LET'S TALK ABOUT IT.

INDEPENDENT CONTEMPORARY DANCE ARTISTS' WELLBEING

dancers' wellbeing

Made by TRIPSPACE as part of Make Movement Matter

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Make Movement Matter is a 5 month project devised by TRIPSPACE investigating the interdependent links between dance and science.

As part of this project, throughout the months, we have hosted a series of online encounters with lecturers and clinicians to catalyze conversations around the health and wellbeing of contemporary dance artists in the workplace and throughout their careers. The aim is to question how we operate as a sector and what our relationship with the health of our workforce is.

Unfortunately evidence indicates that professional dancers are a medically under-served occupational group. Dancers sustain a higher incidence of work related musculoskeletal disorders than workers in high-risk jobs such as construction. The annual incidence of injury in professional dancers is 67–95% and often careers are curtailed early.

Consider this booklet as an awareness toolkit containing information drawn from our online conversations with an intimate programme of trained lecturers and clinicians.

During each encounter we have asked our guests to offer helpful tips, tricks, exercises and practices to navigate the multifaceted demands that portfolio careers require from contemporary dance artists.

DISCLAIMER: THIS BOOKLET DOES NOT PROVIDE MEDICAL ADVICE

The information, including but not limited to, text, graphics, images and other material contained in this booklet are for informational purposes only. No material in this booklet is intended to be a substitute for professional medical advice, diagnosis or treatment. Always seek the advice of your physician or other qualified healthcare provider with any questions you may have regarding a medical condition or treatment and before undertaking a new health care regimen. Never disregard professional medical advice or delay in seeking it because of something you have read on this booklet.

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I have been investigating somatic communication through a lifetime of dancing contact improvisation and been fascinated by how dancers speak across bodies – sometimes very fast – faster than body language, faster than words and ideas.

Somatic communication is a practice that we are all already engaged in (Some of us better than others!). It works within our actions, positions or postures as a continuum of physical attention from our own mindbody to include our partner. (Note: Our partner may be any being or thing within the human and non-human spheres – even space!). In communicating with others or the world we can co-compose our beings through physical mental actions in which we identify in a way that is inclusive of the one we are present to.

Boundaries and communication

When we think as bounded bodies, as separate skins, as irreconcilably different and individualized, we create a world of easy manipulation and power stances. This is the societal or social level of communication. Communication in this realm is generally understood to be across boundaries not within them. Ethics are significant in this world because everything takes place outside of our "selves" and if we wish to engage in actions of care, we need to think "care-fully" – although usually people are simply careful. (The first creates an open stance full of curiosity and willingness to know, the second is closed and self-protective.) Unfortunately, this also means that we function carelessly and care itself becomes implicated in actions of interpersonal, inter-being violence (who or what gets cared for becomes a political tool).

Somatic communication supersedes these issues in that, as a practice, it is interested in soft boundaries that come and go with attentional availability. Where my attention goes, I also go.

Emergence

A human being is an emergent phenomenon, not just a system of agreements or negotiations. Especially while dancing improvisation in ensembles, one starts to experience the emergent phenomenon of complex movement moments co-organizing to form unanticipated outcomes. It is exquisite to be part of emergence emerging from within the experience, not from outside of it (i.e. "looking in" at it) and feel a logic in the action of emergence that one could never have felt as one's bound self. Communication speeds up and the world becomes more vital and alive with presence!

I chose to live in a vital world! When I chose vitality, liveliness, and animacy, I became curious in a whole new way. When my physical attention was engaged, I became far more care-full. I started to move in my world with respect that assumed the possibility of communication, rather than assuming that the world was there for me to simply manipulate. I felt "in touch" with my world and I started to understand how far from cultural norms my physicality was able to stretch. I understood that I could choose the physical logic of contact improvisation and dance as my model for being in the world rather than my entrained cultural habits of being. I could choose to understand that everything dances and that I am always dancing with them.

I also realized that the cultural programming that agreed to colonization as an acceptable action between nations of people, also existed in almost every mode of inter-acting with and on the world of things and beings. So, I decolonized my relationship with my body and allowed myself to experience and care for the many lives within me. By becoming care-full, I immediately met my world and all its non-human elements with respect, curiosity and the need to re-cognize (know again) whatever was before me. I started to understand that I was co-composing with these elements not "using" them for my own purpose. This huge shift gives me a very different means for meeting and communing with the world. By de-colonizing my relations with myself

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I listened to the smallest parts of me and became able to be moved, changed, and engaged by them. I now call these actions of "peripheral intelligence" and I work to be easily moved – often before I understand why I am moving. This means I can be easily moved by the world, whether in an ensemble improvisation or walking down a street.

The work of dance as somatic communication is the work of care. In my daily living, this mode of being allows my world to be animate and worthy of being in communication with.

I offer these:

- ✓ Experience the body as mind, inseparably both.
- ✓ Be attentional – notice the dance of attention as a physical practice.
- ✓ Decolonize yourself. Stop the continuous hierarchical domination of your physical form and give voice to the smallest parts of yourself. When possible, add the world.
- ✓ Experience 'self' as a multiplicity of vital lives both within ones "self" and in the world.
- ✓ Start with care and take it wherever your attention goes. It's a habit of bodymind.
- ✓ When you can, accelerate care with gratitude. It "thickens" the spaces of communication.
- ✓ Let yourself be the size of your attention. Get larger that your skin-sac.
- ✓ Turn toward the world and let it be present to you.
- ✓ Feel free to give your burdens of uncertainty to the world, ask for what you need by being in communion with the world you also are. It will help you lighten up.
- ✓ Expect communication. Listen. Learn how the world dances and how the world speaks from within your field of attentional care.
- ✓ You will discover "you" are not alone.

*Written by Nita Little, drawn from the online, public conversation between **Giuliana Majo** and **Nita Little** as part of **Make Movement Matter** on 24th November 2022*

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There is a lack of research into injuries sustained by contemporary dancers, currently research mainly focuses on injuries sustained by ballet dancers. This is due to the nature of contemporary dance which as a form draws from a wide range of movement practices and stimuli and therefore is less codified and predicable in movement requirements than ballet.

Contemporary dancers are required to have great strength, flexibility, power, stamina and balance. They also perform and train in different conditions and environments: bare foot, with shoes, on the street, on a dance floor, on grass etc..

Each set-up impacts physical demands in their own way.

This multifaceted landscape makes it difficult for the scientific community to establish an injury prevention protocol, this is why there are no gold-standard guidelines.

Specific exercises can decrease risk of injury while increasing athletic performance. However exercise prescription needs to be tailored taking into consideration specificity when it comes to patients' body type, goals, movement requirements and the physical demands of intensive training and creative periods. When it comes to injury prevention exercise prescription is not a matter of one size fits all but rather a carefully considered balancing act between individual-task-environment.

Additionally the majority of contemporary dance companies are project based and small-to-medium size, most often than not they do not have the financial means to put in place appropriate health-in-the-workplace structures to support engaged free-lance dancers. Dancers therefore are left alone to take care of their own work related health and wellbeing throughout their careers.

Taking into account this landscape: the best injury-prevention approach for freelance dancers is to develop a strong knowledge of anatomy.

Understanding the protagonist elements in joint motion, the relationships between muscles and nearby structures and the principles of the different types of physical training can help dancers create optimal routines to navigate their careers injury free.

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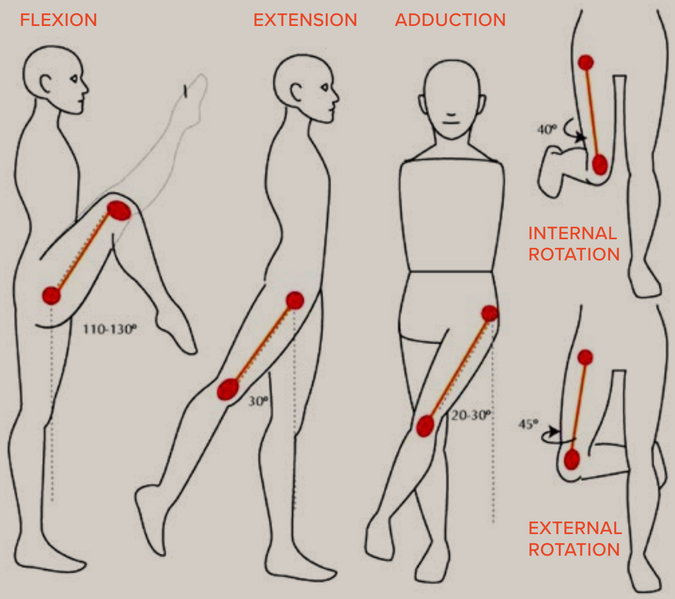
This section explores the anatomy and mechanics of the hip joint in relation to its surrounding anatomical structures. We will focus on the common sites of injury and the possible causes.

