

## **Provision of dance medicine and science support services**

### **Executive Summary**

There are at least 1000 dance performers working professionally in the UK with another 2000 in full time vocational dance training. 80% of these incur at least one injury a year that affects their ability to perform (2005, Laws, H. *Fit to Dance 2*). Serious injury can cut short a dancers' performing career.

Time out due to injury has financial implications for the dancer, especially those working independently on short-term contracts. It also has cost implications for the dance company as they may need to cancel performances or spend extra time rehearsing new dancers. It is estimated that dance injury costs the profession £1 million in lost working days alone.

Significant time and money is invested in the training of dancers. To train a professional dancer takes 10 years at a cost upwards of £33,000. It does not make economic sense to fail to provide adequate health provision to keep dancers on stage and in employment.

Professional dancers require a level of physical fitness and mental robustness equal to that of Olympic athletes, alongside great artistry. Dancers need speedy access to affordable specialist medical care and scientific expertise if they are to stay fit, healthy and performing at their best.<sup>1</sup> They need access to practitioners who understand their bodies and performance requirements to maximise time at work and minimise the risk of injury.

Speaking in *Dance UK News* in 1995 Deborah Bull talked about meeting a physiotherapist who introduced to her the idea that by improving fitness and nutrition she could, '*achieve better results in performance and at the same time guard against injury*'. She wrote, '*Consequently, my working practices have radically altered, with noticeable benefits... My increased fitness has meant that in performance I can focus on technique and artistry, and not on staving off total collapse.*'

The dance sector has, through its own initiative taken considerable steps to improve industry standards in the quality of dancers' healthcare. We have conducted national inquiries into the health and fitness of dancers, learnt from developments in sports medicine and formed partnerships with medical practitioners, funders, higher education research departments and the sports world. This has improved our understanding of the relationship between dance and health and the provision of medical and dance science support services for performers.

However we have now reached a point where we are unable to move further forward without increased investment and government support.

This paper outlines some of the key issues affecting dancers and their health and gives some straightforward solutions to significantly improve the situation, allowing them to keep working for longer and for the British dance industry to thrive.

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<sup>1</sup> *Brinson, P. and F. Dick (1996) Fit to Dance? The report of the national inquiry into dancers' health and injury, Calouste Gulbenkian Foundation*  
*Laws, H. (2005) Fit to Dance 2, Dance UK*

## Current Situation

Standard NHS provisions don't allow dancers fast enough access to specialised medical practitioners. When dancers have a musculoskeletal injury they need to see a physiotherapist or other musculoskeletal specialist, as their first port of call. On the NHS they have to see their GP first which adds crucial days to their being able to obtain diagnosis and treatment, and when they do see their GP they are only able to refer to the physiotherapist connected with their surgery, who is rarely experienced in dance or sports medicine. Added to this, there is often a wait of weeks if not months for a physiotherapy appointment to come through, delaying massively their return to work.

A large proportion of the UK's professional dancers work in medium and small scale companies, West End shows and as independent dance artists. They are not on full-time contracts and their annual income is usually well below the national average. It is common for even our most experienced and accomplished performers to be earning less than £18,000 a year (2003, Dance UK and Foundation for Community Dance, *Research into Payscales in Dance*). These dancers struggle to access the same levels of provision afforded by the largest dance companies and elite athletes.

To maintain fitness and prevent injury, dancers who aren't employed full-time in the largest companies need to self-fund essential preparation/maintenance. Costs can amount to £6000 or more a year and in the case of injury these costs can escalate (see breakdown in appendix one).

## Progress so far

Developments in sports and dance medicine have shown that:

*Access to coordinated multidisciplinary medicine and science services is so important for athletes/dancers and also for medical practitioners and scientists. Having a multidisciplinary team under one roof develops areas of specialist knowledge, makes services easily accessible and is time efficient.*

Mike Chisholm, Physiotherapist, English Institute of Sport  
(formerly at the Royal Ballet and in private practice working with dancers)

Over the last 15 or more years we have seen vast improvements in medical provision for dancers in the largest dance companies (such as the Royal Ballet Company) which now have and are developing specialist in-house multidisciplinary teams of dance medicine and science practitioners, equivalent to those provided for British elite athletes.

