



YOUTH PROTECTION ADVOCATES IN DANCE®

## DANCE MEDICINE PROGRAM INJURY PRESCRIPTION FORM

Name \_\_\_\_\_

Date \_\_\_\_\_

Your dancer has been diagnosed with \_\_\_\_\_.

The following restrictions are in effect from \_\_\_\_\_ to \_\_\_\_\_:

### Participation restrictions

- NOT CLEARED** to return to any dance activities
- Return to dance **WITH NO RESTRICTIONS**
- Return to dance **WITH RESTRICTIONS** (see below)

### Activity restrictions

- No dance competitions
- No dance convention classes (on concrete floors)
- Other \_\_\_\_\_
- No (ballet / tap / mod / jazz / acro) classes
- No barre in class (will do exercises instead)

### Technique restrictions (Techniques dancer CANNOT DO but may mark in choreography)

- Deep-knee bending with feet flat (grande pliè)
- Heel raises (relevè)
- Going up on toes (en pointe)
- High-kicks/extreme hip flexion (grande battement)
- Other \_\_\_\_\_
- Jumps (sautè)
- Leaps small (jetè)
- Leaps big (grande jetè)
- Going to floor on hands and knees

### Time restrictions

- Limited to \_\_\_\_ hours per day of dance
- Limited to \_\_\_\_ days per week of dance
- Other \_\_\_\_\_

### Other exercise and activity restrictions

- No running
- No aerial or acrobatic work
- Other \_\_\_\_\_
- No exercise/training other than dance
- No cross-training/yoga/Pilates

Please call our office with any questions at \_\_\_\_\_.

\_\_\_\_\_  
**Physician**