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Show must go on: what are the available tools to assess readiness to return to dance post injury in elite dancers? A scoping review protocol

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ABSTRACT

Injury in elite (professional/competitive/collegiate) dance is commonplace and pernicious. Return-to-dance after extended time-loss injury requires careful consideration to ensure dancers are ready to safely resume practice (return to class/rehearsal/competition/performance). The available assessment tools in dance consider predominantly physical domains (eg, flexibility/balance) and refer to specific dance genres only (eg, ballet). This scoping review aims to explore biopsychosocial domains (eg, fear/confidence) identified in dance and sport literature, informing safe return to dance post injury. The scoping review will conform to Joanna Briggs Institute (JBI) Evidence Synthesis guidelines. Nine databases (in health, medicine, kinesiology, sport and dance) will be searched for studies of return-to-dance/sport protocols, in dancers, athletes and aesthetic performers. Two independent reviewers will conduct title, abstract and full-text screening using Covidence review management software. Data charting will be completed using a modified standardised JBI extraction form. The scoping review will be disseminated to stakeholders in the world of elite dance in performance (troupes/companies), educational (academies/universities) settings and sports medicine clinicians will also be targeted in dissemination. Findings will be shared via both peer-reviewed and non-peer-reviewed publications (eg, blog posts/academic publications/conference presentations). An infographic of key findings will be developed and shared on social media. This scoping review will inform a subsequent e-Delphi project involving dancers, teachers and clinicians to develop a dance-specific tool informing safe return to dance post injury. This novel tool will extend beyond currently available tools focusing on physical factors to consider holistic dancer wellness, with application across multiple dance genres.

WHAT IS ALREADY KNOWN ON THIS TOPIC

⇒ Although injury in elite dancers is extremely common and often severe, there are limited tools available to guide safe return to dance after injury.

WHAT THIS STUDY ADDS

⇒ This protocol provides a robust, transparent and reproducible template that dance researchers may adopt to inform high-quality research in under-investigated areas of dance medicine.

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

⇒ The outputs of this scoping review will raise stakeholder awareness of the biopsychosocial impacts of injury on dancers. They will also inform the development of a dance-specific tool to help guide considered and appropriate return to dance post injury. The tool will contain a genre-specific domain to allow for choreographic specifics of each genre to be adjudicated, in addition to biopsychosocial domains common to dancers from all genres.

INTRODUCTION/BACKGROUND

Elite dancers are aesthetic athletes, coupling grace and intricate execution with a requirement for immense strength, power and cardiovascular fitness.[1] Elite in this context may be defined as those dancers in professional or preprofessional roles, competing at the highest level nationally or internationally within their genres, or dancers in full-time collegiate study of dance. As with many elite athletes, injury in dance is a constant and pernicious issue.[2] The injury incidence rates reported in professional dancers have been found to range from 0.16 to 4.44 per 1000 hours of exposure, with variation due to differing dance genres, injury definitions and load burden.[3–5] The ability to accurately assess readiness for return to dance is a critical aspect of injury management and rehabilitation in the dance community. This is particularly pertinent when the dancer has incurred a significant time-loss injury that has restricted or eliminated one's ability to dance. Given the physical and technical demands placed on dancers, a comprehensive and reliable evaluation of readiness can aid in reducing the risk of reinjury, optimising recovery outcomes and ensuring safe reintegration to dance practice, in training, competition and/or performance settings.

An important concept in this discussion centres around the lack of a cohesive definition of return to dance. A recent systematic review in sporting populations also identified variability in the definition of return-to-sport in the orthopaedic sports medicine literature.[6] Common themes identified in this review included return to competitive play or returning to practice and/or training and clearly defined competition levels and objectives.