Finally, we will relate the hip joint with the lower back and the knee joint to further understand the inter-connectivity of these structures.

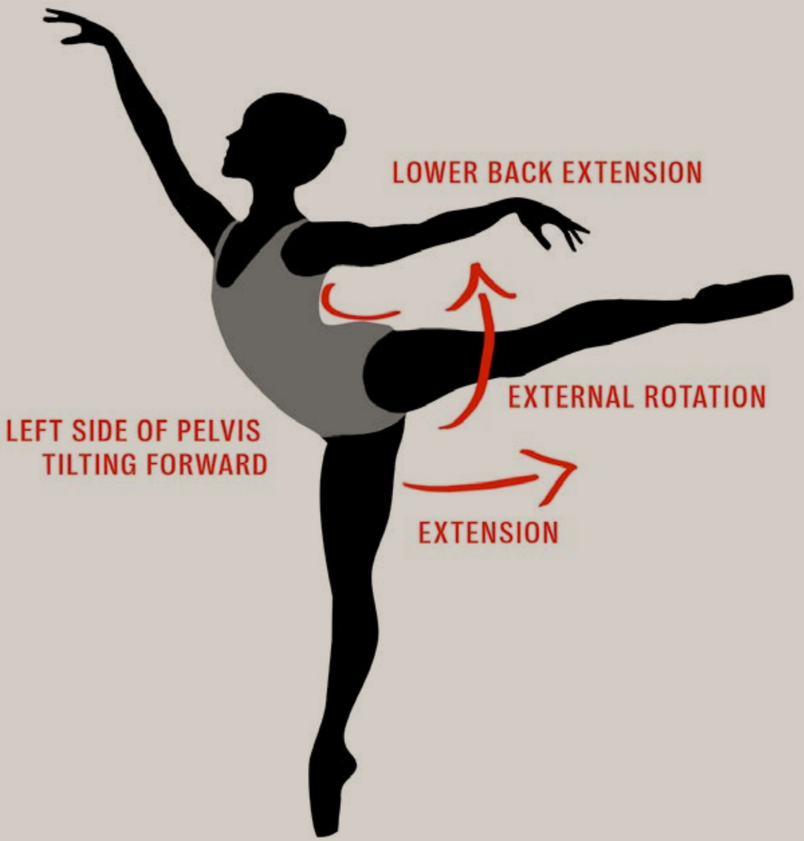
This image depicts the normal range of motion of the hip:



Dancers are able to lift their legs beyond the normal degree of motion because they combine more vectors of motion and different joints at the same time. For example an arabesque is made of hip extension and hip external rotation + lower back extension + side bending to the same side + pelvis (sacroiliac joint) movement towards the front (anteriorization).

The hip joint is directly connected with the lower back, pelvis and knee joint. Hip injury prevention has to take in account all these three areas.

Training should therefore address all these joints and their related muscles with exercises based on strength and mobility.



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EXAMPLES OF HIP STRENGTHENING EXERCISES

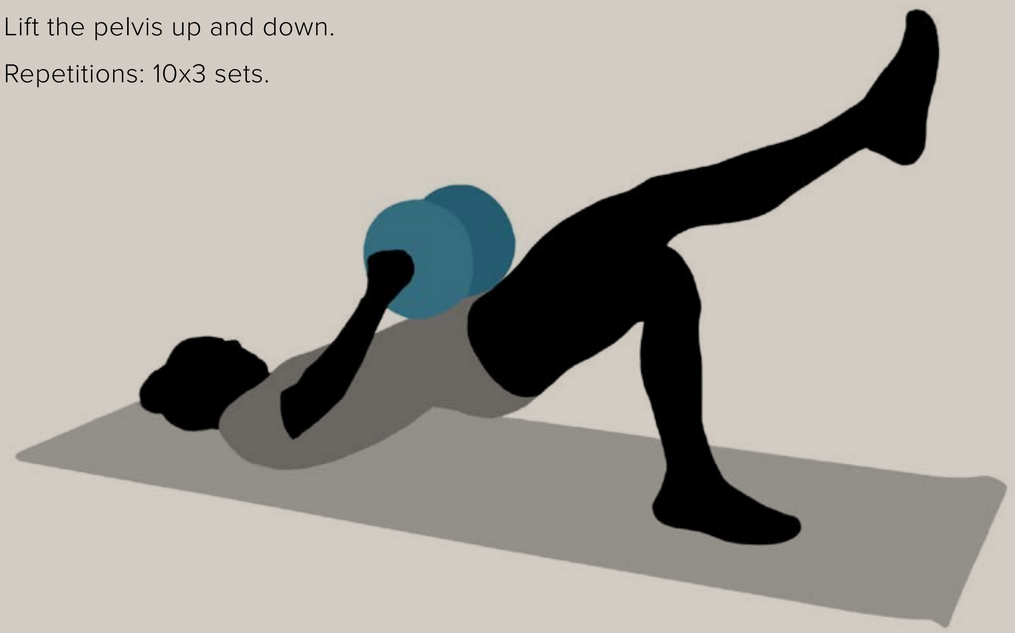
Supine psoas march (target muscle: psoas)

— Lying supine with the pelvis in neutral.
— Bring one leg to table top position keeping your hips stable.
— Wrap a strong theraband around your thigh and attach it to a point of resistance.
— Starting with your hip at a 90° flex your hip up towards your chest and bring it back to 90°
— Repetitions: 10x3 sets

Note: it is important to maintain the hip at 90° as the psoas activates only above 90° additionally maintaining the knee bent means there will be no activation of the quadriceps muscles.

Single leg bridge with weight
(target muscles: hamstrings, glutes, core)

✓ Lying supine, bent knees, pelvis in neutral.
✓ Hold a 2kg weight in your hands above your pelvis. Progress to 5kg as you build strength
✓ Lift one leg up to table top position.
✓ Keep the lower back in neutral
✓ Lift the pelvis up and down.
✓ Repetitions: 10x3 sets.



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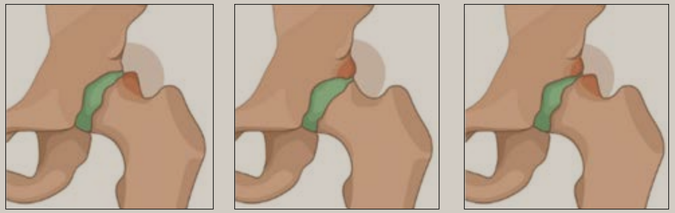
COMMON HIP PATHOLOGIES IN DANCERS

Femoroacetabular impingement (FAI) **syndrome** occurs when bony growth is present either on the femur (CAM), the acetabulum (PINCER) or both structures (COMBINED). This creates premature contact between these bones which could eventually lead to the arising of symptoms.

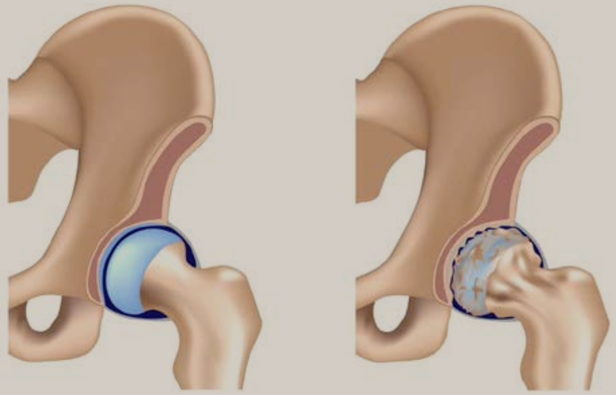
CAM PINCED COMBINED



Note: the acetabulum is the cup-shaped socket in the pelvis that receives the head of the femur to create the hip joint.

It is believed that symptomatic FAI is aggravated by acceleration sports, squatting, climbing stairs and prolonged sitting.

