



# Injury Management Procedure

**Version 3**  
**March 15, 2025**

**TCDA Pty Ltd**  
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ABN 93 656 571 166

**TCDA Director: Paul Singh**  
**Signed:**

**Date:** March 15, 2025  
**Revision:** 1

## LEGISLATIVE FRAMEWORK

This Injury Management Procedure operates within and complies with the following legislative framework:

- Work Health and Safety Act 2011 (NSW)
- Work Health and Safety Regulation 2017 (NSW)
- Workers Compensation Act 1987 (NSW)
- Children's Guardian Act 2019 (NSW) and Child Safe Standards
- Disability Discrimination Act 1992 (Cth)
- Australian Human Rights Commission Act 1986 (Cth)

This procedure should be read in conjunction with TCDA's other policies and procedures, including the Safe Workplace Policy, Risk Management Plan, Child Safe Child Friendly Policy, Code of Conduct, and Complaint Handling Policy.

# DANCERS ARE ATHLETES

Dance is unique being both art and sport. Dancers are athletes who are artists and artists who are athletes.

Unlike many sports, dance has no seasonal breaks meaning a constant high level of fitness is required. In terms of duration, frequency and intensity, the training for dance is rigorous and unparalleled. The dance community however, has been slow to react to the mounting evidence supporting the importance of health and fitness in relation to dance performance.

Dance is an art form in which the body is the instrument of expression. In seeking maximum style and technique, dancers often exceed their capacities, overstretching or abnormally compressing the body's tissue. These forces result in injuries such as muscle strain, joint and ligament sprains, bruises, or even fractures and dislocations that may be temporary or permanent.

## DID YOU KNOW?

- 80% of dancers experience a disabling injury during their careers
- 65% of dance injuries are from overuse and 35% from accidents
- 90% of injuries occur when a dancer is fatigued
- 98% of dance injuries are treated non-operatively

## PERSONAL PROFILE

A good place to begin to evaluate your current physical condition and identify strengths and weaknesses is to run a checklist. To give you an idea, here are some of the questions you could ask yourself:

- How many hours of dance activity do I do each week?
- What styles of dance do I have technical experience in?
- Do I warm up before class, rehearsal or performance?
- Do I warm up properly?
- Do I warm down after dance activity?
- What type of conditioning activity do I partake in other than my dance classes? e.g. swimming, yoga, Pilates, gym aerobics, etc
- What previous injuries continue to affect me during dance activity?
- Do I have current injuries that are affecting me during dance activity?
- How would I describe my current physical condition?

By asking yourself some of these questions you can start to build a personal profile of yourself.

## **TCDA'S DUTY OF CARE**

TCDA will conduct regular risk assessments and inspections on our facilities and take steps to address, repair or replace elements that have been identified as unsafe. We apply syllabus from varied sources including the Australian Teachers of Dancing, Aerial Arts and Acrobatic Arts as well as programs developed in house by our suitably qualified teachers. Our Associate Teachers are certified by their relevant bodies and our junior teachers have received training in safe dance in order to reduce the chance of injury. TCDA ensures that there is always a first aid trained member of staff on site and a list of these individuals can be found affixed to both first aid kits.

It is to be noted that TCDA staff are trained to provide first aid but cannot provide further specialised medical treatment or advice related to injury. If an injury occurs, professional medical advice should be sought.

### **Preventative Measures**

As part of our commitment to injury prevention, TCDA:

1. Conducts proper warm-up and cool-down sessions in all classes
2. Ensures appropriate technique progression based on student ability and development
3. Maintains safe facilities with appropriate flooring and equipment
4. Regularly consults with health professionals including physiotherapists and dance medicine specialists
5. Provides education to students and parents about injury prevention
6. Offers regular workshops with sports medicine professionals focused on injury prevention strategies
7. Maintains a list of recommended local health professionals with dance experience

## **INJURY WARNING SIGNS**

Dancers are often pushing their bodies to physical/anatomical limits. Human tissue is governed by the laws of mechanics in the same way as other materials. The most common forces affecting the human body are those produced by muscles and those occurring as a result of gravity, inertia and contact. When a force - such as a push, pull or twist - acts on an object, the force creates mechanical stress. This stress may cause tension, compression or shearing of tissue which may result in injury.

