

# Health Information Sheets

## WikiKink

alt sex health bytes

Knowledge bytes for healthcare professionals

**Bondage:** Bondage is any practice involving physical restraint. It includes three subcategories: total restraint - individual cannot move on their own; partial restraint - portions of the body are restrained but movement is possible; and decorative restraint - movement may not be hindered (Harrington & Williams, 2012). Materials used for restraints include rope, metal clasps, cling wrap/ bondage tape, fabric, leather or latex.



### Types of Bondage:

- Rope Bondage
- Long term Bondage
- Suspension Play (usually using ropes)
- Hooks and Pulls - Piercing with hypodermic needles followed by sterile, temporary, single-use hooks of various types, sizes and amounts for suspension from rigging.
- Predicament Bondage - involving positions that invoke muscle fatigue requiring the person to switch to a temporary position of equal or more pain.
- Restraints can be adhered to various suspension frames, benches, slings or anything maintaining the integrity of the bound positions. Materials should not stick to hair or skin (exceptions if the partners mutually agree on an aspect of pain sensation seeking).
- Self- Bondage

### Things for Patients to Consider

- **Restraint Placement:** Restraints should not be tied directly to the body or open nerves/pressure points. Restraints should not be placed directly on the bone but above the bone area. Constant tightening & loosening can strain areas around the neck, shoulders and back.
- **Body Positioning:** Body position can complicate personal safety - seen in predicament bondage, where body position is constantly changing. Torquing the body (e.g. a strict hogtie) can put extra pressure on areas like the back.
- **Negotiation & Disclosure:** Before play, individuals should discuss any medical conditions/medications, putting them at risk of injury.

### Possible Complications:

- **Nerve Damage:** Nerve damage is common and can last from 4-13 weeks. Nerve damage can be permanent, and can lead to impaired movement.
- **Bleeding/Bruising:** Severe bleeding or bruising may occur due to medications like ibuprofen, Aspirin, naproxen or blood thinners. Patients with hemophilia, anemia, or susceptible to bleeding/bruising should consult a medical professional before engaging in bondage.
- **Blood Flow:** Bondage should never cut off blood supply.

### **Harm Reduction Counseling:**

- Tools: Every bondage kit should include a blunt-end cutting tool (e.g. EMT shears/ seatbelt cutter) slid under the rope without harming the individual. Cutting tools used should be tested before play.
- Do not use materials that do not loosen for bondage.
- Always make sure that sheers work before engaging in bondage.
- In an case of emergency: All should stay calm and strategically remove the restraints quickly, without causing more harm to the bound individual, rather than immediately cutting all the rope.
- Never leave someone alone when engaging in bondage.
- Pro-tip from the doctor: contact the doctor when limbs are numb, have discoloration or lose circulation.

**Cleaning/Care of Materials:** It is important to maintain the hygienic quality of all materials, tool or toys used in any sexual activity involving the exchanging of bodily fluids or that runs the risk of contamination of these fluids. This includes Kink/ BDSM activities eg. ropes, harnesses, dildos, clamps, clips, anal toys, etc. \*link to clean up care\*

### **Comorbidities and Complications:**

- For safe play, clients should be made aware of various adverse risks of bondage play if they have a personal or family medical history of any of the following:
- Diabetes
- Underweight/Malnutrition/Alcoholism
- Thyroid/Kidney/Liver Disease
- Autoimmune Diseases
- Joint/muscle fatigue or weakness
- Chronic Pain Syndromes/Neuropathy/Unmanageable pain tolerance.
- Allergies to rubber, latex, silicone, or animal hairs in rope
- Heart conditions

### **Things to Consider Asking Patients**

- “Have you ever tried bondage before?”
- (If Yes) “How was that previous experience(s) for you?” (Possible f/u about how experiences could be made better)
- (If No) “What do you find appealing about bondage?” & “When/Where would you like to try bondage?”
- “What is your current knowledge about kink/BDSM and the type of bondage you’re interested in?”
- “Where do you typically go to get information about bondage?”
- “Was this information helpful?”

#### **Further Resources:**

<http://www.xeromag.com/fvbds.html>  
<http://ranai.wordpress.com/kink-resources/>  
Insert TASHRA publication here [tashra.org](http://tashra.org)

#### **TASHRA Disclaimer:**

The TASHRA organization reserves the rights to the information presented in this paper. Any relevant information taken, should not be used in lieu of current licensure or health/medical education backgrounds. The purpose of this information is not to substantiate claims about kink/bdsm identities or activities, but provide supplemental, community-based, information regarding common occurrences identified through previous TASHRA research and community outreach.

This article is sponsored by our principal investigators and associated research team:

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