Healthy hip joint Osteoarthritis



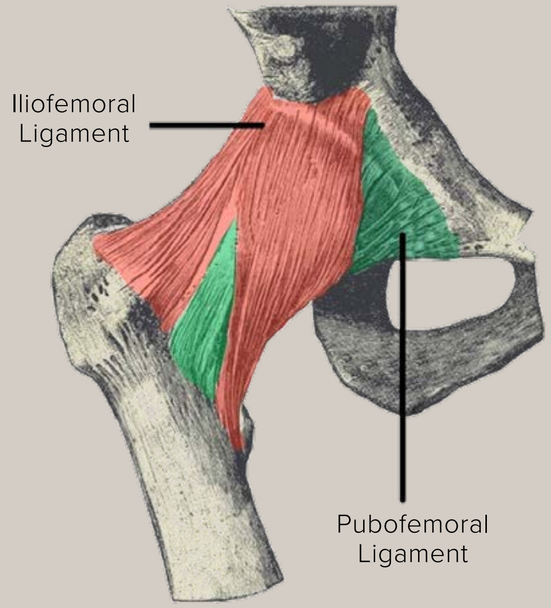
FAI may also contribute to the early onset of hip osteoarthritis.

Hip instability and micro instability

Hip microinstability is common in the dance population and can be either a cause or the result of other hip pathologies.

Prolonged static hip stretches are one of the causes exacerbating hip instability. The intention of prolonged static hip stretches in dance training is to improve flexibility and provide greater range of motion in performance. However this can overstretch the iliofemoral ligament (or Y ligament) which is one of the structures in the hip complex responsible for hip stability. It is therefore important to maintain a varied programme that includes dynamic stretches and strengthening exercises in addition to static stretching.

Repetitive, extreme ranges of motion in virtuosic movements such as developè a la second which is a combination of hip flexion, abduction, and external rotation, can potentially lead to microinstability of both ligaments (static components) and muscles (dynamic stabilizers) of the hip joint.



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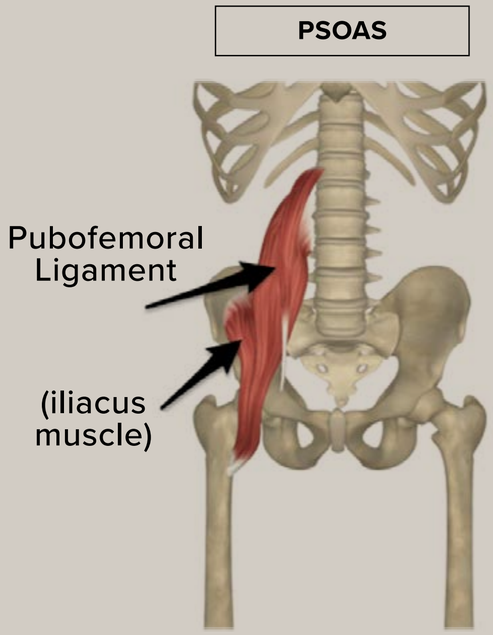
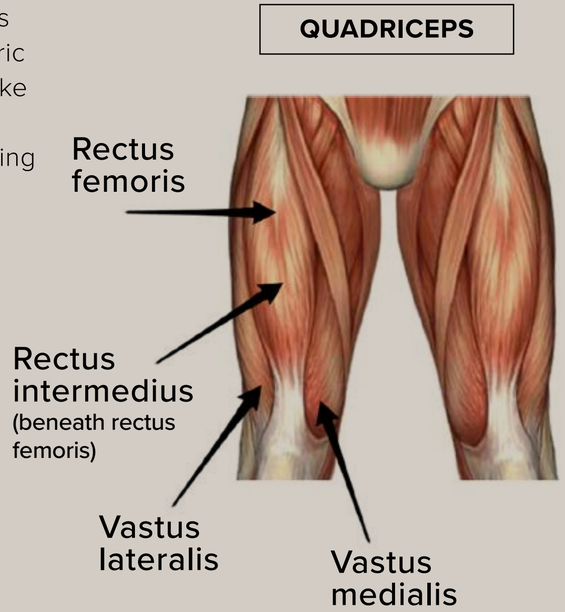
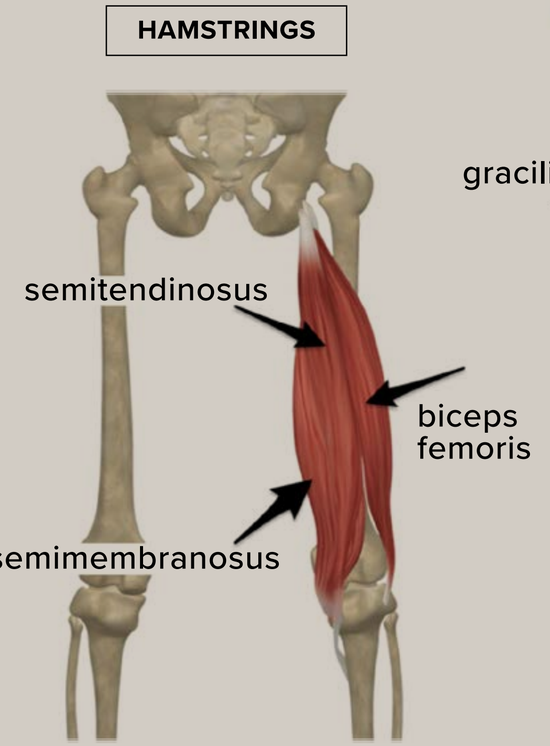
Muscle Strains

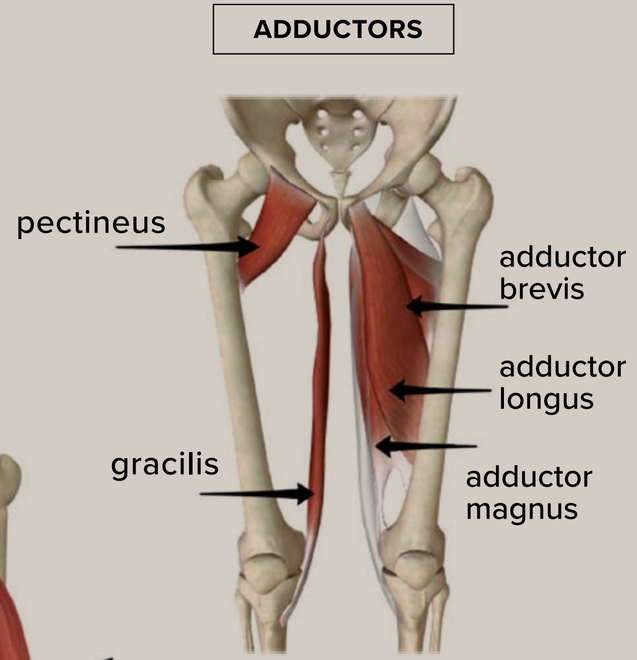
A muscle strain is a tearing of muscle fibers due to exercise overload. Powerful eccentric contraction and over stretching may provoke this. It often occurs in non-contact sports with dynamic characteristics such as sprinting and jumping.

Muscles vulberable to muscle strain in the hip region are:









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What can contemporary dancers do to prevent injuries?

Given the multifaceted nature of contemporary dance which includes many styles & forms (some codified, some completely original) injury prevention needs to take a more tailored approach than for example a highly codified form such as ballet. This means that an understanding of footwear and movements required in rehearsal will help to design an effective injury prevention programme in the lead up to intensive creation periods.

See below two examples:

DANCER 1 has a 3 months contract with a contemporary dance company requiring high level **acrobatics and flexibility**. They will be dancing with **trainers**.

HIP warm up routine to include:

— Running with trainers to increase their heart rate

— Dynamic active joint mobilization such as repetitive hip rotation

— Dynamic stretches such as repetitive developè

Exercises to strengthen the hip periarticular muscles (muscles around the hip) such as:

Plank on 3 points
(target muscles: hip external rotators)

— Make a 3 points plank, maintaining the pelvis aligned throughout

— Place one knee on a rotator disc as per image

— Slowly externally rotate the hip and come back to starting position. (The hip will externally rotate when you bring the shin and foot inward).