*These schemes... illustrate the value of medical professionals working closely with dancers on a regular basis, optimising their ability to prevent and treat injury in dancers whose bodies they know in a healthy and functioning state.*

Gill Clarke MBE, independent dance artist, in *Fit to Dance 2*

Facilities such as those at the Jerwood Centre for the Prevention and Treatment of Dance Injuries at Birmingham Royal Ballet, Laban's health suite in London, services provided through the British Association of Performing Arts Medicine (BAPAM) and Dance UK's Practitioners Register are undoubtedly steps forward to enable dancers to access dance specific healthcare. However, it is clear that they alone do not solve the problem of fast access to affordable, comprehensive, dance specific, medical, healthcare and dance science services for all dancers.

## CASE STUDY 1 – What difference medical insurance makes

### Example one

A gymnast/dancer in the Dome ruptured his ACL (anterior cruciate ligament, in the knee) in training in 1999. He had unlimited access to private medical care and physiotherapy. He was seen by a top London knee specialist and had reconstructive surgery. He then had physiotherapy treatment from dance specialists on an almost daily basis after the first post operative week, and he was back dancing / performing in 4 months. He performed throughout the year at the Dome. The surgeon and physiotherapists treating him had not known a better or quicker result. He is now performing with Cirque du Soleil and is in excellent health.

### Example two

A performer who sprained her ankle badly was sent by dance specialist physiotherapists to A&E in a London hospital for an Xray. They sent a referring letter on their letterhead. They received no written report back and the Xray was verbally reported to the patient as normal. After two weeks the physiotherapists were not happy and sent her back and they refused to Xray again. In the end she paid for a private Xray and a small chip fracture was seen. Her recovery was delayed for several weeks.

## CASE STUDY 2 – The health reality of a dancer with a portfolio career

'For the last 4 years I have worked on a project basis for a physical theatre company for up to 5 months at a time. At other times I am working a lot in schools, usually on very hard floors.

'I have had a right knee injury for the last 6 years. For the last 2 years this has been chronic. It has also had many knock on effects, often causing severe back and neck problems. I have managed to work through this by using a combination of deep tissue massage therapy and osteopathy (both of which I have to pay for myself) to either rehabilitate my injury or just maintain my current level of work. As I earn a typical dancer's wage I find the £30-40 per session fee very expensive. Through word of mouth I have been lucky enough to find therapists with a great deal of experience in treating dancers and this has undoubtedly been the reason why I have been able to work through my injuries and in my opinion avoid surgery. I have been told that to fully rehabilitate my injury would require an intensive period of up to a couple of months of almost daily therapy. Something which I certainly cannot afford.

'I worry about what effect my injuries will have on me in the future, particularly as I get older. I believe that if I had access to high quality treatments (from professionals experienced in treating dancers) at a low cost, the regular sessions I would then be able to afford would significantly prolong my career and decrease my risk of injuries in later life.'

Freelance dancer and dance teacher

## Sharing Resources – a cost effective and forward looking solution

At an event held by Dance UK's Healthier Dancer Programme in 2005 for dance company directors and managers, those representing the medium and small scale companies (those with fewer than 30 dancers) agreed that a solution would be to set up specialist dance health centres that will allow resources to be pooled so that independent dancers and those working in the small and medium scale can effectively 'share' teams of dance medicine practitioners, making this kind of comprehensive provision more practical and economically viable. This is in line with recommendations arising from the reports *Fit to Dance?* (1996) and *Fit to Dance 2* (2005).

Helen Laws, Dance UK, [helen@danceuk.org](mailto:helen@danceuk.org)

## **The Vision - A National Institute for Dance Health and Performance<sup>2</sup> by 2012**

The vision is to establish an independent National Institute of Excellence for Dance Health and Performance that will:

1. provide the infrastructure for experienced multidisciplinary teams of dance medicine and science professionals to be accessed by all professional dancers, ensuring timely and affordable access for these dancers to the high standard of care necessary to maintain their health, fitness and performance
2. be a recognised institution housing the most up-to-date and sound dance medicine and science information, research, advice and treatment under one umbrella
3. be a hub where practitioners and researchers can pool data and collaborate on projects to further our knowledge base of what it takes to create and maintain dance performers, and the relationships between dance and health in the general population
4. maintain a resource for professional development, education and training in dance medicine and science for dancers, teachers, scientists, healthcare and medical practitioners
5. develop links with the NHS:
  - as a facility to support the training and development of medical practitioners aiming to qualify in the specialism of Sports and Exercise Medicine
  - to provide sports/dance injury clinics for the active general public and exercise prescription for those needing to develop healthier lifestyles