## **INJURY RISK FACTORS**

The causes of dance injuries are many and varied. They may range from faulty technique to a slippery floor to inadequate warm up prior to activity.

Risk factors can be divided into 2 main groups.

### **Extrinsic factors - external**

- Training error

- Type of dance activity
- Environment e.g. temperatures
- Equipment, such as too soft pointe shoes
- Workload, e.g. too much dancing

### **Intrinsic factors - internal**

- Age
- Gender
- Body type
- Fitness
- Joint Integrity
- Motor Control (skill)
- Psychological factors e.g. performance anxiety

In general, the more risk factors a dancer has, the more likely she or he is to be injured. Consequently, the aim of the dancer and teacher is to reduce such risk factors to a minimum.

## **PHYSIOLOGICAL AND PAIN RESPONSES**

The body will initially respond to injury with a physiological response. Localised tissue damage causes mechanical and chemical changes in the tissue. This is often followed by heat, redness, swelling and pain. Ignoring these early warning signs by continuing to dance can result in further damage to the tissue, increasing the severity of the injury and prolonging the recovery time (and the return to dance).

It is often difficult for the dancer to know whether it is okay to continue dancing. Pain is the result of both sensory and emotional experiences and is associated with tissue damage or the probability that it will occur. It serves as a warning sign for the body to withdraw from the painful stimulus, e.g. continued dancing, and therefore serves to protect the injured body part.

Pain can be experienced in many different ways. A description of pain can help determine what structure may be involved (this is a guideline only):

- Ache - inflammatory
- Sharp - mechanical
- Deep - bony, joint, referred e.g. neck referring to the shoulder
- Superficial - muscular, ligamentous
- Throbbing - vascular
- Neural - constant, pins and needles, numbness, sharp shooting

In general, pain that should not be ignored is that which occurs with an acute (traumatic) injury, pain that recurs during dance activity, gets worse and is still apparent after the activity ceases, night pain, or any pain that you are worried about.

Other types of pain, e.g. delayed onset of muscle soreness or residual muscle pain which occurs 24-48 hours after unaccustomed bouts of intense dance activity, may respond to continued gentle dance activity, gentle stretching, and/or correct warm up and warm down procedures.

# PSYCHOLOGICAL RESPONSES

The coping mechanism that a dancer uses with respect to injury is influenced by many different factors: These may include:

- Personality (negative/positive)
- Previous history of injury
- Social support
- Level of competition
- How serious the injury is perceived to be

The psychological reaction of a dancer to injury is similar to that of a grief response and will evolve through a number of stages. Often the injury is likely to be met with denial which quickly turns to anger. With time the true significance of the injury becomes apparent to the dancer and depression sets in. Finally, acceptance is seen and the dancer takes a more constructive approach to the rehabilitation process.

## Age-Specific Considerations

TCDA recognizes that injury response and management vary significantly by age:

### Children (under 12)

- May have difficulty articulating pain or discomfort
- May continue dancing despite injury due to enthusiasm
- Require close monitoring by teachers and parents
- Need age-appropriate explanations of injury management
- Growth plate injuries require special attention

### Adolescents (12-17)

- Growth spurts may increase injury susceptibility
- May hide injuries due to pressure to perform
- Require education about long-term consequences of dancing through pain
- May need additional psychological support during recovery
- Need guidance on balancing school and recovery demands

### Adults (18+)

- May have comprehensive injury history requiring specialized approaches
- Often have career concerns influencing recovery decisions
- May benefit from more detailed rehabilitation plans
- Can take greater personal responsibility in the recovery process

# DANCE INJURY MANAGEMENT

Immediate management can reduce the severity of an injury and therefore shorten the time away from dance. There are three main phases of Injury Management.