— Repetitions: 10x3 sets

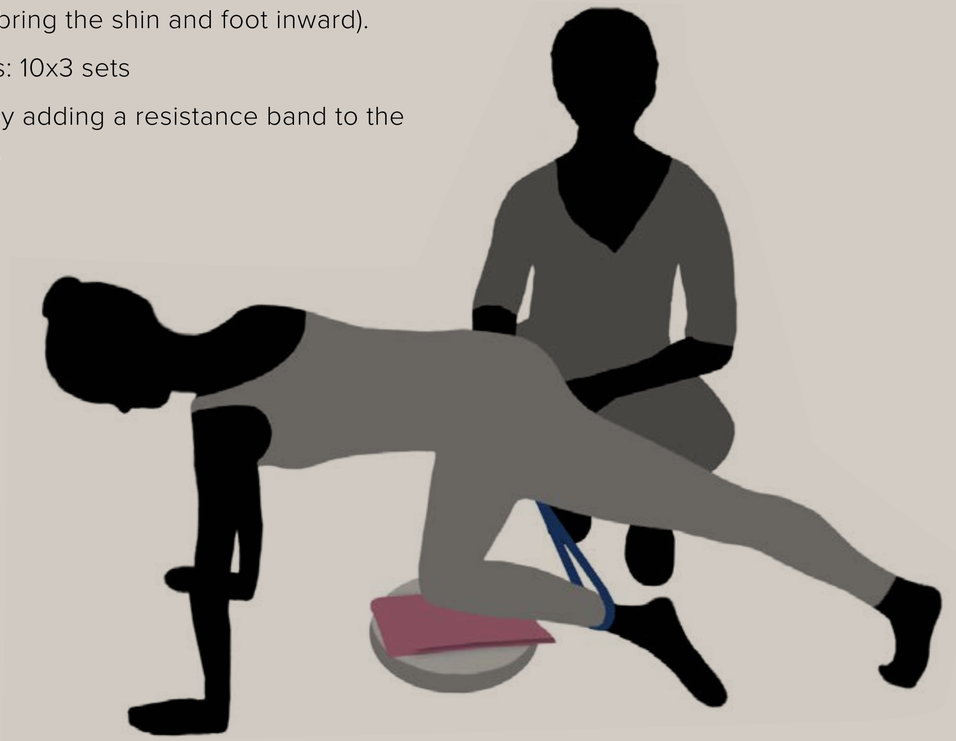
— Progress by adding a resistance band to the ankle joint.

HIP Cool-down routine to include:

— Static stretches, hold each stretch between 30-60 seconds

— Foam rolling & myofascial release with a tennis ball to decrease muscle fatigue

Consider carefully foam rolling as a warm up tool as it may increase joint mobility but will decrease muscular explosive strength.



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DANCER 2 has a two month contract with a contemporary dance company currently creating a show based on acting, **improvisation and capoeira**, dancing **bare foot**.

HIP warm-up may include:

— Running bare foot to increase heart rate

— Dynamic stretches such as developè

— Ballistic stretches: these are stretches that use momentum and rapid movement to encourage a joint beyond its normal range of movement and increase flexibility in a short period of time. For example: grand batman.

Exercises to strengthen the hip periarticular muscles (muscles around the hip) such as:

Sidelying Adductor Strengthening Preparation:

— Position yourself sideline with the top leg resting on a box, hip level height

— Place a 2-4 Kg ankle weight on the ankle of the lower, extended leg

Execution: This exercise is divided into three steps:

— Isometric contraction: lift up the lower, weighted leg about 5 cm and hold it for 1 min.

— Isotonic contraction: pliè in parallel the bottom leg. Repetition 10x3 sets.

— Isotonic, concentric and eccentric contraction: raise and lower the bottom leg maintaining the knee extended. Repetitions: 10x3 sets.

HIP cool-down may involve:

— Static stretches of hip flexors and extensors between 30-60 seconds.

— Foam rolling & myofascial release with a tennis ball to decrease muscle fatigue

Consider carefully foam rolling as a warm up tool as it may increase joint mobility but will decrease muscular explosive strength.

> *Notes from the online, public conversation between **Giuliana Majo** and **Arianna Pisano** as part of **Make Movement Matter** on 1st December 2022*

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FOCUS:

This section focuses on:

— The knee and the effect of jumps on this joint
— The relationship between strength and flexibility
— The impact of fatigue in relation to muscle force and cardio-respiratory rate

Finally, we will review a series of exercises that will help you understand all the topics previously explained.

BRIEF ANATOMY

The knee joint is defined as a modified hinge joint. This joint involves three bones: the femur (thighbone) the tibia (shinbone) the patella (kneecap) which is a small, flat triangular bone embedded in the quadriceps tendon acting as pulley to alleviate stress on the quadriceps complex.

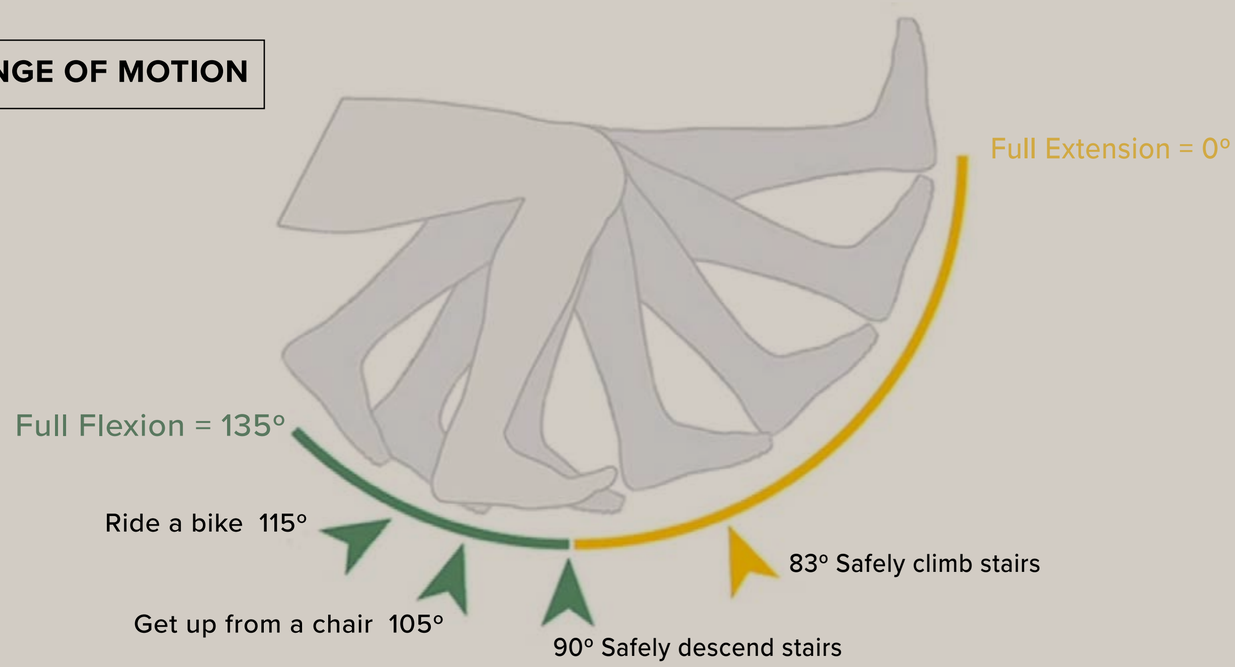
The knee joint, therefore, consists of two areas of articulation – tibiofemoral (where the thigh bone meets the shinbone) and patellofemoral (where the patella meets the thighbone).

The main movements of the knee are flexion and extension, however, a small degree of internal and external rotation is also available.

Rotation happens only when the knee is flexed (bent) between 30° and 90°, in this range the knee is able to rotate 45° approx. outwards (external rotation) and 25° approx. inwards (internal rotation).

Rotation makes the knee joint susceptible to injury, in fact, majority of non-impact injuries take place when the knee is bent between 30° and 90°.

RANGE OF MOTION



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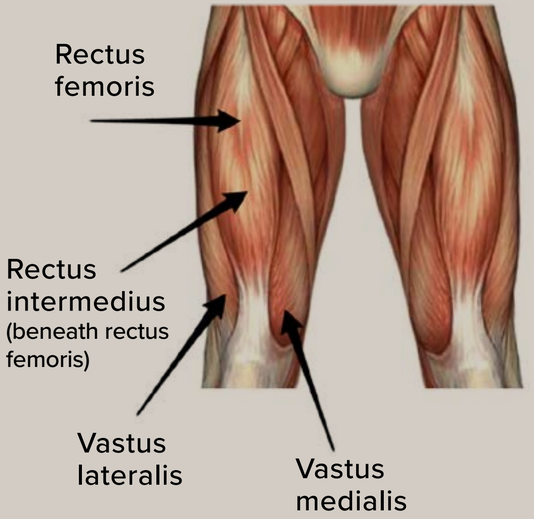
COMMON KNEE INJURIES IN DANCERS

1. Patellofemoral Syndrome

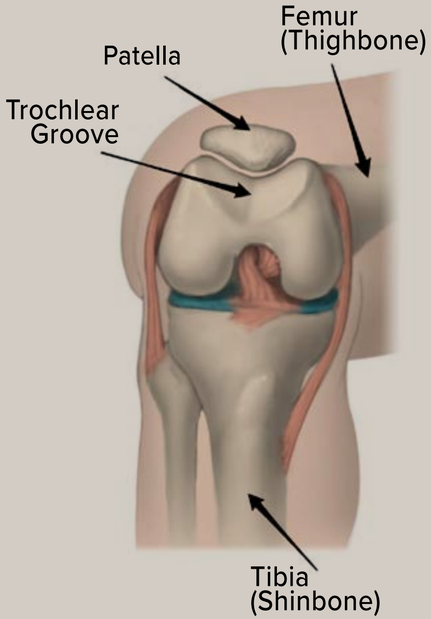
This syndrome causes pain anteriorly (at the front) to the knee and kneecap. Pain is especially noticeable when placing weight on a bent knee, for example: squatting, climbing down the stairs or jumping. It is caused by poor leg alignment due to unequal lateral pull from the quadriceps.

