

A Z D A N C E M E D I C I N E
S P E C I A L I S T S

5 MYTHS
ABOUT DANCE
INJURIES

*A N D W H A T Y O U C A N
D O A B O U T T H E M
(W I T H O U T
M E D I C A T I O N S ,
I N J E C T I O N S , O R
S U R G E R Y)*

D R . A L E X I S S A M S , P T

About the Author

Dr. Alexis Sams, PT has over 10 years of experience as a licensed physical therapist, specializing in performing arts medicine. She is the owner of AZ Dance Medicine Specialists in Phoenix, Arizona and works with dancers, musicians, and other performance athletes across the country. Dr. Sams provides therapy services to injured dancers, training to physical therapists in the treatment of dance injuries, and training for dance educators to improve teaching techniques and manage dance injuries. She aims to provide enjoyable and informative educational opportunities to the dance community to keep dancers healthy, safe, and performing their best.

Copyright © 2018

All rights reserved. No part of this presentation may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, scanning, or otherwise without the prior written permission of the publisher.

Disclaimer

All of the material contained in this book is provided for educational and informational purposes only. No responsibility can be taken for any results or outcomes resulting from the use of this material. While every attempt has been made to provide information that is both accurate and effective, the author does not assume any responsibility for the accuracy of this information.

Introduction

Having a dance injury is no fun.

It keeps you from performing your best and can often create long-term challenges throughout your career.

It strips you of peace of mind. It makes you worry. You start to hear stories from other dancers who had surgeries or got an injection, and they're still having problems.

Dance injuries can sometimes feel mysterious because everyone seems to give vague advise, extreme advice, or no advice at all.

"Rest." "You can dance when it stops hurting." "You're probably going to need a hip replacement soon." "I'm not sure how to help you with your dance moves."

Or maybe you just have a little nagging pain or tight area that just never goes away. It's not a really big deal and you can dance, but you know it's not normal and you shouldn't have to deal with it.

There are several myths and misconceptions about dance injuries, which makes it confusing when trying to decide how to deal with the symptoms you may be having. I invite you to learn the typical injuries and symptoms common to dancers and other performing artists, where they come from, what you can do about it, and how you can keep it from coming back, *even if you haven't been to a physician, had an x-ray or an MRI yet* (they typically don't reveal the source of the problem anyway).

But in order to get to the solution we need to first acknowledge the misconceptions, or myths that most dancers hear when they experience pain or other symptoms, then get to the truth of the matter. So in no particular order, let's get to it!

MYTH 1

“ I W A S
T O L D T H A T
I H A V E O N E
L E G
L O N G E R
T H A N T H E
O T H E R . ”

TRUTH: Your legs are even, your muscle tension isn't.

While one leg may feel and even look longer than the other, this is typically due to an imbalance of muscle tension in the back and pelvic area. That tension can be reduced and symmetry can be restored, leaving you feeling even again, often during your first visit with us.

Most commonly, it's an imbalance between the performance of the quads and the hamstrings, along with tightness in the quadratus lumborum (a back muscle that helps lift your leg backward, like during an arabesque).

A simple focused firing of these muscles and a gentle stretch is what most dancers need to restore pelvic symmetry, and the result is normal-looking, even-feeling legs.



MYTH 2

“ I W A S
T O L D I
H A V E
S C O L I O S I S .
I G U E S S M Y
B A C K W I L L
J U S T B E
L I K E
T H I S . ”

TRUTH: You have a curve in your spine, but it's probably due to an imbalance in muscle tension.

What is often not explained when talking about scoliosis is that there are two types of scoliosis: structural and functional.

Structural scoliosis does occur in a smaller population of individuals where the curvature is related to severe trauma or disease and is treated with surgery, or left untreated, resulting in permanent disability. BUT...

Most cases of scoliosis is dancers in functional. This means our common movements and activities (e.g. carrying our dance bag on the same shoulder, having a preferred turning side, having a more flexible leg) cause an imbalance in muscle tension between right and left sides of the spine. This results in the spine being pulled more to one side versus another, creating a curvature in the spine.