Furthermore, there is a lack of consensus on which measures are most appropriate or effective in assessing dancers' readiness to return to dance practice post injury.[7] The limited tools that are available in dance focus overwhelmingly on physical readiness to dance and overlook the many psychological and socioenvironmental issues that are inherent in the injury experience.[8] Screening practices for injury in dance focus disproportionately on factors such as range of motion, flexibility, alignment and other physical attributes with minimal attention paid to psychosocial mediators of injury in dance cohorts.[9 10]

Regarding return to dance post injury, possibly the most widely used tool in this space is the 14-item Dance Functional Outcome Survey.[11] This tool interrogates a dancer's ability to perform a host of general (eg, walking, stairs, pain level) and technique (eg, plié, développé, relevé balance, etc) elements and has been established as a psychometrically sound tool to monitor lower extremity or low back injury in adult ballet and modern dancers. However, its utility in other dance genres or ability to establish the dancer's psychological readiness to return to dance and the impact of other contextual contributions to performance is limited.

Research has indicated that numerous psychological factors, including fear post injury, are useful determinants of successful functional return to dance.[12] This reflects the research in sport where a systematic review of psychological factors associated with a return-to-sport post injury showed that positive psychological responses including motivation, confidence and low fear were associated with a greater likelihood of returning to the preinjury level of participation and returning to sport more quickly.[13] Subsequent research identified that premature return to sport before the athlete was psychologically ready could result in a host of adverse outcomes including negative emotional states, suboptimal performance, increased reinjury risk and long-term adverse career impacts.[14] Thus, the importance of evaluating both the psychological and the physical status of the dancer or athlete cannot be overstated. There are numerous useful tools in sport, including the Injury-Psychological Readiness to Return-to-Sport Questionnaire[15] and the Return-to-Sport After Serious Injury Questionnaire,[16] but validated tools in dance are lacking.

It is important to acknowledge that dance genres vary widely in terms of choreography, technique and the physical demands involved. However, it is equally true that dancers from many genres share much common ground in other respects. For instance, the drive for artistic expression and performance excellence often leads dancers to normalise pain and conceal injury. This practice had been reported in hip-hop,[17] ballet,[18] contemporary,[19] Irish,[20] tap and jazz[21] dance. Separately, the centrality of the dancer persona and the impact on one's identity when injured has been reported in Tango,[22] ballet,[23] modern[24] and Irish dance,[25] among others. Risk factors for injury, including both physical and psychosocial issues, are also widely shared across genres.[2 26] It is therefore hypothesised that a novel return-to-dance tool would include several domains that would be applicable to dancers from a variety of genres. The tool could then be supplemented with a genre-specific domain containing the pertinent choreographic elements specific to that dance form.

This scoping review therefore aims to systematically identify and map components of existing questionnaires, surveys and other relevant tools that may be used to assess readiness to return to dance after injury in elite dancers. It will identify gaps in current methodologies and highlight best practices in the field. By synthesising the available literature, including pertinent tools for return to sport (including performing and aesthetic athletes), this review will provide an overview of physical, psychological, socioenvironmental and functional domains, addressing how these tools are used specifically within the dance context. Ultimately, this protocol will inform future research and contribute to the development of a standardised, evidence-based assessment framework tailored to the unique needs of dancers returning to dance after injury.

METHODS

Protocol and registration

This scoping review will be conducted in accordance with the Joanna Briggs Institute (JBI) Evidence Synthesis guidelines[27] and Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR).[28] Building on a prior framework and methodological guidance, this approach facilitates enhanced development and reporting of appropriate objectives and comprehensive search strategies. The precision of the topic was further determined through the use of an expanded population, concept, tool and context paradigm to focus the title, aims and objectives of the review. This approach will facilitate a comprehensive search strategy, enhanced transparency and rigour of reporting and synthesis and presentation of findings (table 1). The study protocol, available at https://osf.io/hyz4a/,was prospectively registered on Open Science Framework.