## PHASES OF INJURY MANAGEMENT

### Initial Injury Phase: Week 1

In this phase a combination of Rest, Ice, Compression and Elevation is applied. Additionally, early intervention by a medical professional regarding diagnosis, treatment and management advice is appropriate.

### Early Rehabilitation Phase: Weeks 2-6

Functional treatment and supervised exercise plans are appropriate during this phase.

### Ongoing rehabilitation/Prevention Phase: Week 6 and Ongoing

Load control and continued rehabilitation is important at this stage to allow the dancer to return to full pain free dance activity. The most common time that injury recurs is when the dancer feels 80-100% normal.

Of these we are going to concentrate in particular on the initial phase of injury as this is when you, the dancer, will begin management of your injury.

## THE "R I C E R" GUIDELINE

First contact treatment from time of injury up to 48/72 hours should consist of:

**R I C E R** Rest, Ice, Compression, Elevation, Referral

**REST:** To protect the injured part from further injury you should STOP DANCING immediately. Functional rest can occur once a diagnosis is made, i.e. avoid activities which stress the injured tissue, other activities are allowed.

**ICE:** Ice should be applied preferably within 5-10 minutes of the injury occurring, and be kept on for 20 minutes to get the best physiological effect. The ice should then be reapplied every 2-3 hours for the first 48 hours. Ice is used to cool the tissue (cold induced analgesia, pain relief) and to reduce swelling, muscle spasm and bleeding.

Tips on applying ice:

- Never apply ice directly to the skin as this can cause an ice burn.
- Ice pack, frozen peas, ice cubes in an insulated ice bag are best. If you do not have a towel use damp clothing.
- Rub some massage cream onto the skin, e.g. bees wax to act as a sealant and reduce the risk of ice burn if you do not have clothing or a towel. DO NOT use Deep Heat, Tiger Balm or liniment as a sealant.
- If possible, try to remove ballet stockings or leggings before icing. Do not remove clothing if this is too painful or if a more serious injury is suspected.
- Find a comfortable position and make sure the ice pack contours as well as possible to the affected body part to get maximum benefit.

**COMPRESSION:** This is used with ice to reduce swelling, e.g. bandaging, strapping, tubi grip, or air splinting. It should be sufficiently tight to limit the formation of swelling in the tissue but not to compromise blood flow to the area. Always check the skin colour below the compression, e.g. for an ankle injury check toenail colour - it should go white if squeezed but normal colour should return in a few seconds if blood flow is not compromised.

**ELEVATION:** This also reduces swelling and stops bleeding. Ideally the limb needs to be elevated above the level of the heart. Gentle exercise of the limb in a pain free range, e.g. ankle point and flex, will help to stimulate the muscle pump action aiding venous blood return and lymphatic drainage.

**REFERRAL:** If the pain or swelling gets worse, if you are unsure about what you have done or if you are unsure about how to manage the injury, consult a medical professional such as a doctor, physiotherapist or osteopath for advice. In particular, to exclude serious injury, e.g. fracture, ask about appropriate pain medication and which treatment would be most beneficial.

## **THE "H A R M" FACTORS**

In addition to applying the RICER principle, it is also important to avoid the "HARM" factors in the first 48-72 hours following injury.

**HARM** Heat, Alcohol, Running, Massage

**HEAT:** A common mistake dancers make is to heat rather than ice an injured area. As described earlier, initial icing is important in reducing swelling, muscle spasm and/or bleeding. Heat will increase bleeding at the injured site and will also increase swelling. This means you should avoid hot water bottles, heat packs, hot showers/baths and liniments, e.g. deep heat.

**ALCOHOL:** Drinking alcohol will increase bleeding and swelling at the injured site and this will ultimately delay the healing process. In addition, it can mask the pain of your injury and its severity causing you to damage the injured area further.

**RUNNING/DANCING:** Continuing to dance with an injury can increase its severity through further bleeding and tissue damage. Stop dancing immediately upon injury, and only return to dance activity after discussion with a medical professional.

**MASSAGE:** Again, a common mistake that dancers make is to massage the injured area immediately after the injury has occurred. Massage in the first 48-72 hours will increase bleeding and swelling and delay the healing process. Massage after this time may be appropriate.