The National Institute would have a main hub site in London for the large number of dancers living and working there and regional hubs in other areas of substantial dance activity around the country. The National Institute would provide the following services for dancers which are equal to those accessible to athletes through the English Institute of Sport, Olympic Medical Institute and in plans for the London Olympic Institute:

- Injury diagnosis, treatment and rehabilitation
- Orthopaedic assessment, injury prevention screening and feedback
- Individually tailored prehabilitation programmes
- Nutritional advice and monitoring
- Counselling and occupational psychology
- Residential intensive treatment for injury
- Fitness assessment/screening and feedback
- Individually tailored fitness, strength and conditioning programmes
- Advice and consultancy for dancers and management on injury prevention and optimising performance
- Performance psychology
- Longitudinal health and injury monitoring to obtain base-line data and provide individual, company and dance form specific feedback

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<sup>2</sup> Full draft vision paper available for information on request from Dance UK

## Realising the vision

### ***Working in partnership with the sports world***

The British Olympic Association's Director of Medical Services, Dr Richard Budgett and Dance UK are in agreement that the needs of our performers (dancers and athletes/sports people), the facilities and the expertise required to support their healthcare needs are very similar - with many crossovers already of medical practitioners and scientists working in both fields – and that it therefore makes sense to work in partnership where appropriate.

As such we are currently including dance in the development plans for the London Olympic Institute<sup>3</sup> which will be a key aspect of the legacy of the London 2012 Olympic Games. Having national dance and sports medicine services working alongside one another under one roof will make the best use of resources and combine key aspects of the Olympic Ethos: sport, culture, health and education. It will also provide the best opportunities for advancing both fields of research and comparing experience in effectively training and retaining young talent and encouraging physical activity for a healthier nation.

### ***A Dancers' Health Pilot Scheme***

In preparation for collaboration within the London Olympic Institute (LOI), the British Olympic Association and Dance UK have come together with a strong group of key collaborators to establish a Dancers' Health Pilot Scheme.<sup>4</sup> This will offer a number of dancers access to existing facilities at the Olympic Medical Institute, the Jerwood Centre for the Prevention and Treatment of Dance Injuries in Birmingham, and Laban, with further research expertise input from the University of Wolverhampton. It will also work with those companies and schools that have good existing provision to effectively monitor the injury and health status of dancers longitudinally.

The Pilot will provide evidence and information on how best we can work together and most effectively invest resources in the proposed LOI. £500,000 is needed for the Pilot Scheme. Funding is currently being sought from the Arts Council England, the Arts and Humanities and Medical Research Council and the Jerwood Charitable Foundation. The latter has proposed putting together a coalition of funders for the whole scheme which is being pursued.

The pilot's purpose is:

1. To explore how dance and sport can effectively share medical and scientific resources and knowledge for their mutual benefit, in preparation for proposed collaboration within the London Olympic Institute.
2. To establish exactly what is required by the dance profession in terms of quantity and proportions of medical and dance science provision, in order that future long term provision can be effectively planned and budgeted for.
3. To explore the kind of infrastructure needed to facilitate such provision for all professional dancers.
4. To monitor the effects of introducing different levels of medical provision on injury rates/severity and on dancers' health and fitness.
5. To monitor longitudinally the health and injury status of dancers to provide detailed national, organisational and individual overviews which will help ascertain and develop the effectiveness of injury prevention, health and training programmes being implemented.

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<sup>3</sup> See [www.london2012.org](http://www.london2012.org)

<sup>4</sup> Full draft proposal for the Pilot Scheme available for information on request from Dance UK

### **Funding for dancers' health**

In order to realise the long term vision funding is needed in addition to what is already allocated to the Arts Councils' regularly funded organisations. Ensuring dancers are fit and healthy for performance is an essential ingredient for any production to go ahead, adequate funding for medical and science support is therefore essential. In order to achieve equal support for all dancers it is proposed that for the subsidised sector Arts Councils aim to:

1. Make provision for dancers' health and fitness a required budget line in all dance company/production funding agreements, ensuring that an appropriate proportional amount is budgeted for and that overall funding is adequate to achieve this.
2. Centrally fund the infrastructure and multidisciplinary health teams needed to provide support for all dancers through the National Institute hubs.

