

Dancing safety

A PARENT'S GUIDE FOR GETTING KIDS BACK IN THE GAME

Injuries suffered by dancers are similar to injuries from other non-contact sports that focus on using the legs. Sudden and gradual onset injuries are often seen in dancers. This reference guide provides information on the most common dance injuries that require treatment.



ANKLE INJURIES

The most common injury in dance is a **lateral ankle sprain**. This injury occurs in dancing by rolling the ankle over the outside of the foot. This often occurs when landing from a jump or falling out of a turn. A lateral ankle sprain causes damage to the ligaments just below the bone on the outside of the ankle. In some cases a “pop” is felt or heard by the athlete.

Treatment recommendations vary with the severity of the injury:

- Mild sprains require rest, but not necessarily medical treatment (follow the PRICE treatment plan, printed on back).
- Injuries with persistent swelling, pain or any deformity should be seen by a physician.

HIP INJURIES

Overuse hip injuries occur when there are repetitive stresses and trauma caused to a specific area of the hip. These injuries will often go unnoticed by the athlete for an extended amount of time before eventually becoming debilitating. Two examples of hip overuse injuries are:

- **Snapping hip syndrome** is a condition often seen in dancers. Dancing requires a great amount of hip motion and repetitive movements, which can lead to muscular imbalances and a snapping in the hip that can be both audible and painful.

Symptoms of snapping hip syndrome are:

- A “snap” or “pop” that can be heard.
- Pain.
- Swelling.
- Loss of flexibility.
- Loss of motion.

Rest, ice and stretching are used to initially treat snapping hip syndrome. If symptoms persist after PRICE treatment, it is important to contact a pediatric sports medicine physician.

- **Femoral neck stress fracture** is an overuse injury that affects the top part of the thigh bone that leads to the ball portion of the hip joint. This fracture occurs over time, unlike a standard fracture. These injuries are often seen in dancers that begin intense training after a long period of inactivity. Femoral neck stress fractures can be caused by many different factors, including:

Internal Factors

- Nutrition.
- Muscle imbalance.
- Foot mechanics.
- Flexibility.

External Factors

- Increasing training too quickly.
- Hard running surface.
- Steep incline.
- Excessive training.

The symptoms of a femoral neck stress fracture generally start out as vague groin pain that increases over time. The pain will begin to increase with activity. Eventually, the pain may focus more onto a specific point, hurt at night and cause increased discomfort when the hip is flexed forward. A dancer with these symptoms should be evaluated by a pediatric sports medicine physician to determine a treatment plan.

KNEE INJURIES

Another injury seen in dancing is an **Anterior Cruciate Ligament (ACL) sprain or tear**, which occurs when the knee is twisted forcefully or hyperextended. This often happens when landing from a jump or planting awkwardly during a dance routine. Dancers with a damaged ACL often describe a “pop” at the time of injury that may be followed by a significant amount of swelling within a few hours.

Athletes should see their pediatrician or a pediatric sports medicine physician if pain and/or swelling persist after PRICE treatment. In addition:

- In younger athletes, bone maturity helps to determine the treatment plan. Injury to an open growth plate requires special consideration by a pediatric orthopedic specialist.
- Training in proper jumping and landing technique may help to prevent this injury.

Knee pain that comes on slowly over time can indicate other problems, such as:

- **Patello-femoral Pain Syndrome (Runner's Knee)** – pain in the front of the knee related to muscle and tissue stress around the knee cap. This can be addressed with proper training in physical therapy.
- **Osteochondritis Dissecans** – a defect in the knee's cartilage that can become evident over time during repetitive activity such as jumping.
- **Osgood-Schlatter Disease** – stress-related inflammation in a growth center at the front of the knee.

continued on back

The Sports Medicine Center at Children's offers the only comprehensive, integrated program in North Texas specifically designed for young and growing athletes. The center goes beyond treatment and rehabilitation of traumatic injuries that occur on the playing field to problems associated with sports participation, including cardiac disorders, asthma and nutrition.

The Children's Sports Medicine Center at the Legacy campus in Plano features a 5,000-square-foot facility complete with diagnostic imaging capabilities, a dedicated sports therapy gym, video motion analysis, isokinetic muscle testing and state-of-the-art rehabilitation equipment – all geared to provide your child with the best medical evaluation by the experts treating young and growing athletes.

Sports Medicine Center

Children's Medical Center at Legacy
Ambulatory Care Pavilion
7601 Preston Road
Plano, Texas 75024
469-303-3000



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BACK PAIN

Dancing puts a lot of demand on a young athlete's back due to repetitive maneuvers that require hyperextension of the back and changes of direction. Some injuries to the back occur suddenly, and are commonly known as a **back strain**. Others occur more gradually, especially if the body doesn't have time to recover properly.

Over time, repeated hyperextension of the low back can cause:

- **Spondylolysis** – a stress fracture of the bones in the lower spine, or lumbar vertebrae.
- **Spondylolisthesis** – the lumbar vertebrae slip forward, if an athlete with a stress fracture continues to participate in the sport. This is much more serious, and can lead to continued pain that may require treatment.

Therefore, it is important that dancers experiencing low back pain be restricted from activity until evaluated by their pediatrician or a pediatric sports medicine specialist.

WEIGHT MANAGEMENT

Dancers should aim to stay close to their competition weight in the off-season in order to avoid dangerous weight-cutting practices during the competitive season. Dancers who desire to lose weight should not lose more than 1-2 pounds a week to avoid break down of lean body mass. Once dancers achieve a healthy body weight, weight maintenance should be emphasized.

Weight loss is best achieved using a combination of reducing caloric intake and increasing calories burned. Nutrition tips for good weight control include:

- Give your body energy from sources of carbohydrates, proteins and fats. Do not omit any food groups.
- Choose whole-grain foods, lean protein and healthy fats at meal times.
- Eat a balanced diet rich in fruits, vegetables and fiber.
- Drink calorie-free beverages; eat fresh fruits instead of drinking fruit juices.
- Watch your portion sizes.
- Choose low-fat dairy products.
- Do not skip meals. Eat a healthy snack if hungry in between meals.
- Limit high-calorie foods with added sugar and fat – read food labels to compare calories and look for reduced-sugar and reduced-fat varieties of your favorite food products.

BUMPS, BRUISES, TWISTS & MUSCLE STRAINS

These can affect all areas of the body. Recommended treatment is the **PRICE** formula: **P**rotect the area with a sling or crutches, if necessary.

Rest the injured area.

Ice the injury for 20 minutes at a time. Do not apply the ice directly to the skin.

Compress the injured area with a wrap. Do not pull tightly, as this can cut off circulation.

Elevate the injured area above the heart, if possible.

Athletes should see a pediatrician or pediatric sports medicine physician if any of these symptoms are present:

- Deformity.
- Limping that lasts more than 48 hours.
- Soft tissue swelling that gets worse the next day despite ice and over-the-counter anti-inflammatory medication such as Motrin®.
- Effusion – mobile soft tissue swelling on both sides of a joint, often easily seen at the knee or ankle.
- Pain that returns quickly with activity at the next session or is not gone after two weeks of forced rest.

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