In simple words:

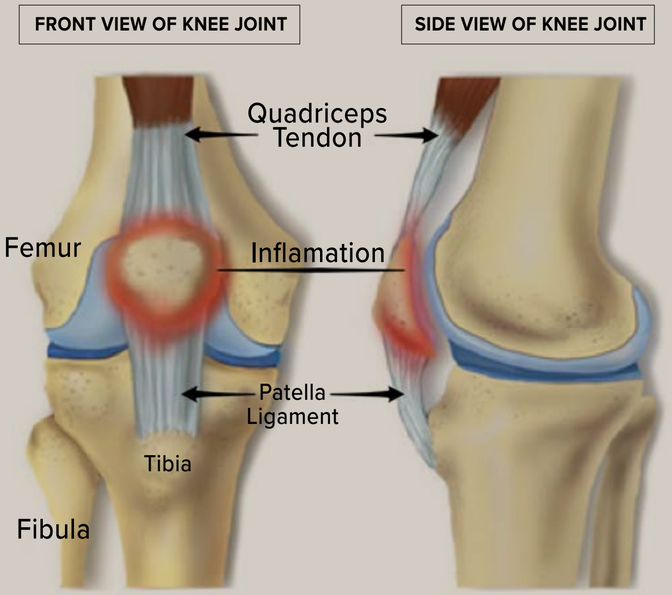
Look at the below image of the quadriceps complex.



Whenever we extend the knee the quadriceps complex pulls the patella up along the femur, tracking along a groove called the trochlear groove.



If the vastus lateralis is too strong and the vastus medialis too weak: the vastus lateralis will pull the patella 'up & out' of the groove laterally when extending the knee. This is called patella maltracking. Overtime this will create inflammation.



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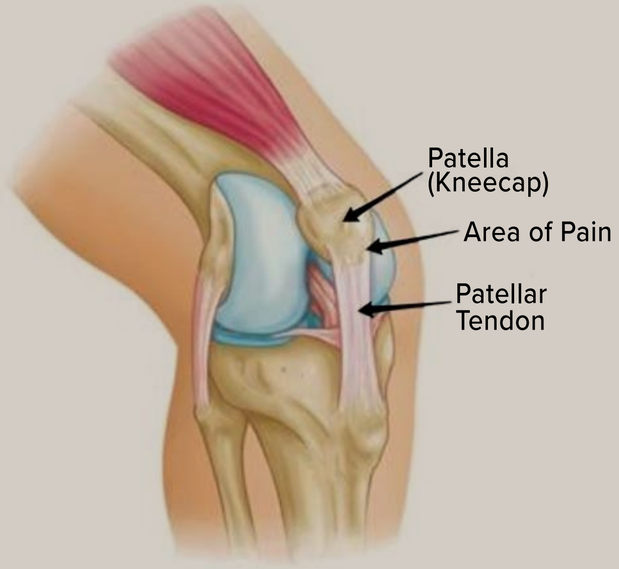
2. Patellar Tendinopathy

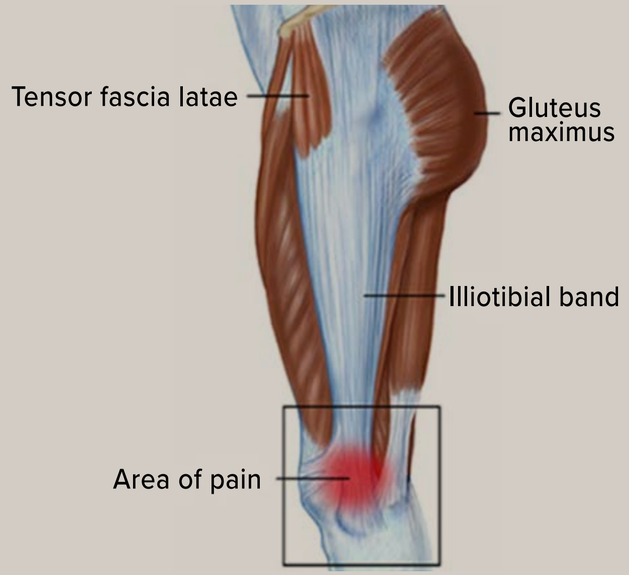
Patellar Tendinopathy is pain in the tendon between the kneecap and lower leg. Pain is provoked by simply moving the knee, even just by walking. Tendinopathies are often due to doing 'too much too soon' when changing a movement habit or training without conducting a gradual exposure to the new load. An example could be when suddenly picking up jogging after leading a very sedentary lifestyle. Tendinopathies are a challenge to treat... avoid them at all costs!



3. Iliotibial Band Syndrome

The iliotibial tract is a thick band of fascia running on the outside edge of the thigh connecting the iliac crest to the knee.

Iliotibial Band Syndrome manifests as pain or tenderness on the outside edge of the knee. It is common in runners. Dancers with uneven legs or weak hip abductor muscles (Tensor Fascia Lata, Gluteus Medius, Gluteus Minimus, Gluteus Maximus) are prone to this syndrome, it can flare up after intense dancing or training periods.



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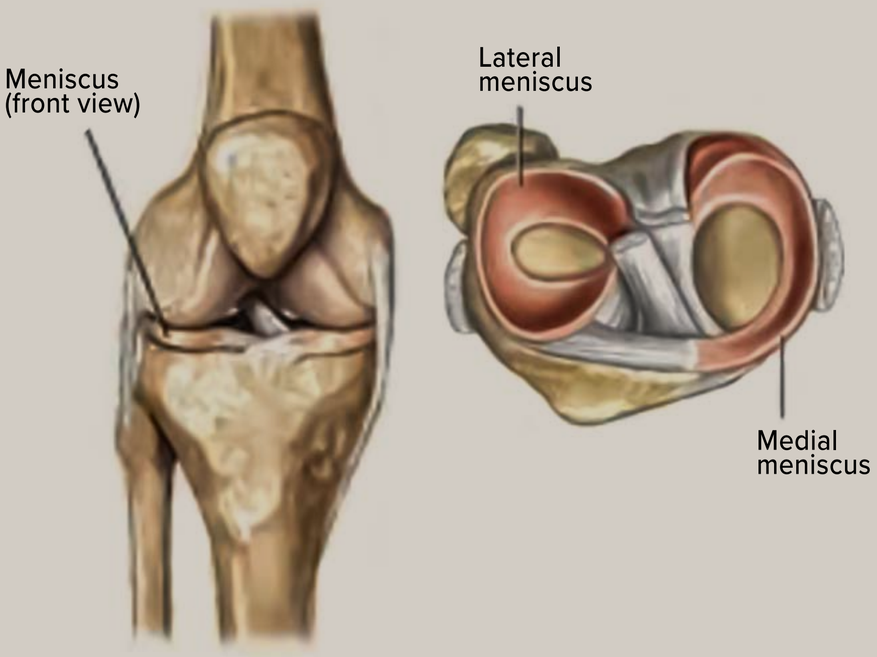
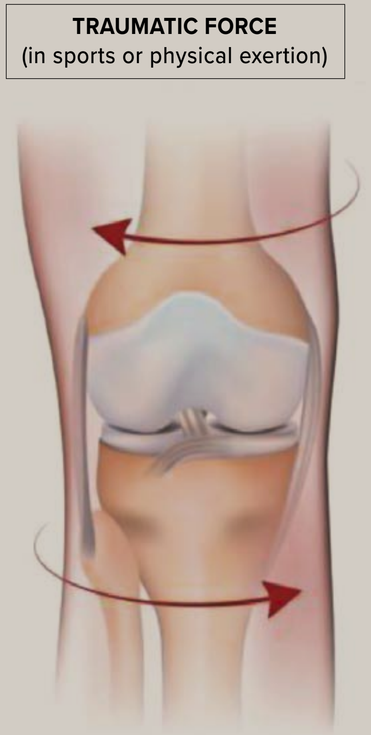
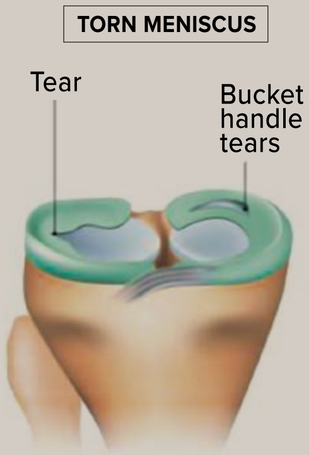
4. Meniscal tear

