Original Research

Dissecting the Doctor-Dancer Relationship: Health Care Decision Making Among American Collegiate Dancers

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Objective: To examine perceptual influences on dancers' health care–seeking decisions and whether dancers' beliefs correlate with actual use of provider services when they are injured. Secondary aims were to understand how dancers may select physicians and what they consider to be the most important features of the medical consultation.

Design: Prospective cohort study.

Setting: University and conservatory dance departments.

Participants: Forty American collegiate dancers.

Assessment of Risk Factors: Before the start of the dance semester, all participants completed a retrospective survey that included baseline demographic data, dance experience, a dance-related injury (DRI) inventory, previous health care exposures, and perceptions regarding health care treatment providers. Data regarding new DRIs and health care exposures were then prospectively collected every 2 weeks for 6 months.

Main Outcome Measurements: A DRI was defined as any neuromusculoskeletal condition sustained as the result of dancing activity that caused a dancer to stop or modify his or her dancing for more than 3 consecutive days.

Results: Dancers perceived dance teachers to be first-line treatment providers (47.5%), followed by physical therapists (PTs; 30%). Physicians were ranked third (12.5%) and only marginally higher than a dance colleague (10%). The dancers expressed a strong preference for nonsurgical rather than surgical physicians (87.5% versus 5.0%), and among physicians, the majority of dancers preferred subspecialists (60%), namely nonsurgical sports medicine doctors and physiatrists. During the 6-month prospective data-collection period, 25 dancers (69.4%) sustained 55 unique injuries, with 22 dancers (88%) and 34 injuries (61.8%) undergoing evaluation. Only 17.7% of injuries were evaluated by a physician. Dancers showed greater incongruity between their preinjury perceptions and postinjury use of physicians than they did with PTs ($P = .0002$).

Conclusions: Although dancers did not perceive physicians to be first-line treatment providers for DRIs, these perceptions about physicians were poorly correlated with use. Instead, injured dancers' health care–seeking behaviors were more likely related to relatively decreased barriers to other nonphysician providers, as well as pre-existing referral pathways to PTs.

PM R 2014;6:241-249

INTRODUCTION

Among athletes, dancers sustain one of the highest rates of injury [1-5], and each injury may bear potentially devastating consequences, including threatening to end a dancer's ability to perform on the professional stage [6-10]. Most dancers retire from their active dance careers at an average age of 34 years because of health concerns [11], with the age of 30 years often representing a "turning point" as a result of biologically and culturally determined pressures to retire [12-14]. Because dancing and the role of the dancer are such a core part of the dancer's identity, permanent or temporary loss of dancing ability can be calamitous [10,12,15-19]. Physiatrists are well suited to care for injured dancers, given

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Disclosure: nothing to disclose

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Disclosure: nothing to disclose

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Disclosure: nothing to disclose

Submitted for publication June 4, 2013; accepted September 3, 2013.

their expertise in neuromusculoskeletal medicine, their biopsychosocial and multidisciplinary approach to injury, their use of rehabilitation protocols, and their emphasis on return of global rather than joint-specific function after disability [20]. However, most physiatrists do not routinely treat dancers, and few dancers seek guidance for their injuries from physicians [5,19,21,22].

It has been believed that this disparity stems from dancers' beliefs that practitioners in the medical profession may misunderstand their needs or requirements as performing artists, do not understand dance terminology or technique, and that they will tell dancers to "just stop dancing" [9,19,22-24]. However, recent work in the Netherlands has challenged the belief that dancers have a universally negative opinion of medical doctors that inhibits the practice of seeking care from medical providers [21,25]. Other work has suggested that attitudes toward treatment providers and dancers' access of medical care may vary by country and may be largely driven by cultural preferences [26-28], as well as the country's health care infrastructure, such as nationalized health systems and workers' compensation [5,25,29-31]. It is likely that many of these factors, and more, influence dancers' health care–seeking behaviors when they are injured (Figure 1) [19,25,32].