### **Medical insurance cover**

As found in the sports world and largest dance companies<sup>5</sup> the most cost effective way to pay for elite performers' healthcare is through a combination of tailored medical insurance for the bigger things such as diagnostic scans and operations, and direct employment of practitioners that are used most frequently for minor injuries and preventative work, such as physiotherapists, massage therapists, etc. However, only the largest 5 dance companies can currently afford to provide anything like this with just 42% of other Arts Council funded dance companies budgeting for injury costs at all. All companies want to care for their dancers' health but financial necessity means that most hope they won't have to pay for treatment for injury and just pay what they can in the event of it occurring. 48% of contemporary dancers as opposed to only 20% of ballet dancers have to pay for their own treatment, 30% of ballet vs only 7% of contemporary dancers are covered by medical insurance.

#### CASE STUDY 3 – Lack of health cover, a real threat to keeping dancers in employment

A 2006 graduate ballet dancer landed her first professional job, a short contract, with a small ballet company. Shortly into her contract she developed ankle pain. With no medical provision or insurance provided by her employer she worked with the injury and 'cheated' parts of the choreography in order to cope and get through the remaining performances in her contract. When the contract was over she went back to see the physiotherapist at her old vocational dance school who was able to negotiate with the medical insurance providers she'd had at the school to 'bridge' the short break and continue her insurance cover. Within a week she saw a consultant and was having rehabilitation with the physiotherapist.

'I wouldn't have been able to carry on much longer and it was just lucky that I had a good relationship with the school physiotherapist and that the contract ended when it did. A few months down the line I wouldn't have been able to perform at all and if it had happened later I wouldn't have been able to bridge the insurance. The company has since asked me back for a new contract and if I hadn't had the treatment when I did I wouldn't be able to go back.'

Professional ballet dancer

Dance UK and the British Olympic Association have managed to negotiate dancers being accepted onto the Athlete Medical Scheme (run by the BOA; providing BUPA medical cover for elite athletes) and are about to pilot this for a limited number of dancers. This scheme is comparable to those held by the largest dance companies and allowing dancers onto it will

<sup>5</sup> Laws, H. (2005) *Fit to Dance 2*, Dance UK

See also [www.olympics.org.uk](http://www.olympics.org.uk) and [www.eis2win.co.uk/gen/whoweare\\_policydocument.aspx](http://www.eis2win.co.uk/gen/whoweare_policydocument.aspx)

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enable those dancers in the smaller companies access to appropriate, more cost effective insurance. Increasing the numbers on the scheme may also help to 'spread the risk' and therefore ultimately bring down premiums for everyone.

However as a high risk group (athletes and dancers) the cost per head to be insured on the scheme is still high, at £500 - £900 per year, when compared to a dancers' average salary of £18,000 a year (2003, Dance UK and Foundation for Community Dance, *Research into Payscales in Dance*). Athletes' places on the scheme are paid for by their sport's National Governing Body and are therefore ultimately funded by UK Sport via its distribution of lottery funding. Funding of dance medicine and science support services, as outlined above, needs to be at a level sufficient to include payment for professional dancers' places on the scheme (see appendix three).

## **The way forward**

The dance sector is at a stage where it is doing everything it can on limited resources to take on board the recommendations to improve dancers' health and performance as laid out in the *Fit to Dance* reports. Commitment to make extra investment now will be the final push needed to bring about a significant and historic improvement to thousands of dancers' working lives, enabling us to benefit for longer from the hard work and dedication they have put into their training and careers.

The vision laid out in this paper will take Dance Medicine and Science in this country to a new level, breaking new ground in research, education and the delivery of services for elite performers and the active general population. It will combine the unique elements necessary for supporting high performance dancers/athletes and will ensure the UK is a world leader in recognising and reaping the benefits of sport and the arts working together in such a practical way.