Functional scoliosis typically responds to a simple range of motion and stretching program, combined with equal strengthening and stabilization of the muscles along both sides of the spine and in both hips. You can see improvements via reduced curvatures quickly in cases of functional scoliosis.



MYTH 3

“ I W A S T O L D
T O J U S T R E S T
A N D W H E N T H E
P A I N A N D
S W E L L I N G G O
D O W N I C A N
S T A R T W O R K I N G
M Y S E L F B A C K
I N T O D A N C E . ”

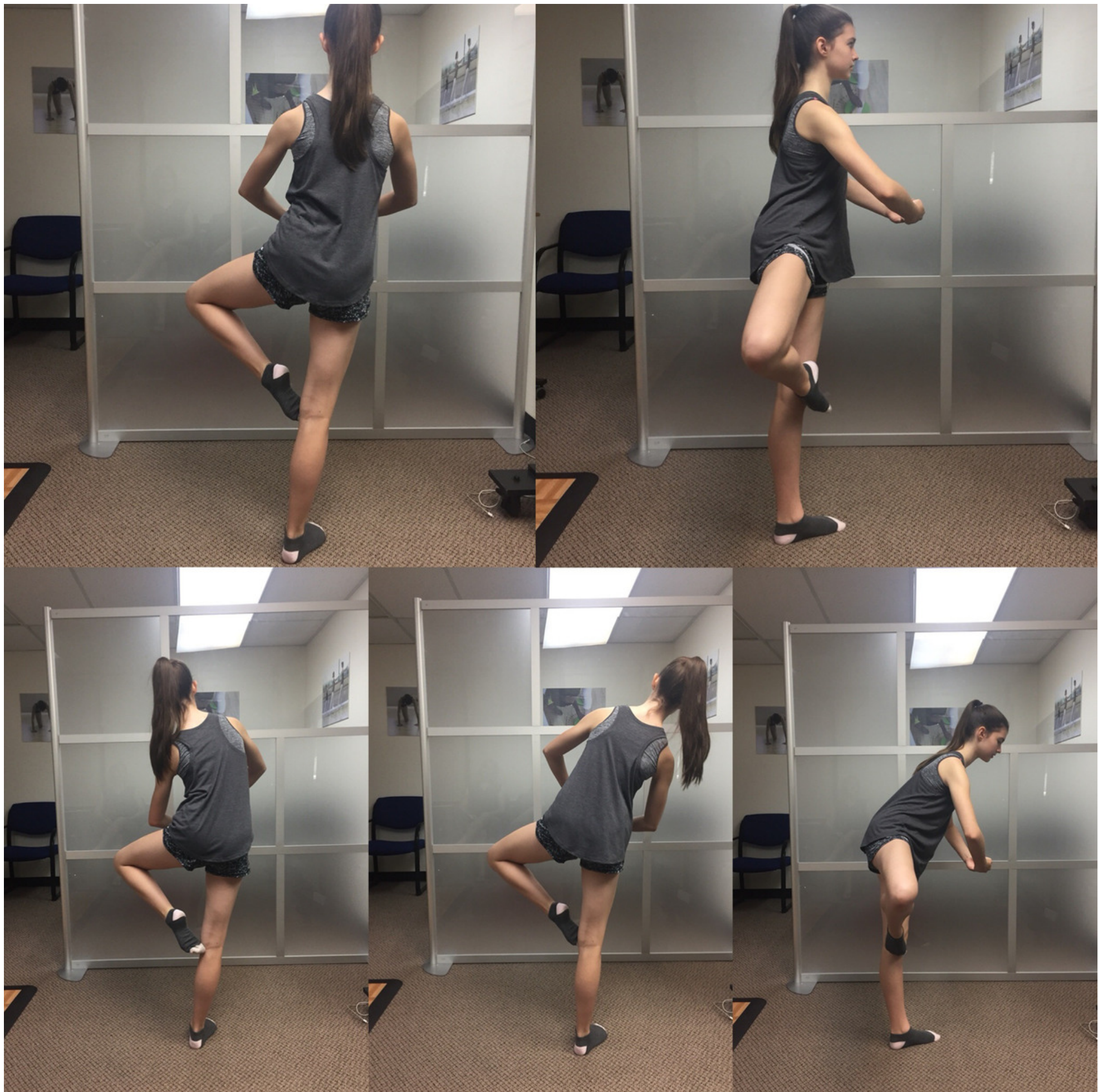
TRUTH: Getting rid of pain and swelling does not mean that you're ready to return to dance.