Eligibility criteria

The following criteria will be applied to the search in this scoping review:

Studies included for review will include original peer-reviewed research including systematic reviews and clinical practice guidelines, reporting assessment or evaluation tools (including surveys, questionnaires) of readiness to return to dance/sport post injury. Eligible

Table 1 Key concepts informing search strategy

Population	Concept (outcome/condition)	Context	Tool
1. Dancers (and synonyms) 2. Non-contact, athletes (and synonyms) 3. Performance athletes 4. Performing artists 5. Aesthetic athletes	1. Readiness to return to sport/dance 2. Return to play/return to dance 3. Rehabilitation and recovery 4. Physical readiness, psychological readiness 5. Outcome measures for readiness	1. Dance injury 2. Sporting injury 3. Musculoskeletal injury 4. Rehabilitation and recovery	1. Survey/questionnaire 2. Scale 3. Instrument/tool 4. Inventory 5. Assessment

studies must include dancers, athletes from non-contact sports, performance or aesthetic athletes, or other physical performance artists. Studies containing any elements of return-to-dance/sport techniques for specific injuries, including, for example, psychological and general functional readiness, may be included. Only studies published in the English language will be included for review, and databases will be searched from the date of inception. Studies focusing solely on concussion, due to the low occurrence of concussion in dance, will be excluded. Additionally, narrative review articles, case studies, conference proceedings and other secondary sources will not be considered.

Information sources

The search strategy has been developed by the research team, who share a wealth of clinical and research experience in dance and sport. Authors RC and EQ are widely published authors in dance science, both are former professional dancers and work as lead educators in university dance programmes. RC is also a chartered physiotherapist with over a decade of clinical experience in treating dancers. RS is a former dancer and current academic whose role includes evaluation and treatment of injuries to performing artists. She has published widely in the area of kinematics and injury in athletes. CP is a chartered physiotherapist and academic with research publications in pain and injury in athletes. He also has specific scoping review methodological experience. The search strategy aims to locate published primary studies alongside systematic reviews and clinical practice guidelines.

Search

The lead author (RC) met with the faculty librarian at the host university to seek advice on the protocol search strategy. The librarian conducted an initial search on PubMed and Embase databases, using descriptors from the expanded population, concept, tool and context paradigm. On the advice of the faculty librarian, the second list of descriptors was subsequently expanded to include injury contexts involving rehabilitation or recovery, and the list of instrument synonyms was augmented to include the list outlined in table 1. The text words contained in the titles and abstracts of relevant articles, and the index terms used to describe the articles were used to develop a full search strategy for MEDLINE (EBSCO) (online supplemental appendix 1). Search strings for all databases are available in online supplemental file 1.

Databases were selected based on their relevance to the research topics of health, medicine, kinesiology, sport and dance. These databases include: Web of Science; EMBASE; Cochrane Database of Systematic Reviews; EBSCO (CINAHL Ultimate, MEDLINE, SPORTDiscus, PsycINFO); PubMed; Elsevier (ScienceDirect); ProQuest Performing Arts Periodical Database, Dissertations); JSTOR; and PEDro: the Physiotherapy Evidence Database. The search strategy, including all identified keywords and index terms, will be adapted as appropriate for each database, which will be searched from inception.

Selection of sources of evidence

The reference lists of articles included in the review will be screened for additional papers. Studies will be limited to those published in English and on human subjects. Following the search, all identified records will be collated and uploaded into Endnote X9.3.3 (Clarivate Analytics, Pennsylvania, USA) and duplicates will be removed. Following a pilot test, titles and abstracts will then be screened and adjudicated by two independent reviewers (RC and CP) for eligibility criteria for the review. Potentially relevant studies will be retrieved in full and their citation details imported into the Covidence reference management system. (Covidence; Covidence Melbourne, Australia).

