Dance Injuries and Prevention

Bené Barrera, LAT, ATC Athletic Training Coordinator Leanne Wonesh, LAT, ATC Assistant Athletic Trainer of Houston Ballet



Dance Medicine Umbrella









- 1. Overview of HMH & HB relationship
- 2. Identify common injuries in dance
- 3. Identify risk factors of injury
- 4. Discuss components of prevention for the whole dancer
- 5. Provide additional resources for dance communities

HMH & Houston Ballet



DANCE MED. Services:

- 1 Full Time Athletic Trainer
- 1 Part Time Athletic Trainer
- 1 Part Time Physical Therapist
- 2 Team Orthopedic MDs

WELLNESS Services:

Nutrition Services Massage Services



OFFICIAL HEALTH CARE PROVIDER

Common Dance Injuries



Lower Limb Injuries at a Glance¹



- 34-62% of all dance related injuries occur in the lower limb
- Higher occurrence in females
- Most common injuries:
 - Ankle sprains
 - Posterior impingement
 - FHL tendonitis
 - Stress fractures



Ankle Sprains^{1,2}



- Causes:

- Improper landing of a jump
- "Rolling" ankle while on demi-pointe
- Increased levels of foot pronation (rolling in)

- Symptoms:

- Swelling/bruising
- Lateral ankle pain



Posterior Impingement¹



- Causes:
 - Compression of the bones/soft tissue of the ankle in extreme plantarflexion (pointe)
- Symptoms:
 - Pain and tenderness of posterior lateral ankle
 - Recurrent pain
 - Ankle stiffness
 - Symptoms worsen en pointe or relevé
 - May have the presence of an os trigonum

Posterior Ankle Impingement

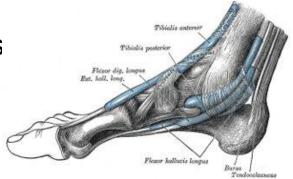




Dancer's Tendonitis¹ FHL Tendonopathy



- Causes:
 - Compression of muscle tendon while rising on demipointe
 - Poor control of intrinsic foot muscles
- Symptoms:
 - Posterior medial ankle pain
 - Swelling, "popping" / "clicking" of tendon
 - Pain while working in to demi-pointe
 - Pain when extending the big toe



Stress Fractures¹



- Caused by:
 - Repetitive stress (volume or improper technique)
 - Low bone mineral density
- Symptoms:
 - Dull, achy pain towards the end of the day
 - Tender with pressure on the bone
 - Pain with walking
 - Does not get better with rest

Stress Fractures







Hips Don't Lie³



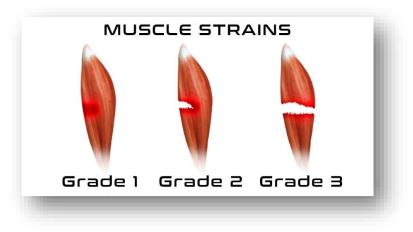
- 10% of dance related injuries occur at the hip
- Dance requires:
 - 60% of your turnout should come from the hip
 - Power in jumps
- Most common injuries:
 - Strains
 - Labral Tears
 - Impingement



Muscle Strains³



- Causes:
 - Over stretching the muscle
 - Over utilizing the muscle
- Symptoms:
 - Pain in movements that activate or stretch the muscle
 - Decreased length of muscle
 - Feels "tight"



Labrum Tears^{3,4}

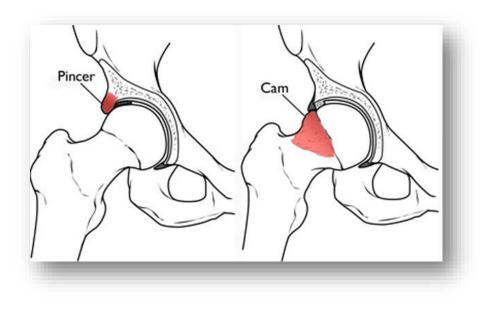


- 40% of hip pathology in dancers
- Causes:
 - Traumatic tears from hip subluxations
 - Repetitive movement in extreme ranges
 - Structural abnormalities
- Symptoms:
 - Pain in end ranges of the hip
 - Presence of "clicking" or "catching" deep inside the joint

Hip Impingement (FAI)¹¹



- Common diagnosis among athletes including dancers
 - Cam predominant in males
 - Pincer predominant in females
 - High prevalence of dysplasia



Kneed to Know⁵



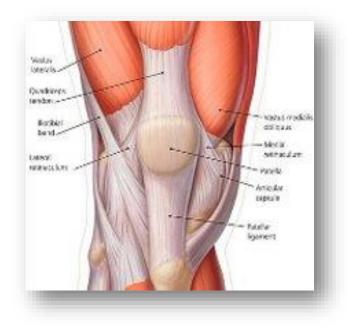
- Common Injuries:
 - Patellofemoral Pain Syndrome
 - Meniscus Injuries



Note: Younger dancers at greater risk due to developing musculoskeletal system & technique!