Scenario: You sprained your ankle during stage rehearsal on Sunday and opening night is this Friday. You've got 5 days to get your ankle ready to perform. What do you do?

I know what you're thinking. "I can't just rest for a few days and then just jump on stage and expect everything to be fine. What do they mean 'just rest'? Do they have any idea what I do? I have to perform. There's no other option. I don't have time to 'work myself back into dance.'"

Don't worry. I totally get it. You're nervous that you won't be able to perform. It definitely hurts to dance, and it even hurts a little to walk, but you won't admit that to anyone. Sound familiar?

The key is *rapid stabilization*. It's highly likely that your trunk and hip were unstable, which is what led to you rolling your ankle. So on top of managing the pain and swelling (you know, with the good 'ole RICE principle), some rapid stabilization of the core and hip, along with stabilization of the ankle joint can decrease recovery time and can make performance possible in short period of time., confidently and without fear.



MYTH 4

“ I H A V E A
S N A P P I N G H I P ,
S O T H A T M E A N S
M Y H I P
F L E X O R S A R E
W E A K A N D I
N E E D T O
S T R E N G T H E N
T H E M . ”

TRUTH: Snapping hip is typically the result of an imbalance of multiple muscles that move the hip into common dance positions.

The snapping or popping sensations are typically that of the psoas muscle as it rolls over the contours of the hip bone or over the bursae (shock absorbers) of the hip. If it goes on long enough it can begin to be painful.

This is the same mechanism as those who have to pop their hip by bending forward and lifting it into the "dog on a fire hydrant" position.

Identifying the weak muscles that aren't helping to properly position the hip joint as you move is key; and it's often not the psoas.

The psoas is commonly overworked and spasmed, resulting in a tight muscle belly connecting tendon that "snaps" as you move your hip, especially during kicking and lifting the leg.

This is typically a 2-3 week fix before feeling relief because it takes focus during classes and performance to make sure the proper muscles are firing to the proper degree during common dance movements such as grand battements and developpes.



MYTH 5

“ I H A V E
R E A L L Y B A D
A C H I L L E S
T E N D O N I T I S . ”
“ I H A V E T I G H T
C A L V E S . ”

TRUTH: Achilles tendonitis is not the only reason dancers feel pain in the back of the heel.

Dancers use their ankles and toes way more than non-dancers. Therefore, there are many cases when pain in the ankle or foot is due to dysfunction of muscles that control toe function and ankle stabilization. This often results in difficulty with demi-plié, pain with pointing the foot, or pain with relevé. If the proper muscle dysfunction is identified, relief can be felt in one session and demi-plié can deepen almost immediately.

Many dancers are told they have tight calves and believe that is the cause of their difficulty with demi-plié, so they tend to stretch their calves excessively, often with no improvement in their plié. These dancers typically respond to a simple mobilization of the main joint responsible for pointing and flexing the foot, and they feel the difference right away!

So now what??

Now you know 5 common myths about dance injuries...

So you may be thinking that some of these myths apply to you and you're saying to yourself,

"Okay - WHAT DO I DO ABOUT IT?????"

So let's talk about SOLUTIONS...