The full text of selected citations will be assessed in detail against the inclusion and exclusion criteria by two independent reviewers (RC and CP). Reasons for exclusion of full-text studies will be recorded and reported in the scoping review. Any disagreements that arise between the reviewers at each stage of the selection process will be resolved through discussion or with a third reviewer (RS or EQ). Authors of papers will be contacted to request missing or additional data, where required. If access to missing data is not possible, these papers will be excluded. The results of the search will be reported in full in the final scoping review and presented in a PRISMA-ScR flow diagram.[28]

Data charting process

Data charting, collection and extraction for this scoping review will follow a systematic and transparent process to

ensure comprehensive capture of relevant information.[27] Data will be charted in a systematic matrix or table for easy comparison, summarising key domains to inform the development of a future tool for return to dance. This matrix will be modified and revised as necessary during the data charting process with any modifications highlighted in the full scoping review.

Data Items

A standardised data extraction form based on the JBI Manual (Appendix 10.1)[27] has been developed, detailing key information including the report details (author, year, country, research design); the target population (eg, dancers, athletes); nature of tool (eg, questionnaire, assessment protocol); the specific injury or condition addressed; domain examined (eg, function, symptoms, psychological factors); the purpose of the tool (eg, assessing readiness to return to dance/sport, guiding rehabilitation); administration format (eg, self-administered); and psychometric properties of the tool where available (online supplemental appendix 2). Data will be extracted from eligible studies by two independent reviewers (EQ and RS) to minimise bias, with discrepancies resolved through discussion or consultation with a third reviewer (RC).

Synthesis of results

A PRISMA flow diagram will document the selection process, from database searching and record screening to the final selection of studies for inclusion in the review. Selected data will be extracted and presented in two tables. The first table will outline the details of reports identified in the search, with fields to include report details (author/year/country/nature of trial), population (dancer/athlete), nature and purpose of the tool, nature of injury, administration details and any associated psychometric properties where available. A second table will list factors that are explicitly tested as part of return-to-dance/sport protocols in reports identified and categorise them under domain headings including physical, psychosocial and condition specific. Data synthesis will involve categorising and summarising the key findings of the included reports, such as the types of tools used, domain properties, populations studied and any identified gaps or challenges in establishing readiness for return to dance/sport. Descriptive analysis with basic coding will be used to present the type and frequency of common domains used across reports, which will be presented in table or graphical format. We project that this scoping review will be concluded by mid-summer of 2025.

DISCUSSION

Injury in dance is extremely common, but there is a lack of guidance for stakeholders to inform the decision to return to dance after injury. Affected parties (including dancers, parents, dance teachers, choreographers, company managers and medical personnel (physiotherapists, athletic trainers, doctors, surgeons and others)) require evidence-based, dance-centric information to optimise outcomes post injury. Of the limited literature available on this topic, existing research has focused almost exclusively on assessing the functional and physical readiness of the dancer to resume practice.[29 30] An emphasis on strength, flexibility and the competent execution of specific dance movements has been the key recommendations of these authors.

More recently, the important role of psychosocial factors in dance injury has been broadly recognised. While this is a welcome development, there is limited evidence of consideration of these factors in the return-to-dance journey. For instance, a proposed return-to-dance protocol,[31] which details a six-step programme outlines a holistic evaluation of the dancer including mental health in stage one (assessment). Regrettably, there is no further mention of psychosocial factors in the remaining five stages. These stages focus on injury management, progression of physical attributes (strength, flexibility, etc), dance-specific movements, return to rehearsal and independent dance practice. Although this author encourages consideration of the impact of adverse psychosocial factors such as mental fatigue and stress on the injury experience of dancers, no direction is provided on how or when these factors should be assessed.

A recent retrospective review of return to dance post physiotherapy in a heterogeneous cohort of 164 dancers offered interesting insights.[12] The authors reported that 63% of participants had a full return to their preinjury level, meaning that over one-third of dancers did not. In their analysis, these authors concluded that fear was a prominent factor impeding full return to dance and recommended targeted investigation of psychosocial factors to better understand their role in dance injury.

