

## A National Institute for Dance Health and Performance

### Background and contextual brief on the need for a National Institute

Provision for dancers' health and injury has improved in the largest dance companies due to the development of in-house medical/science teams and facilities<sup>1</sup>. Dancers are also becoming increasingly knowledgeable about steps they can take to stay fit and healthy, and help prevent injury.

However, it remains a priority in this country to ensure that all dancers have fast access to affordable healthcare from practitioners that know and understand dancer's bodies.

Dancers can currently access dance specific medical expertise and healthcare via Dance UK's Practitioners Register which lists some 270 medical practitioners and complementary therapists with experience of working with dancers. Although many practitioners offer some reduction to dancers in their fees, dancers will still incur costs as it will be rare for them to be able to obtain a GP NHS referral to the specific practitioners they need to see. These costs can be prohibitive, preventing optimal rehabilitation and injury prevention.

Dance medicine and science centres, accessible to outside dancers as well as elite athletes, exist in the Jerwood Centre at Birmingham Royal Ballet and Laban's health suite in London. However these centres alone don't have the capacity to support the many medium and small scale company dancers throughout the UK who don't have in house provision, neither are they funded to do so.

Centres like these, attached to a company or educational establishment, can expand their services to outside dancers or companies by 'charging them out'. However, this may not help the independent dancer with no company to subsidise costs, and without independent management the issue of which dancers have 'priority' for appointments may not be easily and fairly resolved. For small and medium scale companies it may be economically unviable to aim to employ their own full multidisciplinary teams of medical/science professionals in the same way as might be worthwhile for companies employing 50+ dancers for example. Equally there currently may not be sufficient dance specific medical expertise in some areas to service every company/region without sharing resources.

The British Association of Performing Arts Medicine (BAPAM) provides an extremely useful service for performing artists from its base in central London and via occasional clinics in Manchester and Glasgow. Artists can seek free initial consultations with a range of arts specific medical and healthcare practitioners. However BAPAM is only able to provide a limited amount of treatment – for the most part, artists needing ongoing treatment are referred to appropriate practitioners from BAPAM's or Dance UK's practitioners registers. If they can't wait for NHS referrals and need the art form specific expertise, then they will end up paying privately (though fees may be somewhat reduced). BAPAM's London base has two consultation rooms, but these do not possess a full range of medical/diagnostic equipment, rehabilitation and fitness equipment or a lab on site.

Although the services and developments already described are undoubtedly steps forward, it is clear that they alone do not solve the problem of speedy access to comprehensive, appropriate and holistic medical, healthcare and dance science services for all dancers.

An independent national institute of excellence for dance health and performance would provide a base(s), space and equipment for a comprehensive, experienced team(s) of dance

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<sup>1</sup> Laws, H. (2005) *Fit to Dance 2*, Dance UK

medicine and science professionals that could effectively be 'shared' by the numerous dancers employed by small or medium scale dance companies, west end artists and those working independently. Such a national institute would need a considerable centre(s) based in London where the highest percentage of professional dancers are living and working and could benefit fully from all it provides. It would also need additional centres or 'hub-sites' strategically placed around the UK that would serve other areas of substantial dance activity. A national institute would work collaboratively with any teams or individual practitioners working with specific companies or schools already, strengthening and linking existing expertise and facilities by allowing inter-referral between sites within the institute.

This would help ensure that all dancers could benefit (not just those in the largest companies) from advances in dance medicine and science. It would enable access to multidisciplinary teams that can provide thorough physical and psychological assessments, advice, supplementary training and prehabilitation programmes as well as injury diagnosis, treatment and rehabilitation; ensuring dancers are optimally supported to be able to perform at their best for longer.

### **Main aims of A National Institute for Dance Health and Performance:**

- To ensure timely and affordable access for all professional dancers to the high standard of multidisciplinary care necessary to maintain their health, fitness and performance (as is currently afforded by the largest dance companies and world class athletes)
- To establish one recognised institution that will house the most up-to-date and sound dance medicine and science information, research, advice and treatment all under one umbrella
- To create a hub where researchers can pool data and collaborate on projects to expand our knowledge base of what it takes to create and maintain elite dance performance, and more generally, the relationships between dance and health
- To maintain a resource for professional development, education and training in dance medicine and science for dancers, teachers, scientists, healthcare and medical practitioners.