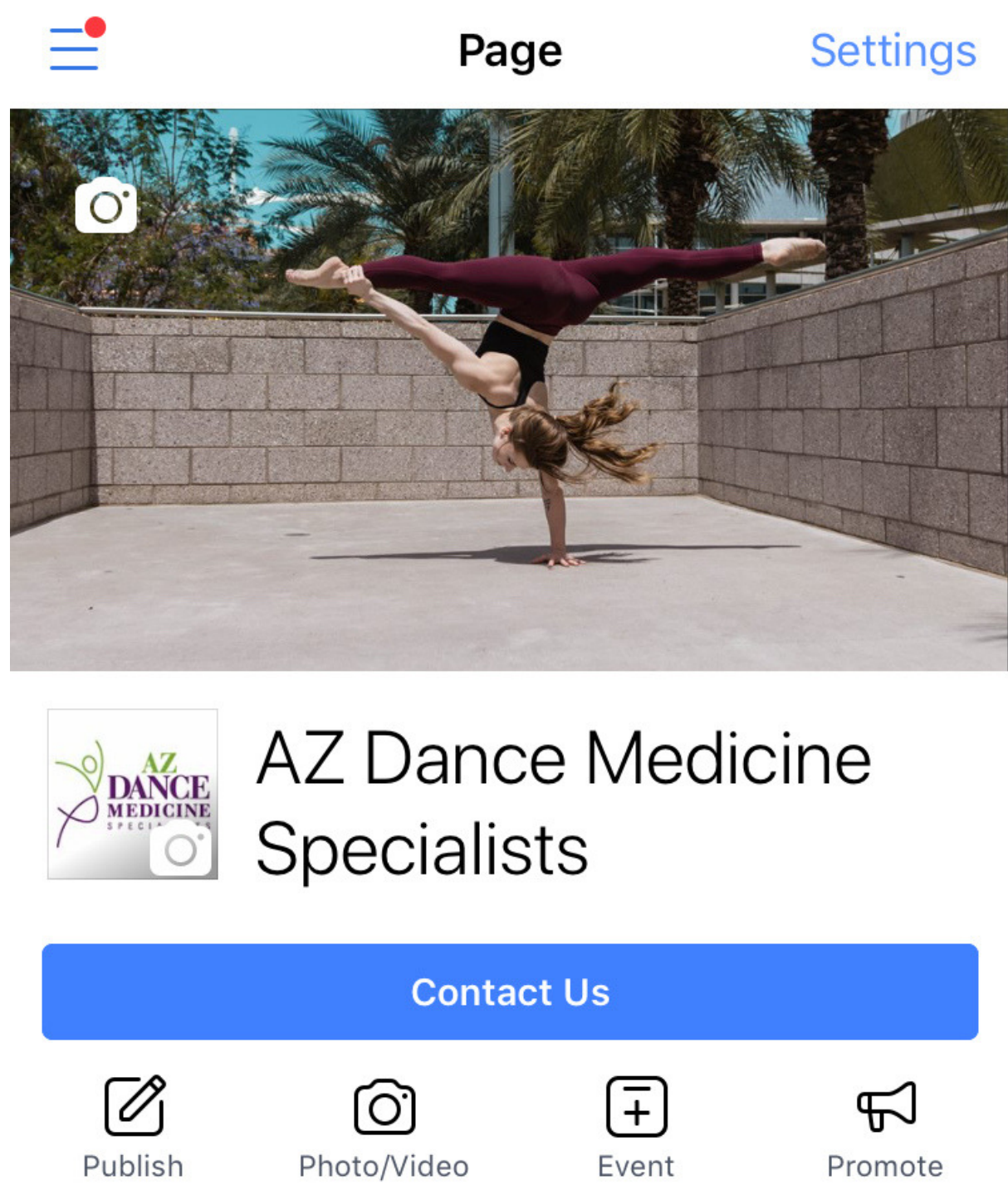
Here are some tips and reminders to help manage these problems without medications, injections or surgeries 😊

1. Don't panic. Your career isn't over. Most of these injuries and symptoms are the result of muscle imbalances caused by repetitive movements. Pain-free and effective rebalancing of muscle tension can typically be restored easily.