Applying the RICER and HARM principles as soon as an injury occurs will help relieve initial symptoms, speed recovery and ultimately shorten your time away from dance.

# RETURNING TO DANCE

Dancers should follow the advice of medical professionals and consult during their recovery phase and only return to dance once their doctor/physio/etc has cleared them for this activity. Ideally this will be in written form.

Dancers must communicate with TCDA to ensure that class exercises are in line with the medical professional's expectations and within limits to ensure a return to full movement without unnecessarily aggravating the injury resulting in a setback to recovery.

## Gradual Return to Dance Protocol

TCDA recommends the following graduated return to dance approach:

### Stage 1: Limited Movement

- Observing classes
- Participating in upper/lower body work only (depending on injury location)
- Modified barre work without weight bearing on injured area

### Stage 2: Modified Participation

- Partial class participation
- Technique focus without dynamic movements
- Limited center work with modifications

### Stage 3: Progressive Return

- Full class participation at reduced intensity
- Gradual reintroduction of jumps, turns, and more dynamic movements
- Limited repetition of challenging sequences

### Stage 4: Full Participation

- Return to regular class schedule
- Normal participation with continued awareness
- Regular check-ins with teachers regarding any recurring symptoms

Progress through these stages should be guided by medical advice and pain-free movement, not by time elapsed or class schedules.



# INJURY REPORTING AND DOCUMENTATION

All injuries that occur during TCDA activities must be reported and documented:

1. The injured dancer or witness should immediately alert the teacher or senior staff member
2. First aid should be administered by qualified staff
3. An Injury Report Form must be completed, documenting:
  - Date, time, and location of injury
  - Nature and details of the injury
  - First aid or treatment provided
  - Witnesses
  - Parent/guardian notification details
4. Forms are located adjacent to the first aid cabinets
5. Completed forms must be submitted to the Principal or Studio Manager
6. All injury reports will be reviewed as part of TCDA's risk management process
7. Serious injuries must be reported to relevant authorities as required by legislation

This documentation process ensures proper care, enables appropriate follow-up, identifies patterns of injury, and supports continuous improvement of safety practices.

## INTEGRATION WITH PROFESSIONAL HEALTH SERVICES

TCDA maintains relationships with local health professionals who understand the unique demands of dance:

1. **Preferred Provider Network** TCDA maintains a list of local healthcare providers with dance experience:
  - Physiotherapists
  - Sports medicine physicians
  - Podiatrists
  - Nutritionists
  - Mental health professionals
2. **Professional Consultation Program** TCDA regularly engages healthcare professionals to:
  - Conduct injury prevention workshops
  - Provide screenings for early injury detection
  - Educate students and parents about dance health
  - Advise on best practices for specific dance disciplines
3. **Referral Process** When injuries occur, TCDA can provide referrals to appropriate specialists based on:
  - The nature of the injury
  - The dancer's specific needs
  - Insurance considerations
  - Proximity to the dancer's home
4. **Information Sharing** With appropriate consent, TCDA facilitates information sharing between:

- Healthcare providers and teachers
- Parents and medical professionals
- The dancer and their support team

This integrated approach ensures dancers receive comprehensive care that considers both their immediate recovery and long-term dance development.

## **POLICY REVIEW AND CONTINUOUS IMPROVEMENT**

This Injury Management Procedure will be reviewed:

- Annually at minimum
- Following significant injury incidents
- When new research or best practices emerge
- When changes occur to relevant legislation

The review process will include:

- Analysis of injury reports and patterns
- Consultation with healthcare professionals
- Feedback from teachers, students, and parents
- Updates to reflect current medical research

The TCDA Director is responsible for overseeing the review process and implementing changes. The next scheduled review date is March 15, 2026.

