



So you think you can dance?

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DANCE



Adult Contemporary Dance Class taught by Nicky Ellis. Photographer: Belinda Lawley

IN JANUARY OF this year I was fortunate to be offered the role as therapist on BBC1's "So You Think You Can Dance" (SYTYCD). It felt like a small victory for osteopaths as the treatment of dancers is usually reserved for physiotherapists!

A pre-show meeting with the production team opened discussion on how to manage the dancers and flag up potential problems e.g. what the dancer's schedules looked like (10-14 hour days, 6 days a week); the type of contingency plans in place if anyone withdrew through injury, availability of funds for imaging and my practise availability.

I recommended a pre-show screening during which all 14 case histories were taken, vulnerabilities identified and pre-rehabilitative advice offered. It was hoped this would maximise "hands-on" treatment time and also provided an opportunity to build a relationship of trust.

The production team agreed, plus scheduled a weekly treatment for each contestant. They were keen to impress upon me that it was ultimately a game show and the dancers must all have equal studio time for it to be fair; I was equally keen to impress that if the dancers were injured that distinction would not matter.

The show went "live" and the dancers hit the floor running soon arriving for treatment prior to their scheduled weekly slot. Those who saw SYTYCD will not be surprised, having witnessed the extreme and diverse choreography demanded of the participants.

Treatment for a show such as this means pressure to achieve instant miracles! If you remove a dancer not only must the psychological implications be considered but also the impact on the other dancers. Everything must be re-choreographed or re-rehearsed increasing potential for injury through sheer exhaustion if nothing else.

Management involved extremely rapid and informed decision making as to how soon the injured party could return to the dance studio. To achieve this, understanding the mechanism of injury, i.e. the forces involved, the exact moment it occurred within a sequence was essential. This can be tricky if you have never experienced the sensation of catching (on indeed being caught) at high speed whilst turning 360° in the air and covering 2-3 metres of space at the same time!

Due to the pressure to have the dancers performing a.s.a.p. it could often feel like I was placing a strategically placed plaster over a problem and hoping it stayed put until a more convenient time. Not ideal I know, but a necessary evil!

The majority of the injuries were specific to the style of choreography undertaken in a given week, for example, repetitive stress loading to an area due to repeatedly rehearsing a complex lift or the impact trauma of landing from a somersault. As a generalisation the dancers presented as follows:

- ☐ MEN: neck, shoulder, rib and forearm injuries
- ☐ WOMEN: QL strain, restricted thoracic spines, friction burns and bruising
- ☐ BOTH: D.O.Ms (strangely absent were foot, hip and hamstring injuries)

By the end of the show the worst of it was:

- ☐ Suspected Abdominal Hernia (Advised to see GP, referral letter provided)
- ☐ Suspected Lateral Meniscal damage (Advised to see GP, referral letter provided)
- ☐ Dislocated GH (They had a previous history of bilateral dislocation. Attended fracture clinic/MRI scan, last I heard he was back dancing)

Professional dancers like many elite sports persons are desperate to return to training. Managing them can be frustrating as keeping your eye on them 24 hours a day is impossible and you have to take their word for it that they are following advice. With this in mind, it was vital to get the SYTYCD dancers back in the studio working safely with clear information and distribute it to those that needed to know. Each dancer was always provided with self management advice e.g. self massage with tennis balls/rolling pins/golf balls, taping joints, stretches, use of ice/contrast bathing, and ideas for adapting choreography to enable temporary rest to the area.

Advice was always written down for the dancer to show the choreographer; an absolute necessity, as experience of working with (and indeed being a dancer) is that they can often be "selective" with information they report back through fear of losing their place, disappointing choreographers and the other dancers. The BBC production team were emailed in a layman's language with the diagnosis and advice, and all dancers on exiting the show were provided with GP referral letters and how to seek treatment if follow up was required.

The finalists on SYTYCD 2010 were a privilege to work with. In my opinion one of the greatest assets of the show was it started to shift people's perception of what being a dancer really entails, beyond the stereotyped ballerina floating about in a sea of white tutus!

Professional dancers are a group of extremely fit, self-disciplined, adaptable athletes, multi-skilled, and dedicated to their art. Osteopathy definitely has an important role to play in treating and educating this elite population group, so that audiences can continue to marvel at their brilliance.

"Coming to osteo is my favourite part of the week. I don't think I could have made it through without Nicky!"
Charlie Bruce: Winner of "SYTYCD 2010"

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