

## **Dancer Screening**

Information for Dancers, Dance Educators and Healthcare Professionals

## **Definition of Dancer Screening**

Screening programs collect information on the current health and wellness of an individual dancer. Using both self-reported surveys and physical tests, screening programs provide an opportunity to evaluate a dancer's strengths and limitations. Additionally, screening programs allow a more integrative approach to goal-setting, which may involve family members, teachers, complementary training specialists and healthcare professionals. Organizations including Healthy Dancer Canada (HDC), the Performing Arts Medicine Association (PAMA), and the International Association for Dance Medicine and Science (IADMS) encourage dancers of all levels and styles to actively participate in screening.

## **Benefits of Dancer Screening**

- Provides education about dancers' health for dancers, dance educators, choreographers, rehearsal directors and healthcare professionals;
- Provides dancers, dance educators, choreographers, rehearsal directors, complementary training specialists and healthcare professionals with vital information on a dancer's wellbeing;
- Allows dancers to set goals that support effective and efficient dance training. Additionally, it can minimize injury risks and encourage lifelong dancing;
- Assists dance educators to identify trends/ strengths/limitations in their dancers and to plan more appropriate dance-specific conditioning programs;
- Can track an individual's health and progression of physical development over time. Creates a network of healthcare professionals familiar with the demands of dance:
- Facilitates collaboration between dancers, dance educators, complementary training specialists and healthcare professionals.



## **Guidelines for Dancer Screening**

- **Purpose:** To establish baseline assessments for strength (neurological, physiological and biomechanical), balance, range of motion (ROM), cardiovascular endurance (Anaerobic and aerobic), biomechanical efficiency of dance-specific movement, nutritional and psychological status.
- **Timing:** Dance screening should occur at the start of the dance season as well as at regular intervals throughout the dancer's academic and performing career to evaluate progress, and monitor growth and physical development changes in adolescent dancers.
- **Administration**: Professionals conducting dance screens may include doctors, physiotherapists, exercise physiologists, psychologists, athletic therapists, dietitians, movement science researchers, and dance educators.
- **Confidentiality:** Data collected during screening belongs to the dancer. Consent is to be provided by the dancer in order for information to be shared with family members, dance teachers, healthcare providers, etc.
- **Communication:** With the dancer's consent, it is recommended that information collected be shared with their family physician or healthcare team. Screening often contains sensitive information (e.g., history of stress fractures, weight, body mass index), and may identify "red flags" relevant to the dancer's long term health and wellness.
- **Follow-up:** Screening is not an end in itself. Analysis of data should be conducted and a personalized summary for each dancer should be provided and sensitively communicated with the dancer.



# Components of Dancer Screening

#### 1. Medical

- a. general health history
- b. female-specific health
- c. injury history
- d. sleep hygiene
- e. body composition

#### 2. Musculoskeletal

- a. postural assessment
- **b.** functional range of motion

#### 3. Fitness

- **a.** muscle strength, power, endurance
- **b.** balance, stability
- c. aerobic and anaerobic capacity
- d. speed, agility

## **4.** Technical Dance Skills and Training History

- a. functional motor skills
- b. dynamic alignment
- c. technique specific to dance style (e.g., pointe readiness)

#### 5. Psychological

- a. stress, burnout
- b. anxiety, depression
- c. self-confidence, selfesteem
- **d.** motivation
- e. feelings of fatigue
- f. coping skills

#### 6. Nutrition

- a. diet
- b. eating behaviours and habits



#### References

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