## **REFERENCES AND RESOURCES**

### **Legislation**

- Work Health and Safety Act 2011 (NSW)
- Work Health and Safety Regulation 2017 (NSW)
- Workers Compensation Act 1987 (NSW)
- Children's Guardian Act 2019 (NSW)

### **Industry Resources**

- Ausdance factsheets and safe dance practice guidelines
- Australian Sports Medicine Association resources
- International Association for Dance Medicine & Science (IADMS) publications
- Safe Work Australia guidance materials

## **APPENDICES**

- Appendix A: Injury Report Form
- Appendix B: TCDA Preferred Provider List
- Appendix C: Return to Dance Clearance Form

• Appendix A: Injury Report Form

# Tamworth City Dance Academy (TCDA) Injury Reporting Form



Name: \_\_\_\_\_ Date of Birth / /

Today's Date: / / Time: \_\_\_\_\_ Class attending when injured: \_\_\_\_\_

Injured person is a:  Student  Teacher  Other Staff  Parent / Carer

**TYPE OF ACTIVITY AT TIME OF INJURY**

- warm-up
- exercises
- dance
- cool-down
- performance
- other \_\_\_\_\_

**CAUSE OF INJURY**

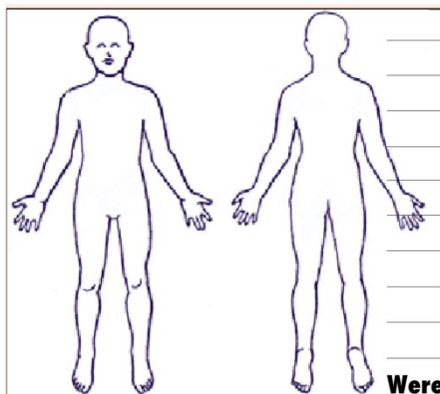
- Collision with another person
- Collision with an object
- Awkward landing
- overexertion
- overuse
- temperature related
- tripping
- struck by object
- struck by other person
- other \_\_\_\_\_

**REASON FOR REPORTING**

- new injury
- aggravated injury
- recurrent injury
- illness
- other \_\_\_\_\_

**BODY PART/S INJURED**

Circle and name



**Explain how the injury occurred**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ADVICE GIVEN**

- immediate return to activity
- return to activity with restriction
- \_\_\_\_\_
- unable to return at present
- referred for further assessment before returning to activity.

**NOTICE**

The injured person told that if injury / illness does NOT improve in the next 24 hours they MUST seek further advice from their own medical professional

YES  NO

**REFERRAL**

- no referral
- medical practitioner
- physiotherapist
- ambulance
- hospital
- other \_\_\_\_\_

**NATURE OF INJURY / ILLNESS**

- bruise
- cardiac problem
- cold / flu
- concussion
- dislocation
- fracture / break (inc. suspected)
- swelling
- loss of consciousness
- respiratory problem
- cut
- graze
- blisters
- sprain (e.g. ligament tear)
- strain (e.g. muscle tear)
- unspecified medical condition
- other \_\_\_\_\_

**Were there any contributing factors to the injury?** e.g. unsuitable footwear.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**INITIAL TREATMENT**

- none given (not required)
- CPR
- dressing
- immobilisation
- RICER
- sling / splint
- strapping / taping
- stretch / exercises
- transport from venue
- other \_\_\_\_\_

**PROVISIONAL SEVERITY ASSESSMENT**

- mild (1-7 days mod. activity)
- moderate (8-21 days mod. activity)
- severe (>21 days mod. activity)

Signature of injured person

\_\_\_\_\_

Signature of treating person

\_\_\_\_\_

Date / /

**PARENTS MUST BE NOTIFIED WITH INJURY & TREATMENT EXPLAINED**

- Appendix B: TCDA Preferred Provider List

Pro Active Physiotherapy  
4 Bligh Street, Tamworth  
02 6766 3911  
[Admin@proactivephysio.net.au](mailto:Admin@proactivephysio.net.au)  
proactivephysio.net.au

Tamworth Remedial Massage Centre  
3 Hillvue Road, South Tamworth  
02 6766 4544  
tamworthremedialmassage.com.au

- Appendix C: Return to Dance Clearance Form

# TCDA RETURN TO DANCE CLEARANCE FORM

**TAMWORTH CITY DANCE ACADEMY PTY LTD**

ACN 617 607 253

ABN 93 656 571 166

184 Peel Street, North Tamworth, NSW 2340

Phone: 0438 621 440

Email: paul@tamworthcitydance.com.au

## MEDICAL PROFESSIONAL ASSESSMENT

This form must be completed by a licensed healthcare professional before a dancer may return to dance activities following a significant injury.