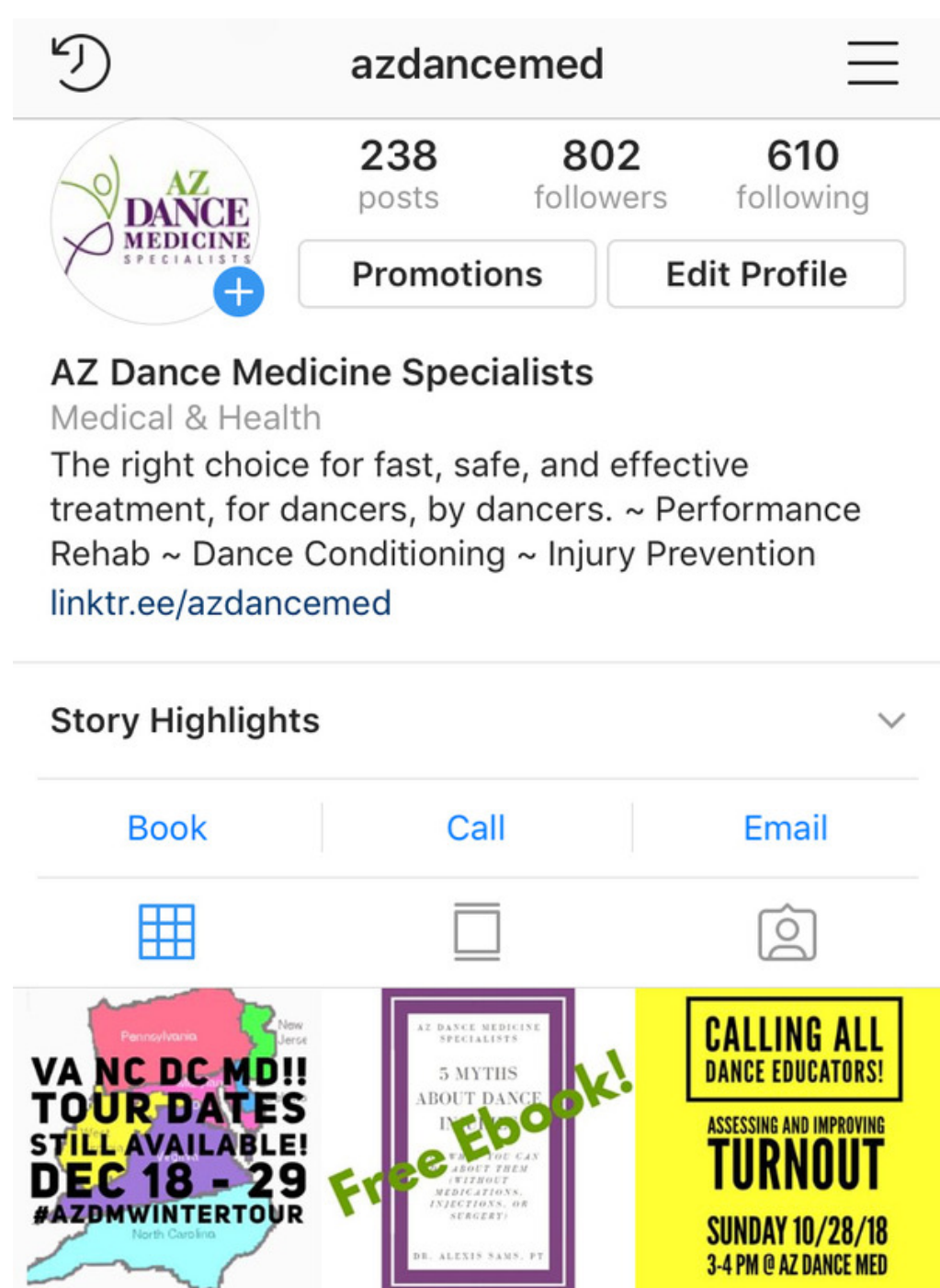
2. Functional conditioning! Check out the last page of this ebook for my top 5 Pre-class warm up exercises to "prime up" the most commonly injured muscles needed for dance before class or performance.