Patellofemoral Pain Syndrome⁵

- Causes:
 - Tracking of knee cap
 - Improper mechanics & technique
 - Poor hip stability and core control
- Symptoms
 - Pain with jumping
 - Pain with demi-plié
 - Pain with flexion to extension gestures of leg

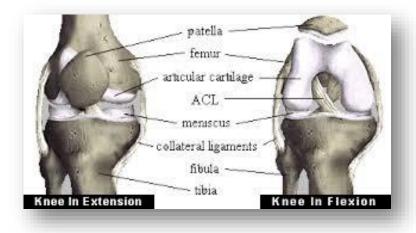




Meniscal Tear⁵



- Men at greater risk than females
- Causes:
 - Malalignment of the knee
 - Improper landing of a jump
- Symptoms:
 - Pain with twisting the knee
 - Presence of clicking, popping, or locking
 - Inability to fully extend knee
 - Pain with walking



Risk Factors¹⁻⁶



- Muscle imbalances
- Poor Body Alignment
- Technique Errors
- Fatigue
- Overtraining
- Unfamiliar choreography



Prevention of Injuries



Recommendations



Prevention is a LIFESTYLE...

- 1. Identify Individual Nutrition & Hydration Needs
- 2. Adequate Sleep & Proper Sleep Hygiene
- 3. Cross Training
- 4. Active Recovery
- 5. Apply Proper Mechanics to Technique

Strike a balance...

A Mental Time-out⁹



Complete rest is essential for developing ensuring physiological recovery



Hobbies



Deep Breathing Techniques



Imagery



Cross Training^{3-6,8}

- Address muscular imbalances
 - Strengthen core and hip
 - Strengthen feet
- Balance, Balance, Balance
 - Proprioceptive training protects your body
- Lift Weights
 - High repetitions with low weight is the best way to build endurance without bulking
 - Decrease risk of developing stress fractures





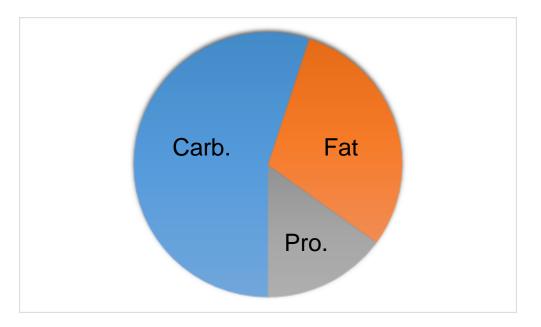
Nutrition: Need to Know⁸



- Ballet dancers need to intake more calories than the average individual
 - Your body needs calories to perform basic functions
 - Ballet burns an extra 1,200-2,000 calories/day
- Every dancer has individual needs
- 16% of ballet dancers will develop an eating disorder¹¹

Nutrition 1017-8





Carbohydrates: 55%-60%

Fats: 20%-30%

Protein: 12%-15%

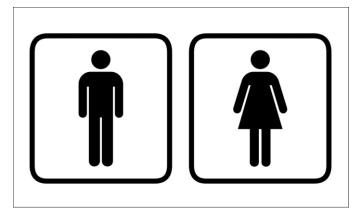
TIPS:

- Eat small meals every 2-4 hours to promote adequate fueling throughout the day.
- Eat within 40min of ending activity for optimal recovery (4:1 Carb to Protein)
- Adjust/Increase Protein levels if engaging in other activities
 (strengthening)

Hydration 101



- Keep caffeine qty limited & in the mornings
- 8-16oz fluid at every meal
- Sips of water every 15-20min during activity as tolerated
- 16oz-20oz post activity for rehydration



Benefits of ZZZs^{9,10}





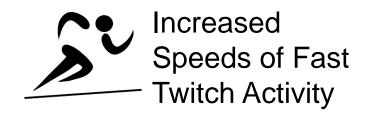
Improved Cognition & Decision Making



Improve Reaction Time



Short Term → Long Term Memory Consolidation





Physiological & Mental Recovery



Improved Accuracy of Movements





- 8-10 hours recommended for teens
- Consistent sleep & wake schedule
- Limit screen time 1-2hours before bed
- Pre-bed regimen for mental & physical shut down
 - Warm bath
 - Reading
 - Stretch session
 - Some herbal teas (non-caffeine)

Rest, Rest, Rest!^{7,8}



I'm sorry, you want me to do what?!

