NERVE RISKS IN SHIBARI

Prepared by Rope Rituals

Introduction And Disclaimer

Nerve damage is one of the most common and serious risks in rope bondage. It may happen suddenly or develop gradually over multiple sessions. It can also sometimes be mistaken for blood circulatory issues, and its recovery can vary from hours to weeks to months, or in some extreme cases, may never fully heal.

This resource is intended to raise awareness about one of the primary high-risk factors in the practice of Shibari: **nerve injury**. Its purpose is to help you understand *why* rope placement and tension matters, *how* nerve damage can occur, and what you can do to minimize the likelihood of injury.

It is crucial that both riggers and models acknowledge that the risk is always present. While injury can sometimes result from technical error or misjudgment, it may also occur for reasons where there is no fault or blame. Understanding this helps ensure that accountability and care are approached with honesty and respect rather than guilt.

Please note that **the author is not a medical professional**, and this guide is not a substitute for medical advice; it is provided for general informational purposes only. If you suspect that you, or anyone you are tying with, may have experienced a nerve injury, seek immediate assessment from a qualified medical practitioner.

This guide aims to:

- explain why rope placement in certain areas should be handled with greater care.
- support clearer communication around the risks of nerve damage.
- help you recognize when to speak up if something feels wrong.
- provide language for negotiating scenes and describing physical sensations.

Understanding the potential risks of Shibari enables you to make informed choices, whether you prefer to stay within a known safety margin or to explore higher-risk play with awareness and consent. It also equips you to respond effectively if something does go wrong.

And always remember:

Your **first and strongest safeguard** against injury is **clear, ongoing communication**. Check in with your partner regularly and encourage them to do the same.

Nerve Damage

Nerves are responsible for both sensation and motor control throughout the body. When they are compressed, overstretched, or subjected to excessive or prolonged pressure, nerve damage can occur. In Shibari, this is most often the result of prolonged compression, excessive tension, or repetitive strain in vulnerable areas. When a nerve is affected, several signs may appear, though not everyone will experience all of them, and symptoms may not always develop immediately.

Common symptoms include:

- Loss of motor function or muscle weakness (e.g.: wrist drop or difficulty extending the hand).
- Persistent numbness, tingling, or loss of sensation, particularly when localized to a specific area of the limb.
- Sharp, shooting, or burning pain that travels along the path of the affected nerve, often described as an *electric shock* or *stabbing* sensation.

Circulation loss or nerve damage?

Blood circulation changes are considered normal in Shibari, and short-term blood flow restriction or discoloration is rarely a cause for concern. However, understanding the difference between normal and problematic signs is crucial for safety.

Discoloration is not a reliable indicator of injury, as skin tone and vascular response vary widely between individuals. Dark red or purple coloration usually indicates *blood stasis*, a common and typically safe occurrence during bondage when limited to short durations (up to about 30 minutes). Pale or white skin, on the other hand, can signal *impaired arterial flow.* This is more serious and should be addressed immediately, although it is relatively rare since arteries are located much deeper beneath the skin. Generally, a vein can tolerate up to two hours of restricted blood flow without long-term effects.

Many riggers choose to keep deliberate blood-flow restriction brief, typically no longer than about 20 minutes, to minimize risk. Reduced circulation can cause temporary numbness or loss of sensation which makes it more difficult for the bottom to notice early signs of nerve compression or damage.

Circulatory restriction and nerve impingement may occur together, and in some cases, limited blood flow can even exacerbate nerve stress or injury**.** When these effects overlap, it is important to understand that reduced circulation can mask the warning signs of nerve compression increasing the likelihood of unnoticed injury.

Signs of nerve damage

Sensory cues are often the first sign of nerve compression.

For example:

- Tingling or numbness in the thumb and index finger may indicate radial nerve impingement, even when movement is unaffected.
- Tingling in the entire hand is more commonly caused by restricted blood flow.

When blood circulation concerns arise, riggers can take practical steps to restore blood flow and relieve pressure

For example:

- Dressing, adjusting or repositioning placement of rope.
- Changing the model's posture or limb angle.
- Shifting body weight or altering rope tension.