### **THE PRIORITIES:**

1. Central funding for dancers' healthcare and research, to include:
  - Contribution to the dancers' health pilot scheme, to enable development of the partnership between the dance and sports sectors and to provide evidence of the best use of their shared resources.
  - Investment in existing and planned dance/sports science and health centres to enable them to be more widely used, plus the establishment of a network of dance health centres across the country, in a similar model to the English Institute of Sport.
2. Make additional money available to ensure healthcare for dancers is a mandatory part of any funding or grant for dance companies.
3. Enable dancers to work with their GP to make their initial NHS appointments directly with their nearest dance friendly physiotherapist/medical practitioner working in the NHS. (This is one relatively simple step that would improve dancers' access to timely specialist treatment and speed up their recovery. Dance UK and the British Olympic Association already have lists of dance and sports medics, some of whom work in the NHS as well as private practice who could be referred to.)

## APPENDIX ONE

### Example of maintenance costs for a dancer:

- At least £7 per day, 5 days a week for gym membership and classes
- £40 per week for sports massage
- £30 per week for Pilates
- £40-£150 per consultation with specialists such as physiotherapist, nutritionist, psychologist, physiologist – needed approximately every two months to maintain health and fitness.

### Example of treatment costs for a serious injury and additional minor ones:

Achilles rupture 4-6 months (max may not need both MRI and US scans):

Consultation	£200
Follow-up consultations x3	£450
MRI	£800
Ultrasound scan	£100
Surgery	£3000
Hospital stay	£3000

#### Post-op physio

Week 1-3 x 4 per week @£45	£540
Week 3-6 x 3 per week @£45	£405
Week 6-12 x 1 per week @£45	£270
Week 12-18 x2 Pilates rehab class @ £35	£420

#### Intensive final stage rehab

Week 18-24 x 3 per week	£810
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#### 3 Minor injuries

Xray x 3 @ £100	£300
Physio x 15 @ £45	£675

Total	<hr/> £10,970
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## APPENDIX TWO

### Members of Dance UK's Medical Advisory Committee:

- **Dr Roger Wolman** MB ChB MD FRCP - Consultant in Rheumatology and Sports/Dance Medicine, Olympic Medical Institute and Royal National Orthopaedic Hospital
- **Mr Robert Marston** BSc MBBS FRCS FRCS (Orth) - Orthopaedic Surgeon
- **Dr Nicola Keay** BA MB Bchir MA MRCP - Researcher/Endocrinologist
- **Moira McCormack** - Chartered Physiotherapist, Royal Ballet Company
- **Britt Tajet-Foxell** BSc Psych. MSc (Occ. Psych.) MCSP SRP - Psychologist, British Olympic Association & Freelance
- **Jasmine Challis** BSc(Hons) Nutrition, PGDip Dietetics, Registered Dietician and Nutritionist, Accredited Sports Dietician - Freelance
- **Alan Herdman** - Pilates Practitioner
- **Matthew Wyon** BSc MSc PhD - Course Leader MSc Applied Sport and Exercise Science, Course Leader MSc Dance Science, University of Wolverhampton
- **Scott Corthine** - Podiatric Surgeon
- **Peter Dunleavy** - Osteopath
- **Dominic Hickie** - Masseur, English National Ballet
- **Elizabeth Nabarro** BSc(Hons) Psych - Psychotherapist (UKCP)

## APPENDIX THREE

### Costs of medical cover for the subsidised sector:

Medical cover that dancers may be able to access through the BOA's scheme is currently £600 per head per year.

Based on figures obtained through ACE and in the process of carrying out the *Fit to Dance 2* research, we estimate that there are 400 dancers employed year-round in regularly funded organisations and a further 350 in the remaining RFOs and in those companies in frequent receipt of Grants for the Arts funding. There are at least a further 80 dancers employed by companies in Scotland and Wales.

This means approximately **830 dancers working in the subsidised sector need around £500,000 to provide adequate medical cover.**

This is a fairly concrete place for us to start.

We are constantly working on trying to reach an accurate figure for dancers working independently which is incredibly difficult to arrive at due to the portfolio nature of their work. Certainly some may be caught in the figures above as they work for the smaller companies but there may well be a number of others who should qualify for this medical cover based on the number of weeks and intensity at which they work. ACE estimates that up to 1000 dancers may be engaged in the subsidised sector in this way.