As mentioned previously, the research in sport has highlighted the importance of psychosocial factors in athletic return-to-sport protocols. A 2021 report of return-to-sport post-anterior cruciate ligament (post-ACL) surgery found that age and psychological readiness accurately predicted return to sport at preinjury levels. Conventional tests including measures of strength, power and control were not predictive.[32] Similar findings, also in athlete ACL injury, referenced the value of the ACL Return-to-Sport after Injury Scale.[33] This scale, which determines psychological readiness by measuring an athlete's emotions, confidence and risk appraisal, was found to be useful for determining readiness for return to sport.

Notably, a report outlining a return-to-dance protocol post-ACL injury in ballet referenced the potential benefits of this scale.[34] However, this was merely a brief aside in addition to a very detailed, progressive functional programme of physical activity and dance-specific elements. These authors further noted that this tool has not been evaluated for use in dancers, thus highlighting the need for a bespoke tool for the dance community.

A focus on psychosocial factors in return to dance is lacking in the literature, and likely in the dance

community more broadly. The available evidence suggests that failing to consider these factors may be detrimental in supporting optimal return to dance. There is a need for a comprehensive return-to-dance tool to facilitate evaluation of important psychosocial factors in addition to more conventional elements. It is likely that the optimal tool will consider preinjury ability and include numerous domains to inform a graduated and personalised return to dance. These domains may include lower-level functional components (eg, walking, stairs, etc) as well as assessments of physical factors such as strength, range, fitness, etc. We anticipate that this scoping review will identify an array of psychosocial factors that should also be included, in addition to choreographic elements that will be specific to each genre.

Dissemination

The results of this scoping review will be disseminated in both academic and dance-specific forums. An academic paper and abstract will be submitted to an appropriate peer-reviewed journal and conference, respectively. A lay summary will also be made available to a non-academic audience and distributed to the professional and dance education communities. These include dance and performing arts conservatoires, companies and higher education institutions. It is hoped that expansive dissemination of accessible, evidence-based information to non-healthcare practitioners including parents and dance teachers may facilitate access to better care from reputable sources. Once published, the results of the study will be summarised and shared in plain language to dancers in digital format (Bluesky, Instagram) and through the Universities of the authors and affiliated dance organisations.

Future directions

An e-Delphi project based on the output of this proposed scoping review is planned. This will involve dancers and teachers from multiple dance genres, as well as clinicians working with these cohorts. The aim of the e-Delphi exercise is to develop dance-specific tool to inform safe return-to-dance practice post injury. The tool will be comprised of multiple domains that are common to all dance genres. A final domain that considers specific technique or choreographic elements applicable to individual dance genres will also be included, allowing for tailoring to specific needs of dancers from different styles.

CONCLUSIONS

Available tools in dance focus largely on physical readiness to return to dance, eschewing important psychosocial considerations. Additionally, genres apart from ballet are under-represented. This scoping review will explore existing tools in dance and sport to identify a range of domains that should be considered when assessing the dancer's holistic preparedness to resume dance practice. In doing so, we aim to raise stakeholder awareness of the complexity of factors that inform return-to-dance decisions. Outputs will further inform the development of dance-specific tools to guide dancers, teachers and other stakeholders in making these decisions.

Public and patient involvement (PPI)

A dancer PPI panel was developed during the course of the preplanning phase of this scoping review. The research group has shared the scoping review protocol with the PPI panel, invited feedback and discussion and incorporated proposed changes, most notably in the results presentation section. The PPI panel will have an active role in this project including the framing of the scoping review outputs and in future work regarding the development of consensus for return to dance.

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Contributors RC is the lead author and came up with the concept for this work. CP, EQ and RS worked with RC to develop the initial idea. RC wrote the first draft of the manuscript with contributions from CP, EQ and RS. Data screening and charting were divided among RC, CP, EQ and RS. RC drafted the full scoping review paper with contributions and review from CP, EQ and RS. CP is the guarantor.

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