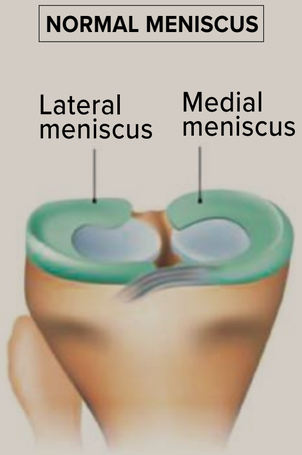
Each knee has two menisci. The menisci are crescent-shaped fibrocartilaginous structures nestled in the knee between the lower end of the thighbone (femur) and top end of the shinbone (tibia). They are basically like cushion paddings whose role is to increase stability, distribute load, absorb shock, and provide lubrication and nutrition to the knee joint.

A meniscus injury is generally caused by a twisting movement between the femur and the tibia under load without contact, or when the thighbone (femur) slips forward or backward beyond normal ranges in relation to the shin bone (tibia). This could happen for example when squatting abruptly.









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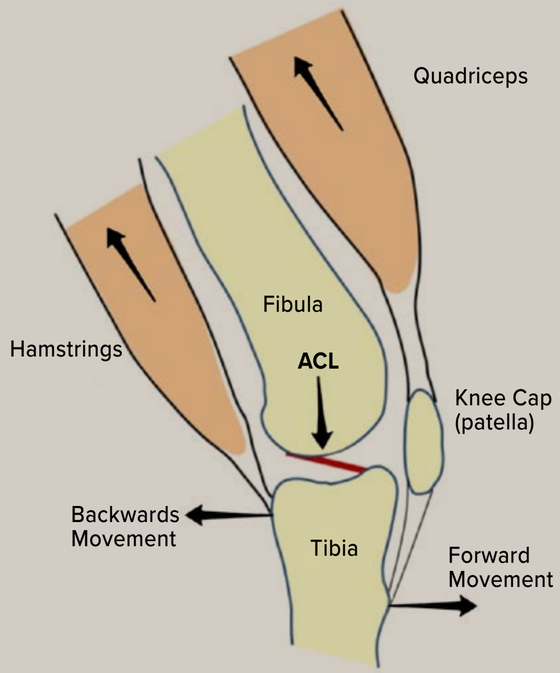
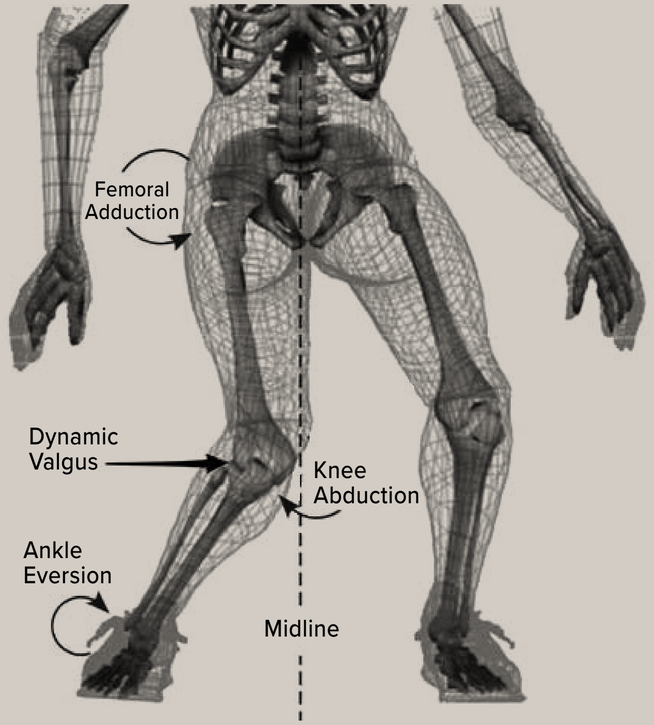
5. Anterior cruciate ligament tear

The anterior cruciate ligament (ACL) is one of the key ligaments that helps stabilize the knee joint. The ACL connects the thighbone (femur) to the shinbone (tibia). It is considered a key structure in the knee joint, as it resists the forward movement of the shinbone in relation to the thighbone and resists twisting (rotation)



ACL injuries often occur when the leg is under load, the knee is bent between 30° and 90° and the bones of the legs twist in opposite direction, for example when cutting, side-stepping or rapid changes of direction. In these situations, the ACL is under lots of stress.



JUMPING and KNEE INJURY

One of the most common non-contact injuries in contemporary dance occurs when landing from a jump. Upon landing ligaments and tendons are vulnerable, especially if the mechanisms in place to stabilize the knee fail. This tends to occur more frequently at the end of a class or rehearsal period or at the end of a season, when fatigue kicks in.

In the landing phase of a jump:

— A rapid exchange of forces occurs as the ground force meets the body's kinetic force.

— Muscles (quads, hamstrings, glutes, iliotibial band) need to recruit to stabilize the knee joint and stop the body from moving.

— Ligaments, such as the anterior cruciate ligament and the medial collateral ligament engage to prevent valgus stress (basically when the knee 'knocks in') and anterior shearing of the tibia (when the shinbone translates forward beyond normal range in relation to the thighbone)

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If the knee isn't stabilized injury may occur due to:

— Muscle weakness
— Landing with valgus knee ('knee knocked in' = medial collateral ligament injury)
— Anatomical predisposition to valgus knee
— Other variables altering this mechanics and may increase risk of injury are:
— Surface of landing
— Footwear
— Losing upper body balance thus increasing instability
— Low cardiorespiratory rate
— Fatigue

MUSCULATURE

Muscular strength is very important in injury prevention,

When jumping: strong lower limb muscles are necessary to enable the appropriate amount of muscle co-contraction needed to stabilize our knees upon landing.

By co-contraction we mean the simultaneous and appropriate activity in agonist and antagonist muscles across the same joint in order to offer stability.

Exercises to increase lower limb muscular strength are:

— Squat
— Single leg squat
— Squat with back knee on chair
— Squat jump
— Single leg bend/pliè on unstable surface (also for proprioception/balance)

FATIGUE

What is fatigue?

Fatigue is defined as "extreme tiredness resulting from mental or physical exertion". Fatigue may influence most of the factors mentioned above. When fatigued we tend to lose control of the body, to be less aware of unpredictable events and to delay muscles activation.
How do we deal with fatigue?

At times it is best to rest and let body and mind recover, however, we can train in order to become stronger and delay the onset of fatigue. We can do that by training and increasing Cardio Respiratory Rate (CRR).

CARDIORESPIRATORY RATE

Cardiorespiratory rate is the ability of the circulatory and respiratory systems to supply oxygen to skeletal muscles during sustained physical activity.

Dancers and athletes undergo a sustained physical activity every day, they need a high supply of oxygen for their muscles to function correctly.

Research found that a higher cardiorespiratory rate can prevent athletes or dancers from injuries.

Dancers with greater cardiorespiratory rate can maintain the capacity to generate muscle force while fatigued.

The ability to supply enough oxygen to skeletal muscles can be trained by:

— Running
— Swimming
— Cycling
— Dancing…. Do what you love: warm up dancing!

As a general rule: do one of the above activity for about 15-30 min x3 times a week.

