



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 classes
- No dance competitions
- No dance convention classes (on concrete floors)
- No ballet / tap / modern / jazz classes
- Other _____

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

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

Time restrictions

- Limited to ___ hours per day of dance
- Must have ___ minute breaks between classes
- Limited to ___ days per week of dance
- Other _____

Other exercise and activity restrictions

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

If you have any questions, feel free to call my office at _____.