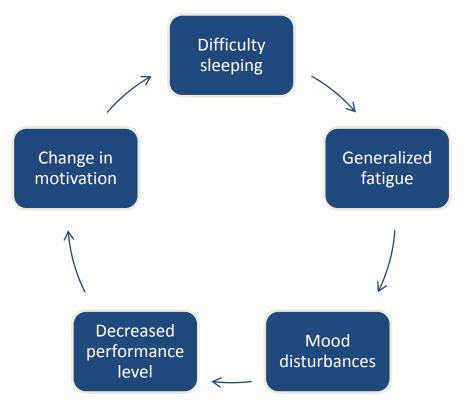
Rest is essential for:

- Tissue growth & repair
- Allows nutrients time to be replenished
- Allows neurological adaptations to occur
- Prevent mental, emotional, and physical burn out

Lack of R&R⁷



Significant evidence shows that failing to recover properly can lead to:



Resources for YOU



Dance/USA Task Force on Dancer Health

(https://www.danceusa.org/dancerhealth)

- Dancer screenings for company's
- Med resources for dancers
- Informational papers on various topics
- International Association of Dance Medicine & Science (IADMS) (https://www.iadms.org/)
 - Research
 - Resource papers





Prevention is a lifestyle that revolves around planning.

Ballet is a form that does not lean towards balance – dancers must adapt and prioritize achieving balance in all aspects

Not all injuries are preventable, however, with proper planning, adjustments, and application of knowledge many injury rates can be reduced





1. Kadel NJ, Med P, Clin R, Am N. NJ: Foot and ankle injuries in dance. *Phys Med Rehabil Clin N Am*.:17–813.

2. Gamboa JM, Roberts L, Maring JR, Fergus A. Injury patterns in elite preprofessional ballet dancers and the utility of screening programs to identify risk characteristics. *J Orthop Sports Phys Ther*. 2008;38(3):126-136.

3. Grossman G. The Dancer's Hip: Anatomic, Biomechanical, and Rehabilitation Considerations. 2008. http://sal.muhlenberg.edu:8080/librarydspace/handle/10718/632. Accessed February 10, 2019.

4. Cotten A, Boutry N, Demondion X, et al. Acetabular labrum: MRI in asymptomatic volunteers. *J Comput Assist Tomogr*. 1998;22(1):1-7.





5. Liderbach M. Common knee injuries in dance. Dance Med Strateg Prev Care Inj Danc. 18(3).

6. Liederbach M. Epidemiology of Dance Injuries : Biopsychosocial Considerations in the Management of Dancer Health. In: ; 2008.

7. Grove JR, Main LC, Sharp L. Stressors, recovery processes, and manifestations of training distress in dance. *J Dance Med Sci Off Publ Int Assoc Dance Med Sci*. 2013;17(2):70-78.

8. Challis J, Stevens A. Resource Paper: Nutrition. 2016. https://cdn.ymaws.com/www.iadms.org/resource/resmgr/resource_papers/dance-nutrition-2016.pdf.



9. Mah, C. D., Mah, K. E., Kezirian, E. J., & Dement, W. C. (2011). The Effects of Sleep Extension on the Athletic Performance of Collegiate Basketball Players. *Sleep*,34(7), 943-950. doi:10.5665/sleep.1132

10. Ongoing Study Continues to Show that Extra Sleep Improves Athletic Performance. (2008, June 04). Retrieved December 18, 2018, from https://aasm.org/ongoing-studycontinues-to-show-that-extra-sleep-improves-athleticperformance/

11. Harris, J. D., Gerrie, B. J., Varner, K. E., Lintner, D. M., & Mcculloch, P. C. (2015). Radiographic Prevalence of Dysplasia, Cam, and Pincer Deformities in Elite Ballet. *The American Journal of Sports Medicine*, *44*(1), 20-27. doi:10.1177/0363546515601996



THANK YOU