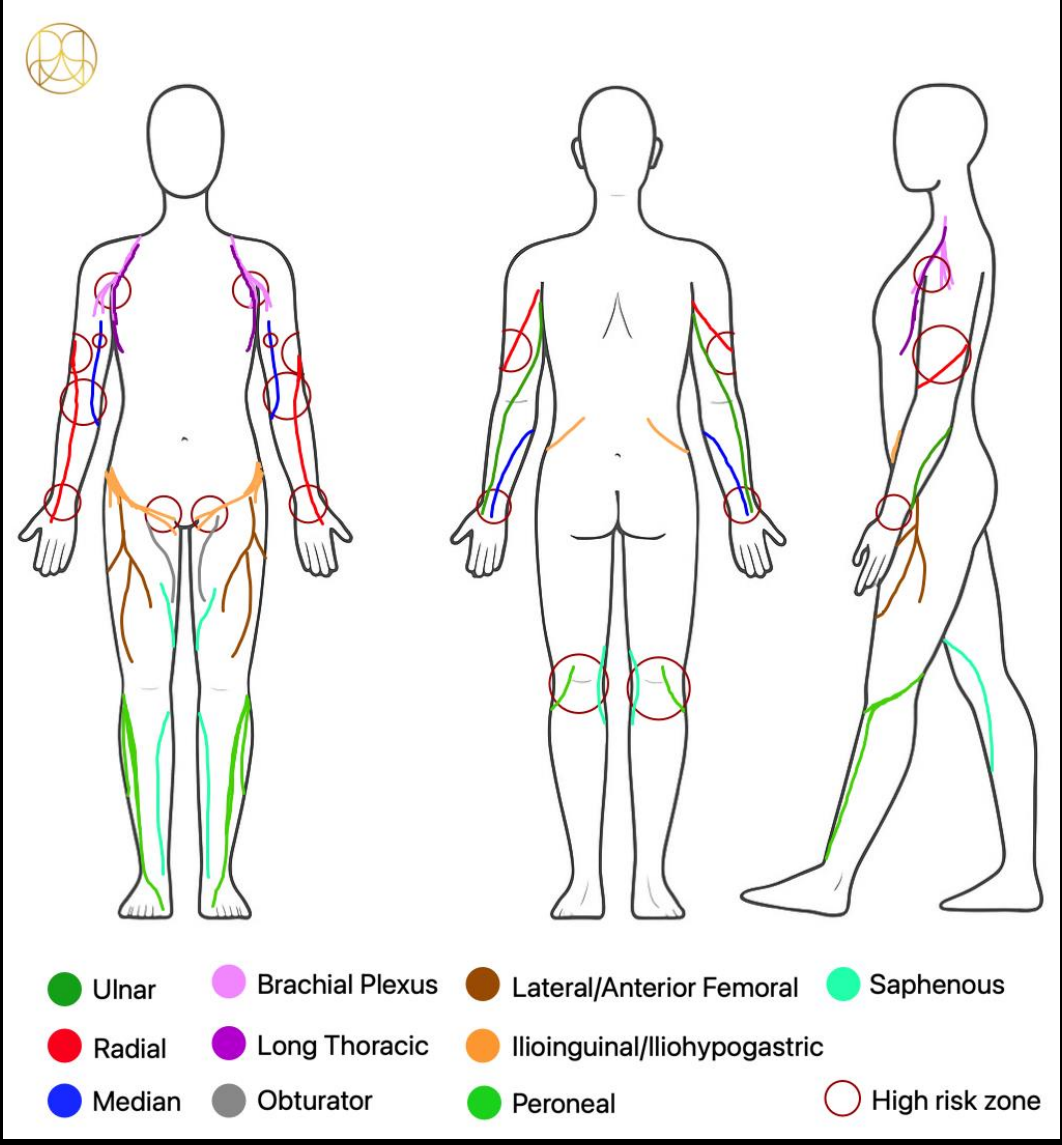
If the model experiences numbness, tingling, or any unusual sensations**,** the bottom is responsible for communicating these sensations to the rigger. Similarly, the rigger is responsible for promptly assessing and addressing possible nerve compression. The bottom should also understand that continuing play while experiencing these sensations significantly increases the risk of injury**.**

Before the scene, players should negotiate and agree on communication methods and response protocols to ensure that any sensory changes or concerns can be communicated and acted upon appropriately.

Anatomy

Familiarize yourself with the key nerves, areas where they are more exposed or vulnerable, and the potential effects of compressing them. The diagrams below provide references for the paths and sensory regions of the major nerves, but remember, every body is unique. For most people, these nerve positions align with standard anatomical diagrams, but do take time to learn the specific anatomy and sensitivities of each person you tie with as these location may vary. Similarly, models should seek to understand their own bodies and communicate areas of vulnerability. This shared awareness helps reduce risk and supports safer, more informed tying.

Note: Treat these illustrations as guides, not exact maps.