### DANCER INFORMATION

**Dancer's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Dance Style(s):**

\_\_\_\_\_

**Date of Injury:** \_\_\_\_\_

**Nature of Injury:** \_\_\_\_\_

**Parent/Guardian Name (if under 18):** \_\_\_\_\_

### MEDICAL ASSESSMENT

**Type of Injury (check all that apply):**

- Sprain/Strain
- Fracture
- Dislocation
- Concussion
- Soft Tissue Injury
- Other: \_\_\_\_\_

**Treatment Received:** \_\_\_\_\_

**Date of Initial Evaluation:** \_\_\_\_\_

**Date of Most Recent Evaluation:** \_\_\_\_\_

**Recovery Status:**

- Complete Recovery
- Partial Recovery with Limitations (please specify below)
- Ongoing Recovery Requiring Further Assessment

**Is the dancer cleared to return to dance activities?**

- Full clearance for all dance activities
- Partial clearance with modifications (please specify below)
- Not cleared to return at this time

**If partial clearance, please specify limitations or modifications required:**

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**Recommended Gradual Return Protocol:**

- Stage 1: Limited Movement (observation, upper/lower body work only)
- Stage 2: Modified Participation (partial class, technique focus without dynamic movements)
- Stage 3: Progressive Return (full class at reduced intensity, limited jumps/turns)
- Stage 4: Full Participation

**Estimated Timeline for Full Return (if applicable):** \_\_\_\_\_

**SPECIFIC ACTIVITY CLEARANCE**

Please indicate which activities the dancer is cleared to perform:

<b>Activity</b>	<b>Fully Cleared</b>	<b>Cleared with Modifications</b>	<b>Not Cleared</b>
Warm-up/Stretching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barre Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Center Floor Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acrobatic Elements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aerial Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Notes on Activity Modifications (if applicable):**

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**ADDITIONAL RECOMMENDATIONS**

**Recommended Follow-up Activities (check all that apply):**

- Physical Therapy
- Strength Training
- Proprioception Exercises
- Cross-Training
- Other:

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**Frequency of Recommended Follow-up Activities .** \_\_\_\_\_

**Additional Recommendations or Precautions:**

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**Next Scheduled Assessment (if applicable):** \_\_\_\_\_

**HEALTHCARE PROFESSIONAL CERTIFICATION**

I certify that I have examined the above-named dancer and have made the determinations indicated above.

**Healthcare Professional Name:**

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**Specialty/Credentials:**

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**License Number:**

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**Phone Number:**

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**Email:**

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## DANCER/PARENT ACKNOWLEDGMENT

I understand the clearance status and any limitations indicated above. I agree to follow all recommendations and to communicate any changes in symptoms to both my healthcare provider and TCDA staff. I understand that failure to adhere to these recommendations may result in re-injury or delayed recovery.

**Dancer Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Signature (if under 18):** \_\_\_\_\_

**Date:** \_\_\_\_\_

## TCDA STAFF ACKNOWLEDGMENT

**TCDA Staff Member Name:**

\_\_\_\_\_

**Position:**

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Notes on Implementation of Recommendations:**

\_\_\_\_\_

\_\_\_\_\_

## FOR TCDA OFFICE USE ONLY

**Date Received:** \_\_\_\_\_

**Filed By:** \_\_\_\_\_

**Clearance Status Communicated to:**

- Dancer/Parent
- Dance Instructor(s)
- Other:

\_\_\_\_\_

**Follow-up Required:**  Yes  No **If Yes, Date:** \_\_\_\_\_

**Additional Notes:**

\_\_\_\_\_