### **Components:**

#### *Medical and healthcare provision*

- Injury diagnosis, treatment and rehabilitation
- Injury prevention
  - Screening and feedback
  - Individually tailored prehabilitation programmes
- Nutritional advice and monitoring
- Counselling and occupational psychology
- Residential intensive treatment

#### *Dance Science*

- Fitness assessment/screening and feedback
- Design of individually tailored fitness, strength and conditioning programmes
- Advice and consultancy for dancers and management, individual and company/production specific, on injury prevention, periodisation, optimising performance and avoiding burnout or Unexplained Under Performance Syndrome (UPS)
- Performance psychology

### *Research*

- Longitudinal health and injury monitoring of regular clients to obtain base-line data and provide individual, company and dance form specific feedback
- Hub for dance medicine and science researchers to work collaboratively
- Hub for dance world and researchers to keep abreast of current research projects, recent research findings and work on developing proposals for research areas that still need looking into

### *Information and training*

Access to literature, advice and information for:

- Medics
- Scientists
- Dance professionals
- General public engaging in dance activity

A place where the above people can seek CPD opportunities in dance health and performance related areas.

### **Team of Practitioners:**

A full team of dance health and performance practitioners would ideally be based at the main centres or hub-sites to include:

Remedial Dance Teacher/Coach

Body Conditioning Coach(es) – Pilates, Feldenkrais, Alexander Technique, Gyrotonic

Psychologist

Physiologist

Biomechanist

Physiotherapist (possibly osteopath and chiropractor too depending on demand)

Massage Therapist

Counsellor

Nutritionist

Podiatrist

Physician

### **Number of dancers that might use it:**

Nationally: 1000+ elite (company, independent and west end dancers),

2000+ students at vocational dance schools.

This includes the following based in London: 600+ elite, 1200 approx vocational dance students

Plus: dance sport competitors, university dance students, recreational dance students

### **Physical space and equipment needed at main hub sites:**

- Assessment / treatment area (open area including several treatment beds)
- Consulting rooms / offices x 3
- Gym / conditioning area
- Studio with sprung floor
- Dance science lab
- Hydrotherapy pool
- Residential suite
- Waiting area
- Resource/information room

### **How it might work:**

There are some existing models of organisations providing national or regional independent medical provision for elite artistic/athletic performers that can be studied and drawn from (see appendix 1).

#### *Locally and nationally:*

##### ***The National Institute's main hub-sites***

For reasons previously given it would make sense to find a London based site that could house all the required elements of a major Institute hub-site in one place. Ideally this site would be central (or at least easily accessible by public transport) and closely linked with or housed within a hospital, to ensure quick access to diagnostic and specialist treatment facilities.

Borrowing from the English Institute of Sport (EIS) model where the organisation provides a service that is largely housed by existing sports science and training centres of excellence, dance could potentially explore the involvement of the number of existing and planned new dance spaces in the country. The Jerwood Centre in Birmingham and Laban in London already have very good facilities and have the potential for offering comprehensive dance science and primary medical services to dancers outside their own organisations, given independent investment. Both are involved in developing a pilot scheme that will extend these services to more dancers, see the pilot project outlined below.

Other existing and planned dance spaces such as: Dance City, Leeds, DanceEast, Rambert, (Dance Base and The Space in Scotland), either already have or are planning to include at least one 'treatment room' that may house dance friendly medical practitioners to be accessed by the local or touring dance community. In many of these cases these rooms are being considered as potential revenue generators as well as better access for 'in-house' dancers to dance friendly healthcare. Whatever the case, it would certainly be in dance's best interests to ensure that the practitioners working out of these spaces are dance medicine and science experts and are as accessible as possible to dancers using the space. Potentially the 'national institute' would include such spaces under its umbrella, serving as an administrative hub liaising with regional centres to manage the dance science / health services that are offered within them, and ultimately aiming to offer a equal level of affordability and accessibility to dancers across the country.

As an umbrella organisation made up of different regional centres or hub-sites the National Institute should facilitate the accessibility of its services by ensuring that:

- Research networks and information resources could be easily accessed electronically and via telecommunications, post, or by arrangement of specific meetings.
- Dancers needing intensive treatment for more serious injuries would make the journey to the most appropriate centre to take advantage of residential treatment and rehabilitation offered by the most comprehensive multidisciplinary teams.
- Medical practitioners or dance scientists working with dancers outside the major hubs could use the main centres to consult with peers and keep up-to-date with developments in the field.
- The organisation could offer a consultancy service to schools, colleges or companies whereby members of a team of appropriate practitioners would work with artistic and in-house healthcare staff to advise and help plan appropriate injury prevention programmes and training schedules, for that particular group's requirements.

### *Working with the sports world:*

#### **Home Country Sports Institutes / English Institute of Sport**

It may be worth exploring further whether dance may develop links with the Home Country Sports Institutes' (HCSI) regional hub sites. While the EIS, for example, is a good model to follow in terms of utilising dance space throughout the country, many of those dance spaces don't have the same facilities on hand as the EIS does by basing itself in existing centres of sporting excellence, often affiliated to university sports science departments, and therefore benefiting from the facilities already there. Dance needs to think carefully about the best way to work towards dance friendly, accessible regional medical and science services.