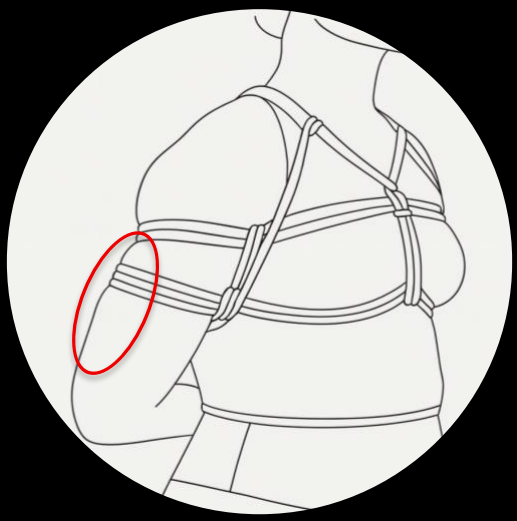


High risk zones

The areas circled above represent high risk zones in Shibari, where major nerves run close to the skin's surface. These regions do not need to be completely avoided, but they should always be approached with care. Risk can be reduced by avoiding knots, excessive tension, or rope twists over these areas, with special attention given to the areas above the armpit, along the mid-section of the triceps, and around the wrists.

Nerve injuries in Shibari most commonly affect the arms. Three primary nerves run from the spine through the shoulder and upper arm to the wrist:

- Median nerve
- Radial nerve
- Ulnar nerve



Among these, the radial nerve is the most frequently injured. It travels along the back of the upper arm, above the elbow, slightly toward the front of the arm. Studies indicate that approximately 81% of nerve injuries in suspension bondage occur in this region.

This area is particularly vulnerable when the arms are positioned behind the back, as in a Takate Kote (TK or Box Tie), where the radial nerve is naturally exposed. Avoid placing rope directly over this point, and adjust the lower wrap of the TK as needed to prevent compression along the nerve's path.

Practical tip: To identify the radial nerve's location, apply pressure with your thumb while moving along the lower part of the upper arm and ask your model to report any pain, tingling, or change in sensation. Every person's body is different, so always take the time to investigate this when tying with a new partner.

How to check for nerve impingement

A rope model can perform a series of simple self-checks during a scene to help identify early signs of nerve compression. While it is possible to pass all of these checks and still experience nerve injury, they remain the most reliable indicators and should be performed regularly throughout the scene.

Sensory Indicators:

- Sudden loss of sensation, as opposed to gradual numbness, may indicate nerve compression.
- Localized numbness or tingling in a small area of the limb or in specific fingers is often an early warning sign.
- Shooting or burning pain that travels along a nerve path is also a common indicator.

Motor skill indicators:

Perform the following movements for self-checks:

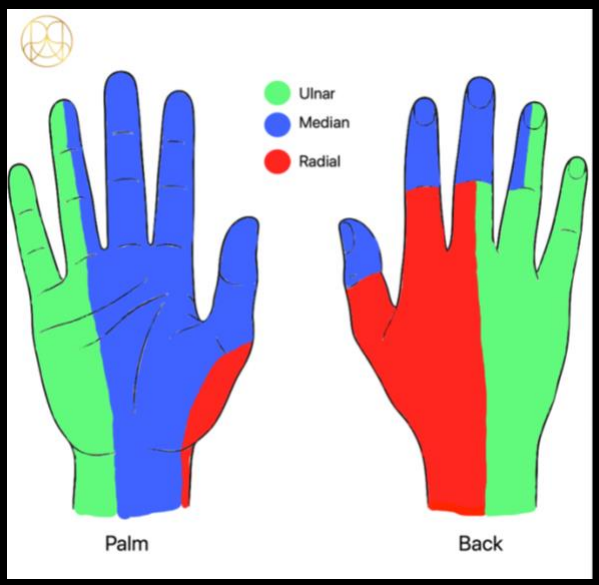
- Give a thumbs up and thumbs down.
- Move the hand up and down.
- Clench a fist tightly.
- Open and close the hand.
- Touch each fingertip to the thumb, one at a time, while observing for odd or unusual sensations.

Inability or difficulty performing any of these actions is a strong indicator of possible nerve compression and should be taken seriously. Before tying, partners should discuss whether the rope model will perform these checks independently or at the rigger's prompt during the scene. This ensures consistent monitoring and clear communication.

