injury is most often associated with the **Takate Kote** (or 'box tie') where the arms are tied behind the back, as the **radial nerve is particularly exposed in this position.**

How to prevent this?

- Proper **placement** of the ropes on the body - usually over muscle and away from joints.
- Proper **tensioning** of the ropes - including even tensioning between ropes.
- **Adjusting** and **dressing** the ropes to fix placement and tension throughout your rope scene.
- Regularly **checking-in** with your partner during play regarding changes in sensations and movement.

Closing your fist with your thumb firmly standing allows you to check most of your arm's nerves

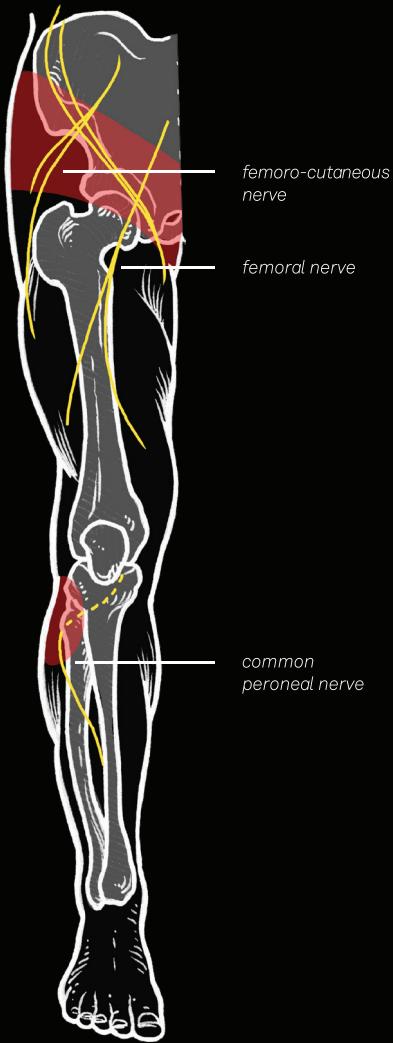


What does it feel like?

The compression happens **without pain or visible warnings**, unless you check for movement, you might not realise this is happening. Pay attention to changes in sensation, like tingling, but especially numbness and gradual loss of movement. In particular, make sure you/your partner **can move the wrist and thumb up.**

- - - keep rope above line on upper arm ties

● areas to be careful with



What is foot drop?

Foot drop is less talked about than wrist drop because we rarely place rope on the area of the leg which would cause compression of the **common peroneal nerve**. However it can happen if placement or tension are incorrect or if checks are not made throughout your scene. Foot drop can have a significant impact on walking.

Sensation loss?

Most arm nerves have both motor and sensory function. Pure sensory nerves that can be injured in rope are the **anterior cutaneous and lateral cutaneous nerves of the thigh**, leading to loss of surface sensation on the thigh, usually due to compression on the upper leg/hip area. **Hip harnesses** and **futomomas** are ties commonly associated with this, usually (but not exclusively) in suspension. Sensation on the surface of the skin feels duller than usual when this injury occurs, but returns over time.

We worry less about pure sensory loss than we do about loss of movement because a) it is hard to diagnose in the ropes (it usually manifests itself after untying), and b) it has less impact on daily activities. Unlike loss of movement, being okay or not okay with potential loss of sensation is usually down to an individual's **risk profile**.

What happens when you get injured?

If movement or sensation loss affecting your hand doesn't come back after a few hours, you should go to your **doctor or a Minor Injuries unit**. Be **honest** about your injury so that you can get the appropriate medical attention. There is little that can be done in the initial period other than waiting to see how things develop, but if there is no improvement nerve testing may be necessary. Recent studies have suggested that while **pain killers, B12 vitamins, ice or heat are unlikely to improve healing** they may give symptomatic relief. **Massaging the area however is now heavily discouraged**. **Rest** is important so use a sling and a wrist splint to help rest the arm, avoid putting rope on the affected arm and wait until you've completely recovered before doing rope again.