*Written by Nita Little, drawn from the online, public conversation between **Giuliana Majo** and **Arianna Pisano** as part of **Make Movement Matter** on 8th December 2022.*

dancers' wellbeing

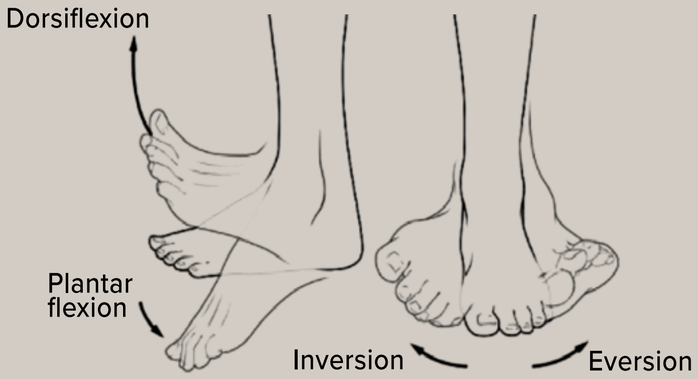
Basic foot anatomy & biomechanics

The foot has 26 bones and 33 joints, 112 ligaments and 3 arches, the medial and lateral longitudinal arch and the transverse arch. The foot is divided into 3 sections:

— **The hind foot (calcaneus, malleoli and talus)**
— **The mid foot (navicular, cuboid and cuneiforms)**
— **The forefoot (metatarsals and phalanges)**

The foot and ankle are controlled by 13 extrinsic muscles (muscles situated in the lower leg) and 21 intrinsic muscles (muscles within the foot). Due to the complex mechanics of the foot, its structure and joints allow it to behave in a similar way to a ball and socket joint through combinations of its primary movements:

— **Dorsiflexion (flexing foot) and plantar flexion (pointing foot)**
— **Eversion (fishing foot) and inversion (sickling foot)**



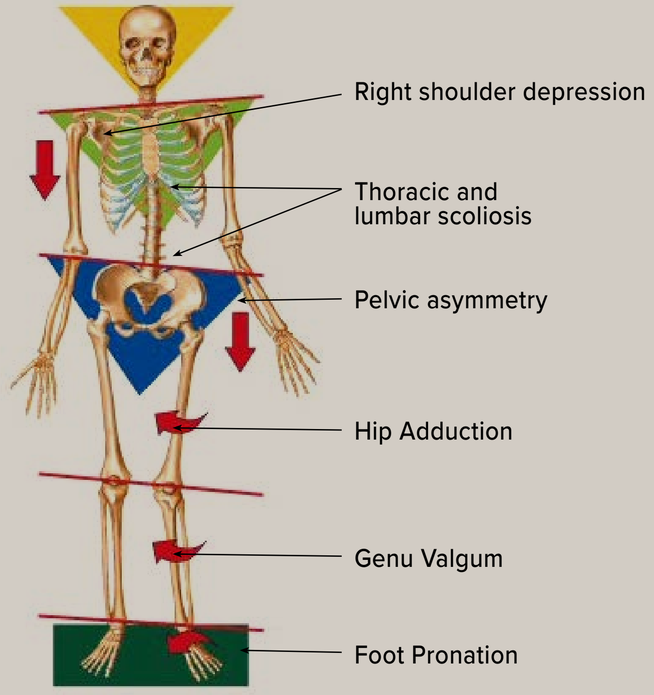
Role of the foot

— **Flexibility**– to adapt to different terrain and surfaces the foot comes into contact with through the loose or open pack position of the bones/joints (plantar flexed position)
— **Stability**– to support the weight of the body as the primary weight bearing joint in standing and ambulation in the close packed or locked position of the bones/joints (dorsiflexed position).
— **Shock absorption**– to absorb ground reaction forces in locomotion, walking, running and jumping through the deformable 3 arches of the foot and flexed joints.
— **Propulsion**– to help move the body during the gait cycle, running and jumping activities.
— **Balance and proprioception**– sensory and mechanical feedback to where the body is in space to maintain balance and alignment.

Foot Posture

— Foot alignment and posture is important in setting up the body's whole kinetic chain. It's the foundation of our support and incorrect position has a domino effect on the rest of the body. This is also true in the reverse, due to the foot and ankles flexibility and adaptability it can also often compensate for misalignment elsewhere in the body.

— A typical and common example of improper foot alignment in overall posture is a pronated foot (flattened medial arch of the foot). This leads to internal rotation of the tibia, knee valgus (knocked knees), internal rotation of the femur, anterior rotation of the pelvis (hip drop) and a change to all the spinal curves. This is why it is important to look at the foot and address it when it comes to injuries elsewhere in the body such as the knee, hip, lower back etc.



dancers' wellbeing

Common injuries related to the foot and ankle

PLANTAR FASCIITIS

— Pain in the sole of the foot
— Sharp pain in heel
— Pain is worse on walking after sleeping or resting

ACHILLES TENDONITIS

— Pain/tenderness in the heel/Achilles tendon
— Pain with walking/running
— Thickening/swelling of tendon
— Tender tendon in calf stretch or to move/touch
— Pain and stiffness in area AM, improves with light movement.
— Difficulty standing on toes

LATERAL ANKLE SPRAIN

— Fast movement into inversion/acute onset
— Pain and swelling/bruising/heat to area
— Pain bearing weight
— Tender to touch
— Reduced range of motion
— Instability

SHIN SPLINTS

— Pain along front of shin bone
— Tender tibialis anterior muscle
— Mild swelling front of lower leg

COMMON INDIRECT/RELATED INJURIES

— Lower back pain
— Meniscus/MCL/medial knee pain
— Hip and groin pain

Injury Prevention and Rehabilitation

— Be aware of muscle weakness/imbalances, imbalance in antagonistic muscle groups can lead to injury.
— Improper training in progressive overload can lead to injury. Prioritize form and technique before increasing frequency, load or reps in exercise.
— Only increase load, frequency, reps by 10% each week without sacrificing form/technique, wait for the body to adapt before progressing. Tendons tend to adapt slower than muscles.
— Focus on body awareness, core strength and feed forward mechanisms that recruit the correct muscle groups in the correct order to support the motor control required for the activity.
— Do exercise appropriate warm up and cool downs for activity.
— Pain is a personal experience modulated by our biopsychosocial self and is our body's way to signal danger or fear of damage- don't ignore it, listen to it, try not to be overwhelmed by it, try to understand it and try to help it.
— M.E.A.T – Movement. Exercise. Analgesics. Treatment is the new recommended protocol following injury. Movement and exercise should be appropriate to injury and stages of healing. Analgesics or pain relief can be limited to natural remedies such as turmeric and magnesium.

dancers' wellbeing

FOOT AND ANKLE EXERCISES

Proprioception/balance/strength exercises

Single leg balance

Modifications/Progressions:

- Eyes closed
- Unstable surface (eg. Pillow)
- Throwing/catching tennis ball
- Moving direction of head/focus
- Demi-point
- Throwing/catching weighted ball
- Combinations of options above

7 point star

Instructions:

- Single leg balance
- Try to touch 7 points on the floor around you with the opposite toes
- Don't rest the toes on the floor
- Gradually move the 7 points further away to increase the reach
- Start to reach the points with more speed and in a random order

Warrior 3 combo

- Single leg balance
- Floating leg extended behind you to 90° bringing the torso level with the elevated leg
- Both arms extended to the side
- Rotate torso arms and elevated leg 90° on the supporting leg in an open T then rotate 90° back to face the floor

Calf raises

- Rises onto demi-pointe
- Rises onto demi-pointe in 1st position
- Demi-point squats/plié in both positions
- Eccentric exercise: slow heel dips off step

Pivot lunges

- Standing on one leg, extended other leg in direction of choice
- Lunge and land on it then push back to the standing leg to balance before the next lunge
- Increase speed and changes of direction in lunge plus position of front foot, aligned, turned in or turned out

Flexibility and mobility exercises

Calf stretch

- Hands against wall legs in a short lunge
- Press the back heel to the floor keeping the hip forward
- To target the tendon slightly bend the extended knee
- Additionally rotate toes inward and outward

Lateral lower leg/ankle stretch

- Wide second position, toes pointing in
- Pitch body forwards over one leg and tip tailbone up behind you
- Bring the pelvis over the same leg as the body is leaned over

Tibialis anterior stretch

- Point and/or sickle one foot behind you, top of toes on the floor, knee slightly bent
- Kick/press the sickled/pointed top of the foot into the floor while pressing the same hip forward

> *Written by Nita Little, drawn from the online, , public conversation between **Giuliana Majo** and **Victoria Hoyland** as part of **Make Movement Matter** on 15th December 2022.*

Managing Yourself as a Freelance Artist

As a freelance dancer, there are often few predictable or externally controlled measures in place to help you navigate day to day training in work therefore it is vital that you **Know Yourself:**

— Strengths...at what do you excel?