To date, no prospective studies have been performed to examine behavior patterns among newly injured dancers and/or dancers' rationale behind important health care–seeking decisions. A better understanding of the complex interplay between perceptual and infrastructural influences on injured dancers' health care decisions can be an important step in reducing barriers and improving quality of comprehensive medical care of the dancer-patient [7,33,34]. Therefore the purpose of this study was to examine dancers' perceptions of and preferences regarding treatment options for dance-related injuries (DRIs) and to determine whether these beliefs drive actual use of provider services when dancers become injured. Secondary aims were to understand how dancers select physicians in particular and which features of the medical consultation they consider to be the most important.

METHODS

Participants

Before the start of an academic semester, study participants were recruited from 2 local collegiate-level dance programs in Seattle, Washington including a performing arts conservatory and a large university dance department. Inclusion criteria included age ≥18 years, literacy in the English language, and enrollment in a dance major, dance minor, or dance graduate program of study. Participation was

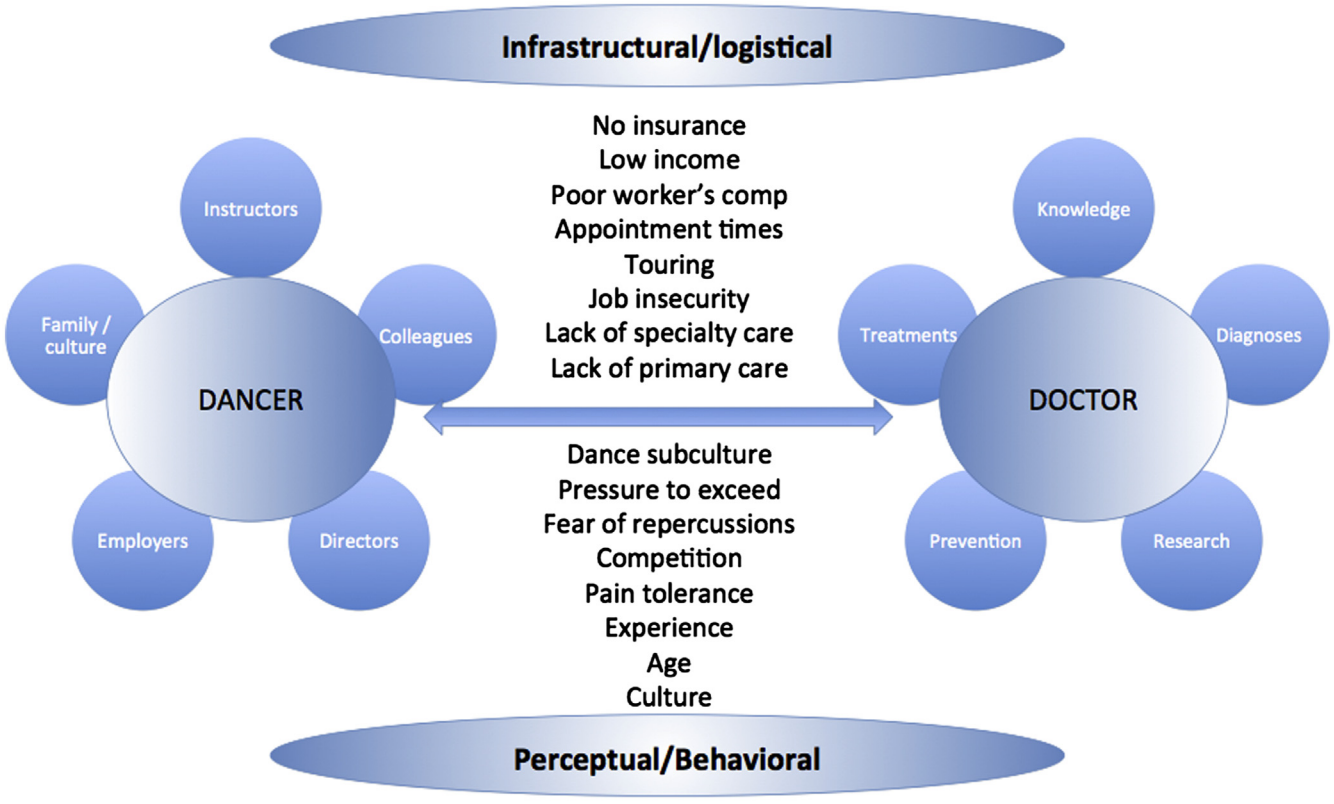

Figure 1. Examples of infrastructural and perceived influences on the doctor-dancer relationship.