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Annexures:

Appendix 1

Questionnaire

Demographic data

Date of birth (years).....

Height (cm).....

Weight (kg).....

Gender.....

BMI



Previous injuries

Have you ever have any injury while dancing? Yes..... No.....

Type of injury

Area of the body where injured.....

Mechanism of injury (how did it happen).....

Did you continue practicing after you felt the injury? Yes No.....

Did you ever consult the medical practitioner because of dance injury? Doctor

Physiotherapist.....

In your opinion, do you think that your injury could have been prevented? Please explain
.....
.....

Training routines

How many days a week do practice ballet dancing?.....

How many hours a day do you practice ballet dancing?.....

Do you do warm up before dancing? Yes..... No.....

If yes for how long.....

Do you do cool down after dancing Yes..... No.....

If yes for how long.....

Psychological factors

University and rehearsal conditions

- Is your theory workload interfering with your rehearsal load?

Daily___often___ sometimes___seldom___ never___

- Do you think other dancing techniques interfering with the ballet dancing?

Daily___ often___sometimes___seldom___never___

Social support

- Family is very supportive of my dancing career:

Strongly agree___ agree___disagree___strongly disagree___

- Friends are very supportive of my dancing career

Strongly agree___ agree___disagree___strongly disagree___

- Teachers are very supportive and encouraging of my dancing career

Strongly agree___ agree___ disagree___strongly disagree___

University influence

- Are your studies affecting your rehearsal performance?

SEFIP

Self-Estimated Functional Inability because of Pain

Pain scale

Here is a presentation of the scale for the dancer's subjectively perceived pain as used in Eva Ramel's research. It can be used to measure the effect of different training methods/repertoires on pain and injury.

Directions for the use of the questionnaire SEFIP

Self-Estimated Functional Inability because of Pain

For dancers

The SEFIP form is intended primarily for professional dancers but can also be used for dance students on various courses, dance teachers and others who dance regularly and with relative high intensity. Certain words may then perhaps have to be adjusted, e.g. "production" may be replaced with another suitable term better reflecting the activity concerned.

Indication of work load

The SEFIP form may suitably be distributed to all the dancers in the company and should be completed individually. To obtain an impression of the work load on the whole company about 80 % of the dancers should have completed the form. SEFIP may also be used for individual assessment, and may then help to make dancers conscious of the extent and intensity of the problems. When measurements are repeated it should be borne in mind that measurements should be taken at the same time on each occasion, e.g. in connection with conclusion of daily morning training (school).

Points calculation

Points on the SEFIP scale are calculated as follows:

I am entirely free of pain =	0 points.
I have slight pain but it is no problem =	1 pts.
I have quite a bit of pain but I can dance if I am careful =	2 pts.
I have a lot of pain and have to avoid certain movements =	3 pts.
I have great difficulty and cannot take part in the production =	4 pts.

The maximum points total is therefore $14 \times 4 = 64$. All pain > 2 should first of all lead to thorough examination by a physiotherapist, doctor or other person very familiar with a dancer's work, and further action should be taken. Pain of lower intensity may also be an indication of shortcomings in the work situation, especially if several dancers show similar symptoms or if (in connection with repeated measurements) sudden changes in the symptomatic picture arise.

User-friendly

The SEFIP form is easy to fill in, takes little time and is an inexpensive way of taking the temperature of dance activity. Used on a single occasion it may give a picture of both the prevalence of the injuries and how serious (restricting) they are in a dance company. The form can then be filled in anonymously. As the instrument measures the current problems ("just now") it is particularly suitable for taking repeated measurements, when the intention is to study the fluctuation in the load on a company throughout a season, for example, or in connection with a particular production or training period. It is then appropriate to be able to identify the same person's repeated measurements with the help of some kind of coding. In this way it is possible to take measurements of a preventive nature both for the individual dancer and for the company as a whole, in order to limit the extent and intensity of the pain. Such measures may for example be adjustments to choreography, costumes, quantity of training and methods.

SEFIP has been tested

The form is an instrument for subjective estimation and is constructed from the Nordic Council of Ministers questionnaire concerning pain from the limbs (Kournika et al 1987) but with a more specific division of the body into fourteen regions instead of nine, to suit dancers better. The instrument has been validated (Ramel et al 1999) against a constructed "gold standard". The mean sensitivity for all regions of the body was 78% and the average specificity 89%. Correspondance between SEFIP and the test battery had a mean value of 88%, and varied between 78% (hip region) and 96% (neck region). The dancers included in the study were all professional dancers at two of Sweden's largest ballet companies. The different pain provocation tests and functional tests which were included in the "gold standard" instrument had been chosen by an "expert group" consisting of physiotherapists and naprapaths with great experience of injuries to dancers' limbs. The majority of the tests had previously been tested for reliability and validated and were reported in the literature. A few more of the tests have been tested for reliability later (Christiansson et al 2000).

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