DANCERS and other performing artists are a unique blend of both athlete and artist.1 Dancers are “aesthetic athletes” who endure years of intense and physically demanding practice with the aim of honing their skills for peak performance in front of an audience.1 Despite the physical demands and rigor involved with dance, relatively little attention has been devoted to the unique health care needs of dancers. In fact, dance medicine has been referred to as the orphan child of sports medicine.2 Recently, some professional dance and performing arts companies have begun providing specialized dance medicine services to their artists.3 Dance/USA, an organization that includes over 400 dance companies and other organizations, established a Taskforce on Dancer Health in 2005.3 The taskforce made recommendations for prevention of injury and illness and established screening protocols for professional dancers during the 2005-06 performance season. The taskforce recommendations do not address the needs of dance students who represent a large segment of the dance community, however. In the United States, there are approximately 76,000 professional dancers (38,000 full-time and 38,000 part-time), and the number of dance students at colleges and universities is estimated to be between 9,000 and 45,000.4 There is clearly a need to provide specialized healthcare services and recommendations to dance students, who represent 10% to 37% of the dance population in the United States.

Even though over 175 universities and colleges in the United States include dance in their curricula, on-site access to specialized dance medicine services at these institutions has not been documented. The success of the Dance/USA initiative has demonstrated the need for dancers to have access to specialized healthcare services. Dance medicine is an emerging area of practice for athletic trainers, which is part of the broader field of performing arts medicine umbrella that includes performing artists in music and theater. The extent to which university dance administrators recognize the need for such services is unknown, as well as their willingness to provide the necessary financial support to provide the on-site services.

The purposes of this project were (a) to examine the availability of on-site dance medicine services to students in college and university dance programs in the United States and (b) to document the perceptions...
of college and university dance program administrators about the need to provide on-site dance medicine services.

**Methods**

The sample was derived from a list of all college and university dance programs in the United States. Administrators for dance programs (e.g., department chairs) were identified and e-mail addresses collected from each program's website. Because a response rate of less than 30% was anticipated, e-mail invitations to complete the web-based survey were sent to administrators at 175 institutions known to have a dance program. Cross-referencing lists of accredited Athletic Training Education Programs (ATEPs; n = 364) and institutions offering a dance program (n = 175) and 56 institutions were identified that have both an ATEP and a dance program.

A 32-item survey was designed to document the availability of on-site dance medicine services and administrator attitudes about the need for such services. The 4-section survey included dichotomous (Yes/No), Likert-type (strongly disagree to strongly agree), and open-response items. Section 1 collected demographic information, including the number of dance students at the institution (e.g., majors, minors, freshmen, graduates, and total students taking dance classes annually). Section 2 collected curriculum-related information pertaining to the focus of dance program (e.g., modern or ballet); the time students spend in dance-related classes, rehearsals, and performances; and offered required health-related courses (e.g., Kinesiology, Nutrition, or Personal Health). Section 3 contained items documenting the availability, staffing, and components of on-site dance medicine services at the institution. Specific services offered to dancers, the qualifications of the professionals providing the services, and the nature of the service delivery arrangement (i.e., provided by institutional personnel or representatives of externally contracted agencies) were documented. Information was also obtained regarding the costs associated with provision of the services. Section 4 documented the perceptions of the administrators regarding the availability, need, and costs of specialized dance medicine services. Section 5 provided the opportunity for dance administrators to share any comments or questions about dance medicine or the purpose of the study.

The survey instrument was administered to a sample at a large metropolitan university to establish its construct validity and to remove any objectionable or ambiguous items. Potential respondents were contacted by an e-mail message that included a link to the commercial web-based survey tool (SurveyMonkey, Portland, OR). To improve response rate, a follow-up e-mail was sent to all nonrespondents two weeks after the initial email was delivered.

**Results**

Twenty-four of the 175 potential administrators responded to the survey (13.7% response rate). Two incomplete surveys were excluded from the final analysis. Results are reported as means ± standard deviation.

Section 1: Administrators reported that the dance programs had 60 ± 56 dance majors (range = 4 to 220), which included 18 ± 19 freshmen students (range = 6–90) and 11 ± 8 students graduating annually (range = 2–30). However, 278 ± 234 students (range = 54–900) took dance classes each semester.

Section 2: Dance students participated in an average of 6.4 ± 1.9 hours of dance-related physical activities (range = 4.2–7.9), which included repertoire classes, technique classes, rehearsals, and other dance-related activities. The most common dance styles taught were ballet (20), modern (19), jazz (16), and tap (13), with most institutions specializing in modern (18) and/or ballet (12) dance. Seventeen institutions offered (O) and required (R) some health-related coursework in the dance curriculum; the most common courses were Kinesiology (O = 17, R = 14), Pilates (O = 16, R = 6), Yoga (O = 12, R = 2), Personal Health (O = 12, R = 12), and Wellness (O = 12, R = 9).

Section 3: Fifteen respondents indicated that on-site dance medicine services are available through the institution’s student health center. Six respondents indicated that the services were provided by intercollegiate athletics, three reported service delivery by an externally contracted agency, and the remainder did not report details. The healthcare professionals providing services were Family Practitioner/Physician (9), Nurse Practitioner (9), Athletic Trainer (6), Physical Therapist (4), and Massage Therapist (3). Pilates instructors (8) were also identified as providers of on-site services. Dance medicine services were provided free of charge at 43.4% of the institutions. Among