#### **London Olympic Institute – London 2012 legacy**

As part of the successful bid for London to host the 2012 Olympics, it is proposed that the legacy of the games will be part fulfilled through the London Olympic Institute (LOI). This will be based in the Olympic Park and its aim will be to bring together the key aspects of the Olympic Ethos: sports, culture, health, the environment and education. Plans are that it will include a Sports and Exercise Medicine Centre, an Olympic Research Centre and the English Institute of Sport headquarters and hub site, encompassing sports medicine, science, research, training and development under one roof. This vision and the facilities needed to bring it to fruition, echoes almost exactly that of dance. It therefore makes sense to explore working together on such a project especially as it would be an ideal moment of synergy for sport and culture, reflecting a key Olympic ideal. It would be an ideal opportunity to nurture cross-fertilisation of expertise between fields that have already learnt much from each other and recognise the commonalities in their performing environments. Dance UK has already had some very encouraging and enthusiastic conversations with key individuals in the British Olympic Association, Olympic Medical Institute and English Institute of Sport and all parties are keen to find the most practical way possible of working together and sharing resources.

#### **Pilot scheme**

While looking and planning ahead to London 2012 and the legacy it will leave behind, we are also proposing a pilot scheme. Dance UK is exploring with the Olympic Medical Institute, Laban and the Jerwood Centre the practicalities of opening up their existing services to more dancers for a trial period, to begin to test the working relationship between different health centres and between dance and sport within such facilities and how it could be managed. Funding is being sought for this. (The University of Wolverhampton is another partner offering research and further dance/sports science expertise). This would enable us to begin to monitor the demand for and proportions in which such services and additional expertise would be needed for dance.

### *Working with the other performing arts:*

The other performing arts – theatre, and especially, instrumental music - have much in common with dance and indeed sports when it comes to healthcare and injury prevention. Performers in all these sectors have similar needs in terms of timely access to scientific expertise and to appropriate, affordable treatment for injuries incurred in the pursuit of excellence. Additionally, participation in both the arts and sport has been recognised as providing physical and mental health benefits to the general public. In this sense there is potentially much to be gained in the sectors working together and sharing the benefits of research that has and will take place, exploring the effects on health of participation at varying levels and frequencies. As such it makes sense to explore partnerships with the other art forms in the development of ideas for a National Institute for health and performance, particularly if that development follows the path of inclusion within the London Olympic Institute as it would combine the Olympic ideals of health, culture and sport.

The British Association for Performing Arts Medicine (BAPAM) is being included in discussions about the National Institute. Their ambitions for expanding their services (used by performing artists including musicians, singers, actors and dancers) geographically are broadly in line with aspects of the vision outlined in this paper. BAPAM supports the ongoing development of this vision and would seek to be involved where links to the wider performing arts and performing arts medicine communities are appropriate.

*For the community:*

### ***Healthy Living***

The wealth of dance medicine and science research, information and expertise that would be available in this institute would feed into our better understanding of the role dance has to play in general health and as such will be an asset to the community at large. We have already seen how the dance science expertise developed at Laban in the pursuit of improving dance performance has enabled significant research to take place looking at the benefits of creative dance to the general public (E Quin, E Redding and L Fraser, 2007, DANCE SCIENCE RESEARCH REPORT - The effects of an eight-week creative dance programme on the physiological and psychological status of 11-14 year old adolescents: An experimental study.).

Dance and sport share a desire to encourage participation from an early age and throughout life, both to inspire and develop potential top athletes and performers of the future and to promote healthy living and wellbeing for life. Whether through partnership with sport under the plans for the LOI or as a dance specific entity, the National Institute would be ideally placed to develop links with the NHS, both as a facility to support the training and development of medical practitioners aiming to qualify in the specialism of Sports and Exercise Medicine, and also to work with them to provide sports/dance injury clinics for the active general public and exercise prescription for those needing to develop healthier lifestyles.

Dance has a well established network of development agencies throughout the UK (see appendix 2), working to encourage participation in dance of all kinds, from numerous world cultures, at all levels and ages, and contributing to a healthier, happier more culturally aware society. A National Institute for Dance Health and Performance would work in partnership with these agencies, helping to ensure that information about safe and healthy dance practice and the benefits of exercise (physical, psychological and social) and healthy living reached deep and wide into the UK community.

### **Potential Funding:**

#### ***Capital funding***

If links with sport and the potential for dance and sport to share facilities within the proposed London Olympic Institute don't come to fruition, capital funding may need to be sought independently for the space and equipment needed for some of the main hubs of the National Institute for Dance Health and Performance where adequate facilities don't yet exist.

If a joint presence for dance and sport within the LOI remains in the plan for this legacy aspect of London 2012, it is likely that dance would be expected to contribute to any fundraising efforts required to realise that vision.