Nerve compression in the arm:

Decreased sensation, tingling, burning, or numbness in specific areas of the hand, *as well as* loss of certain movements, could indicate compression or damage to one of the three main nerves of the arm. The following guide can help identify which nerve might be affected:

- Ulnar nerve – difficulty turning the hand (as if turning a door knob) in the direction of the little finger.
- Median nerve – difficulty bending the hand forward (towards the forearm) or making a tight fist.
  Radial nerve – difficulty extending the hand backwards or giving a thumbs up



This diagram illustrating which areas of the hand correspond to each nerve which can help identify the source of compression.

If any abnormal sensation, weakness, or loss of movement occurs, act immediately and safely to relieve pressure in the affected area, then reassess before continuing. Remember that time is a critical factor in nerve compression injuries; **the sooner the issue is recognized and addressed, the more likely it is to remain minor and resolve quickly on its own.**

IF YOU SUSPECT NERVE DAMAGE

When nerve compression or injury happens during a scene, act immediately and communicate clearly.

- Release any pressure as soon as possible by carefully removing the rope and ensuring that no further compression occurs.
- Keep the affected limb still and supported in a neutral, comfortable position. Avoid unnecessary movement or stretching.
  If swelling is present, apply an ice pack for up to 20 minutes at a time, allowing at least an hour

Assessing the severity

- If there is mild loss of sensation but no loss of mobility, and sensation returns within a few hours, the injury is minor.
- When longer symptoms persist, or the more severe they are, the model might wish to seek professional help.
  In all cases, **avoid compression**

Reducing the risk in trying

Certain nerves lie close to the surface in specific areas of the body, making them more vulnerable to compression or injury. Understanding these high-risk regions and developing techniques that avoid or minimize pressure on them is fundamental to safe rope practice.

Avoid excessive tensions

Rope should be tight enough to remain secure but never tighter than necessary. What counts as "sufficiently tight" depends on the tie, its purpose, and the person being tied. Aim for the minimum tension required to keep the rope stable throughout the scene.

Avoid prolonged rope placement on vulnerable areas

Prolonged compression increases the chance of circulation loss and nerve irritation. Higher-intensity ties should therefore be kept shorter in duration. The rigger's control, efficiency, and attentiveness are key safety factors.

The narrower the band/wrap, the greater the risk

A wider band distributes pressure more evenly and lowers the likelihood of injury, provided the tension is consistent. Multiple wraps are highly suggested for this purpose.

Uneven tension raises risk

If one line or wrap is tighter than the rest, or if the rope twists or overlaps, the resulting pressure points can cause discomfort or injury where the force is concentrated.

Best practices and takeaways

Communicate. Check in regularly. A constant flow of honest communication is the most reliable way to avoid injury.

Rope placement. Place the ropes flat against the skin. Avoid crossing, twisting, or uneven wrapping, as these can create concentrated pressure points that increase the risk of nerve compression.

Pressure and tension. Make sure the tension is distributed evenly across each wrap and tie. Higher density ties with multiple strands of rope distribute the pressure exerted over an area. Avoid over-tensioning.

Time. Avoid tying your partner in extreme angles for an extended period. Relieve pressure by moving them into different positions throughout a scene or removing the tie to offer a break. If you suspect nerve compression act immediately and safely.

Body awareness. Both rigger and model should develop an understanding of anatomy and nerve pathways. Every body is unique, what is safe for one person may not be for another.

Observation and checks. Watch for early signs of discomfort, numbness, tingling, or loss of mobility. When in doubt, communicate and assess. Most nerve injuries can be prevented through early recognition

Aftercare. If an injury or loss of sensation occurs, release pressure immediately, rest the affected area, and monitor recovery closely.

Remember that Shibari carries inherent risks and is almost never 100% safe. Informed practice, effective communication, and a commitment to safety can significantly reduce the likelihood of injury. Understanding the body's vulnerable areas, recognizing early warning signs, and prioritizing informed consent are essential responsibilities shared by both rigger and model. Ultimately, Shibari is not defined solely by restraint, but by trust, awareness, and the continual pursuit of safer, more intentional connection. By fostering education and accountability within the practice of Shibari, we can honor both the art and those who engage in it.

Further Reading and Resources

General Rope Safety – Free video series by Shibari Study

Nerves & Circulation – Rope Study

Acute Radial Compressive Neuropathy: The Most Common Injury Induced by Japanese Rope Bondage - PMC

A Guide for Rope Bottoms and Bondage Models – Kinbaku Today

When Rope Gets On our Nerves – Anatomie Studio

How to Avoid and Deal with Nerve Damage in Shibari – Voudou Ropes

Avoiding Nerves and Other Injuries in Shibari – Shibari Academy

Six Contributing Factors to Nerve Damage in Bondage – Twisted Windows