

## Managing Dance Injuries

The first step to managing an injury is recognizing that what you are feeling isn't normal. You can have aches and pains as a dancer but not all are created equal. Understanding the difference between injuries is important in determining how to care for your body. The following information is a general guide for understanding injury but you should seek professional recommendations for a proper diagnosis.

### Acute Injuries

<p>Caused by a sudden fall, collision, twist, etc. Sudden sharp pain Usually short-lived Pain and Redness Swelling and Inflammation</p>	<p><b>What types of injuries are acute?</b> Sprain/Strain Abrasion/Lacerations Fractures Contusions (bruising)</p>
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Small amounts of inflammation are good as it clears away the injured cells and debris, but when associated with pain, redness, and swelling the area should be treated conservatively.

### Treating Acute Injuries

PRICED is an acronym for the following words which will help you decide how to care for yourself during the first 24 hours of a new injury.

**Protection:** Protect the area from further injury by removing yourself from class or rehearsal  
**Rest:** Stop dancing on the injured area until you have had a chance to assess your injury  
**Ice:** Apply ice every two hours. Ice packs 15-20min or ice massage 5-10min  
**Compression:** Apply elastic compression to the injured area if possible to reduce swelling  
**Elevation:** Proper elevation requires that the injured area be lifted above level of your heart  
**Diagnosis:** You should seek the care of a healthcare provider that understands dance

Please refer to IADMS Resource Paper First Aid for dancers for detailed information.



### Chronic Injury

<p>Develop slowly over time          Longer lasting          Dull ache when at rest          Overuse injuries- Common with dancers due to practice patterns/habits with long practices with very little rest breaks</p>	<p><b>What types of injuries are chronic?</b>          Stress Fractures          Tendinitis          Growth plate injuries          Overuse injuries</p>
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### Treating Chronic Injuries

If chronic injuries are left untreated they usually get worse overtime. Conservative treatment is your first line of defense. Treatment approaches to consider include Physical Therapy, Chiropractic, Massage, and Acupuncture. Consulting a Dance MD or DO can be pivotal in determining your treatment choices.

### Rehabilitation

Immobilization and activity modification are important to consider when dealing with an injury. The following table is a list of frequently utilized techniques for dancers when rehabbing a dance injury.

<ul style="list-style-type: none"> <li>Dance Modification</li> <li>Pilates</li> <li>Floor barre</li> <li>Core strengthening</li> <li>Aquatic/Pool sessions</li> <li>Manual Therapy</li> <li>Taping techniques</li> <li>Mental Imagery</li> <li>Balance training</li> <li>Yoga</li> <li>Stationary bike/treadmill</li> <li>Hip rotator strengthening</li> <li>Cross training</li> <li>Swiss Ball Barre</li> </ul>
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### General Healing Timeframes

It generally takes tissue (muscle, ligament, tendons) generally between 6-8wks to heal. At that point you add dynamic exercise in slowly such as leaps, jumps, turns, etc. Ligaments and muscles respond well to following the PRICED method initially (0-24hrs). During the first phase of rehab (0-4wks) your treatment may include isometrics and treatment aimed at resorting motion. During the next phase (4-10wks) your rehab will likely include strengthening and more dynamic programing such as plyometrics. Bone injuries take between 4-6 weeks in a protected phase which may include reduced weight bearing. Around 4-6 weeks you may be allowed to start loading the bone with more weight bearing and after 12 weeks your bones should be able withstand normal forces.

## Dance Medicine and Proper Diagnosis

Healthcare providers should address an explicit schedule on what, when, and how to perform exercises. They should also clearly define instructions on number of repetitions, number of sets, and frequency. Recommendations may include wearing sneakers, rehearsing only upper or lower body and dance-centered activities for home exercise programs and class time. It is important to address specific activities you can participate in rather than just your restrictions.

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### References

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2. Mainwaring LM, Krasnow D, and Kerr G. And the dance goes on: psychological impact of injury. *Journal of Dance Medicine and Science*. 2001;5(4):105-115.
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6. IADMS Resource Papers listed at [www.iadms.org](http://www.iadms.org)

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This resource paper was written by Megin Sabo John, PT, DPT, OCS, LMT under the auspices of Minnesota Dance Medicine Foundation

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