3. See a specialist. Contact a dance medicine specialist if pain, swelling or difficulty dancing lasts for 48 hours. Your chances for a quick recovery are highest when you get checked out sooner rather than later.

Follow us on Instagram and Facebook for more tips and advice on managing dance injuries and keeping you dancing safely.



<http://www.facebook.com/azdancemed>



<http://www.instagram.com/azdancemed>

Approximately 90% of dance injuries are due to overuse which create muscle imbalances when dancing. The most important thing you can do to keep dancing is to take care of your body, and the key to taking care of yourself is not to ignore the symptoms of injury (pain, swelling, difficulty dancing or walking, etc.). There's no need to suffer longer over something that can be easily fixed!

Questions about an injury? Want to get checked out? Contact me for a FREE CONSULTATION!!!

Dr. Alexis Sams, PT
Dance Educator, Owner
www.azdancemed.com
info@azdancemed.com
602.730.4159

@AZDANCEMED



© ANS FITNESS AND PHYSICAL THERAPY, PLLC





Don't forget!!

Check out some of my favorite dance conditioning exercises that I teach for "priming up" the trunk stabilizers for better mobility, balance and execution before class or performance. FREE TO YOU!!!

PRE-CLASS WARM UP EXERCISES



Some of our favorite exercises to keep you in top shape!
NO EQUIPMENT NEEDED - TRY 20 OF EACH BEFORE DANCE



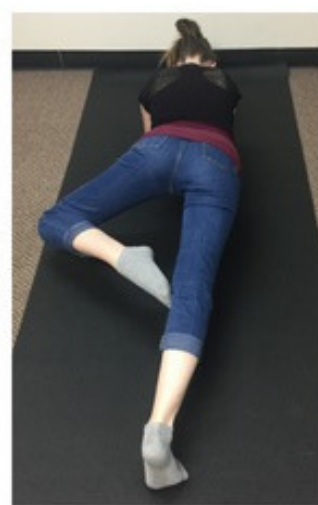
FIRE HYDRANTS

Perform as shown or with a straight working leg for more of a challenge. Great for warming up the trunk and hip rotators for better balance and stability.



SIDE PLANKS

Another awesome exercise for warming up the trunk and hip stabilizers. Great for control of turns and jump landings. Kick it up a notch by adding a rotated retire with the working leg.



FACE DOWN PLANK

This plank variation is great for warming up with external rotators for turns. You can also raise the working leg into arabesque to warm up the glutes.



3 POSITION RELEVÉS

Warm up ankle stabilizers using these 3 positions - parallel, turned in, and turned out. Work through a generous demi plie between each relevé.



TOE & ARCH WARM UP

Isolating the great toe and activating the arch muscles will help maintain proper leg alignment while dancing.

FOR MORE INFORMATION VISIT US AT WWW.AZDANCEMED.COM

Our mission is to be your choice for fast, safe and effective treatment for dancers, by dancers. AZDM is serious about safety. Consult with your physician before performing any exercises or activities you see on our website or any of our social or print media.

When participating in any exercise or exercise program, there is the possibility of physical injury. If you engage any exercises or activities in this book, you agree that you do so at your own risk, you assume all risk of injury to yourself, and agree to release and discharge AZ Dance Medicine Specialists from any and all claims or causes of action, known or unknown, arising out of AZDM's negligence.

The exercises and activities in this book do not substitute for diagnosing, examining, or treating medical conditions of any kind, or in determining the effect of any specific exercise on a medical condition. Contact us for an assessment of your specific injury or medical condition.



AZ Dance Medicine Specialists

www.azdancemed.com

info@azdancemed.com

602.730.4159

*"The right choice for fast, safe, and effective treatment,
for dancers, by dancers"*