#### ***Revenue funding***

- UK Sport as the body distributing funding (exchequer and lottery) to sport is investing £1.2 million in sports medicine and science over the next four years (for CPD,

training and development). Within the existing Olympic Medical Institute (OMI) and EIS services, much is funded by the BOA from its own resources and UK Sport as money is funnelled directly to them from the Lottery Sports Fund to support performance and developing athletes with world class potential. A similar situation exists in the other home countries for HCSI funding. If dance is to form a partnership of any kind with sport in order to make medical and science services available to dancers as well as athletes, equivalent arts funding bodies would be looked upon to contribute proportionally. They should be approached about:

1. directly funding at least a proportion of the costs associated with providing dancers with essential access to injury prevention, healthcare and dance science services and
  2. working with Dance UK and Regularly Funded Organisations to insist that an appropriate proportional amount in company budgets be ring-fenced for dancers' health/injury prevention and ensuring that they are funded well enough to do this.
- Medical insurance is necessary to cover payments for scans, operations and the associated rehabilitation for more serious injuries. The BOA runs the Athlete Medical Scheme for world class athletes, which is comprehensive and is paid for directly by the funders rather than the athletes themselves. Dance UK has negotiated dancers being allowed onto this scheme and this is currently being piloted (from 2007). A barrier to more dancers using this is the cost which isn't excessive but is an amount many haven't budgeted for and again equivalent financial input from dance funding bodies and organisations would be needed to enable dancers to make full use of this.
  - Research needs to be done to investigate potential interest from *philanthropic trusts* or *sponsors* with the idea of setting up an endowment that could be used to fund treatment according to individual financial need.
  - Private services, for those that can afford them or the physically active general public, would pay for themselves.

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**Healthier Dancer Programme Manager, Dance UK**

## Appendix 1

The **English Institute of Sport** (EIS) was set up in 2002 as a means to coordinate sports medicine and sports science services across the country. Funded through UK Sport from the Lottery Sports Fund it has multi-sport hub sites in 9 regions situated in high performance training venues where it can make use of and add to existing sports medicine and science facilities. Funded athletes on Performance or Potential programmes are entitled to support free of charge. This support, depending on the particular agreement between each sport's national governing body and EIS, will include some or all of the following: sports medicine and physiotherapy, strength and conditioning advice and coaching, applied physiology, nutritional advice, sports massage and performance lifestyle advice.

**Olympic Medical Institute** (OMI) is a partnership between the British Olympic Association and the EIS. It is based at the Northwick Park Hospital in Harrow. This means athletes benefit from full clinical back up on site ensuring quick diagnosis and treatment. It provides residential rehabilitation, outpatient sports medicine and physiotherapy, sports physiology and carries out research. It is the only facility of its kind in Britain and is funded jointly by the British Olympic Association from its own resources and the EIS from the Lottery Sports Fund.

**Harkness Center for Dance Injuries** at the Hospital for Joint Diseases in New York offers subsidised and free services for the dance community including weekly dance injury clinics staffed by orthopaedic surgeons and physical therapists specially trained in dance medicine; a sports physical therapy center; a Motion Analysis research lab; a 7-days a week, 8am-10:30pm, Immediate Care Center; several off-site physical therapy centers; state-of-the art research and rehabilitation technology and free injury prevention screenings and lectures.

The Harkness Center was founded as a program of the Hospital for Joint Diseases in 1989 in response to the New York dance community's critical need for specialized and affordable health care. More than 50% of dancers are uninsured and cannot afford the medical help they need. The Harkness Center offers a full variety of affordable health care programs from free preventative screenings through subsidized and sliding scale injury management systems.

**Artists' Health Centre** (AHC), Toronto, Canada is based within Toronto Western Hospital. Established in 2002, following a journey that began at a meeting of Toronto artists convened by Joysanne Sidimus of the Dancer Transition Resource Centre in 1994, the AHC integrates complementary and conventional health services. These services include: family practice and medical specialities, physiotherapy, acupuncture, massage therapy, psychotherapy, naturopathy, support groups, medication information and counselling, chiropody, chiropractic, osteopathy and referral to alternative health services. Professional artists (from all art forms) can apply for subsidy of complementary services that aren't covered by Ontario Universal Health. This subsidy is awarded according to financial need.



## **Appendix 2**

Foundation for Community Dance  
Youth Dance England  
Council for Dance Education and Training  
National Dance Teachers Association  
Community Dance Wales  
Dance East  
Dance City  
The Place  
Yorkshire Dance  
Dance Northwest  
South East Dance  
Dance South West  
DanceXchange  
Dance 4  
Dance Base  
City Moves  
The Space  
Akademi  
Sampad  
KADAM  
Association for Dance of the African Diaspora