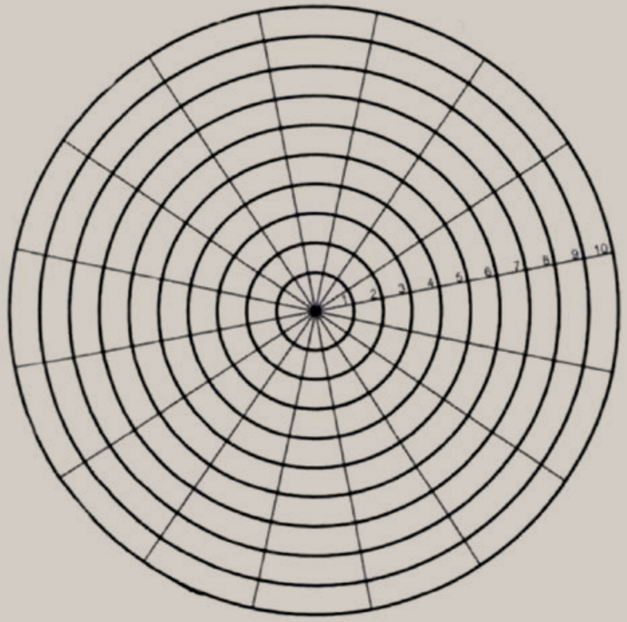
— Weaknesses... what needs more attention or could be a barrier to success

— Motivation... why are you working towards something? When might you best achieve it?

— Goals...specific, personalized, long term and short term

— Work-life balance...!!

One useful tool for evaluating yourself is **Performance Profiling**. This has been used since 1992, most commonly in sport and was conceived by Butler and Hardy. You can use a wheel, like the one below, adding important qualities, skills or attributes around the outside and rating yourself by shading in the wedges, as a score out of 10. You can keep it simple and use broad categories (e.g. cardiovascular fitness/time-management) when reviewing your overall needs, or you could use it for a specific role (e.g. hip flexibility, upper body strength).



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From this point, you can then build a **Baseline Plan**

You should consider:

— Your schedule: it's important to make sure this is flexible and adaptable so perhaps think of each element as a building block and you can then construct it in a range of different ways, depending on each week's demands.

— Developing a personalized warm up so you have a familiar and individually beneficial sequence. This should allow you to:

- Raise your heart rate
- Activate the muscle groups required for the movement work to follow
- Explore the range of movement required
- Give time for mental focus
- Pay attention to specific areas of your body, which need the most attention e.g. following a previous injury or areas of stiffness

— Some small kit...bands? Balls? Massage gun? Snacks?...whatever you might need for a training context, when going between spaces or on tour.

— Fitness requirements...have you incorporated all of the components below? Often dancers favor some components over others so, perhaps review the balance of your training composition and, relate back to your performance profile to see if your plan really is meeting your needs to help you to achieve your goals.

Remember, consistency is key! In between jobs it can be hard to keep motivated and, whilst engaged in a busy contract, finding time can be challenging but both can be overcome with a little advance planning.

Completing a **Needs analysis** can be another valuable tool in ensuring you are ready for the next challenge. Consider what the next job will require of you:

- Greater cardiovascular fitness?
- Personal time dedicated to lesson planning?
- Being away from home/access to regular studios etc.?

Then tailor your training plan accordingly, considering the requirements of current and pending work, how you will bridge the gap. Do your priorities need to shift? Think about which building blocks need to go where.

Another vital skill is to be able to **spot the warning signs** of injury and illness. In ballet, typically the most common injuries are ankle sprains, ankle impingement and bone stress injuries. In contemporary styles, more commonly dancers present with low back pain and hamstring strains. All of these can become chronic and therefore cause more long-term problems if not dealt with promptly therefore seeking help and advice early is key.

04 dancers' wellbeing

Cold and flu can affect anyone however everyone is more susceptible to being unwell when exposed to these viruses when their immune system is not at its optimum. In order to give yourself the best chance of remaining healthy, adequate rest and good nutrition are vital. Just like in fitness training, advanced planning and consistency are the keys to success here.

Rest & Recovery can make or break a dancer. Some important points to consider:

- Sleep hygiene – your bedtime and routine surrounding it
- Constructive rest periods – these can be as short as just a few minutes so really think about how you optimize breaks
- Fuel – the right food at the right times will lead to optimal energy availability, help you to avoid fatigue and prevent energy deficiency related injuries e.g. bone stress
- Offload periods – professional athletes and dancers in companies will not train every week at high intensity so you ought not to either. If you are planning blocks of training, be sure to have offload days within the week and offload weeks within the training block...no, you will not be deconditioned in just a week or two!

A FEW USEFUL ORGANISATIONS

WHO THEY ARE	SOME OF THE SUPPORT THEY MAY BE ABLE TO OFFER YOU
One Dance UK – Supporting Dance	• Healthcare Practitioners' Directory to help you find a suitable professional in your area • 'Performance Optimisation Package' - includes health insurance and dancer screening • Reliable health and wellbeing information for dancers (resource sheets and blog) • Healthier Dancer Programme – experienced speakers who can provide talks/workshops for dance and dance education institutions • Networking Events & conferences
nidms – national institute of dance medicine and science	• NHS based dance clinics through which dancers can access specialist care on the NHS (includes consultations, imaging, rehabilitation etc)
SAFE in DANCE INTERNATIONAL	• Training and qualifications for dance teachers, providing reliable information to help dance teachers to be safer and more effective, whilst also demonstrating to their dancers and parents their commitment to this aspect of their teaching, by becoming certified
BRITISH ASSOCIATION FOR PERFORMING ARTS MEDICINE	• Healthcare Practitioners' Directory • Funding to support with healthcare needs of dancers • Resource sheets
IADMS – International Association for Dance Medicine & Science	• Factsheets • Blog • Dance Teachers' Bulletin • Annual international conferences on dance medicine and science, with a broad range of attendees from across the dance sector *Whilst a membership organisation, with some limitations in what non-members can access, many resources are available on the website without being a member. Content covers a wide range of topics, including nutrition for dancers, appropriate warm up, hypermobility in dancers, etc.*

dancers' wellbeing

Arianna Pisano

Arianna was trained as a ballet dancer by Luis Bernardo Ribeiro, former soloist of the Roland Petit, and Yuriko Matsuyama, former soloist of the Kyoto Ballet. In 2010 she moved to the UK, where she worked as a freelance dancer for several ballet, neoclassical and dance-theatre companies.

Alongside her dance career, she qualified as a Pilates Instructor, and, in 2018, she graduated with a Master degree in Osteopathy at BCOM London. Since her graduation, Arianna has always sought to combine her work as a dancer with teaching and osteopathy, working at The Place (UK), Art Factory International, Anfibia, and Almadanza (IT).

Katy Chambers

Katy is Company Physiotherapist for the Royal Ballet Company and owner of Performance Pro Physio, Harley Street. Katy also has extensive experience working in recreational and vocational dance training settings as well as lecturing and supervising research across several London Based Dance Institutions, including the Royal Academy of Dance, BBO Dance, Rambert, Urdang and London Studio Centre. Katy's work brings together her passion for dance and experience as a clinician and educator, with a focus on supporting dancers and dance educators to make well informed training and wellbeing choices.

Giuliana Majo

Giuliana Majo is a dance artist & producer, yoga teacher and one of three founding members of TRIPSPACE.

In addition to her responsibilities as a director, her role at TRIPSPACE is to spark new ideas, programme and fundraise for exciting projects such as residencies, festivals, yoga teacher trainings and professional development schemes such as Make Movement Matter.

Her deep interest in anatomy has led her to train as a physiotherapist, she will be a fully qualified practitioner in June 2023.

Nita Little

Nita Little is an activist for relational intelligence through improvisational dance practices that began with the emergence and development of Contact Improvisation (CI) in 1972, a path provoked by Steve Paxton. A dancer, teacher, choreographer, and dance theorist, Little's 2014 PhD investigated the articulation of presence and creative actions of embodied attention. She returns to worldwide touring invited by dance companies, festivals, conferences and universities to teach, lecture, and choreograph. Her writing investigates ecological actions of attention and the creative potentials present in entangled relations. She directs an international network of dance research ensembles - the Institute for the Study of Somatic Communication (the ISSC).

Victoria Hoyland

Victoria Hoyland founder and practitioner of BAM (Body And Movement), is a qualified Osteopath from the British School of Osteopathy and a professional contemporary dancer. With over a decade of dance experience she combines her skills and expertise of the body through both professions to provide therapeutic, holistic and dynamic treatments.

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TRIPSPACE

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make movement matter

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