Advance Physiotherapy - Dance Injury Traffic Light System (DITLS)

YELLOW: Foot / Ankle / Knee injuries

Level 1

Ballet

Barre work only, remain on flat on injured side, no rising or relevé on injured side, reduced turnout, quarter or demi plié range only, reduced pointing of foot if needed. 1st and 2nd positions only. Keep legs low in grand battement etc.

Tap

Chair tap or standing if able: Can wear socks only to start with. Slow rhythm drills, weight shifts, low impact sounds, if inexperienced in tap or wanting to improve ankle use, on both / non injured side – work on chair. To adapt to smaller version of stepped pullbacks, implement stepping instead of springs.

Contemporary

Standing phrases on 2 feet, controlled weight transfer without rotation through knees / ankles. Get to floor if able without loading through injured side or end of range kneeling position / demi pointe position if pain free. Adapt floorwork to place load through body areas able. Very low impact, minimal travelling in travelling phrases.

Jazz

Isolated upper-body work, no jumps, leaps or kicks, controlled treading through feet instead of running, **no marching**. Ensure that involved in warm-up sections that do not involve standing on the feet. Able to do upper body strength work on knees if ankle / foot injury. May be able to do kicks etc laying on back working on control.

If only one-side injured - to do squats / pliés with weight shifted more to non-injured side and work on single leg balance on non-injured and injured side (if in your rehab programme) at barre if not able to be involved in other aspects of class. No heels.

Mark Choreography, wear supportive shoes as able. Step touch type dance with lower limbs, full arms.

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