IMPORTANT INFORMATION: How the Dance Clinic Works

Welcome to the Dance Clinic of the Harkness Center for Dance Injuries. The clinic is staffed by a team of senior health professionals (orthopaedists, sports medicine physicians, physical therapists, athletic trainers) specially trained in dance medicine. The Harkness Center is part of the NYU Langone Medical Center, a teaching hospital where junior physicians are trained under the supervision and guidance of the senior staff.

You will be evaluated by several medical professionals during your visit to the dance clinic today. First, a junior physician in the NYU Langone Medical Center will interview and examine you. A senior dance physical therapist or athletic trainer may also be present in the room during this examination.

Following this, a senior physician specializing in the treatment of dance injuries (either an orthopaedic surgeon or a sports medicine physician) will evaluate you. This evaluation will often include teaching and discussion with the other clinical staff.

The senior physician will discuss your diagnosis with you and may recommend further diagnostic testing such as x-ray, MRI, or bone scan. A treatment plan which may include home exercises, dance technique modification, physical therapy, bracing, shoe inserts, medication, injection, and/or surgery will be proposed and discussed. Our healthcare team will address all questions and concerns that you have.

Because the Harkness Center for Dance Injuries is recognized globally for its leadership and expertise in the area of dance medicine, we receive requests from healthcare practitioners worldwide to visit and observe our physicians, physical therapists and athletic trainers at work. Therefore, on occasion, there may be medical observers (other than those already mentioned above) present in the exam room. In keeping with the hospital’s privacy practices, all persons will be introduced to you and if you wish, you may request that only the NYU Langone Medical Center personnel remain in the room.

The Harkness Center for Dance Injuries is committed to providing you with quality health care from experienced professionals in dance medicine. It is important to us that your injury be thoroughly evaluated and that all of your questions and concerns be addressed. Please keep in mind that this type of comprehensive evaluation takes time. As a result, your visit with us today is likely to take longer than a typical visit to a physician’s private office.

If you would prefer a more private or one-on-one evaluation, you may request to be scheduled for an appointment at the senior physician’s private office. Please let us know.
NOTICE OF CHARITY CARE and FINANCIAL RELIEF of INABILITY TO PAY FOR CARE

NYU Hospitals Center is proud of its not-for-profit mission to provide quality care to all who need it. No one is denied admission as a patient on the basis of sex, sexual preference, creed, age, national origin, religion, marital or parental status, handicap, color, or source of payment (within federal and state regulations).

We may be able to help

- If you do not have health insurance
- If your health insurance may not pay enough
- If you think you may not be able to pay for your care.

You may be eligible for the NYU Hospitals Center Financial Assistance program. The program could reduce up to 100% of your bill. We may be able to help you get free or low-cost health insurance. We will also work with you to arrange a manageable payment plan.

It is important that you let us know if you will have trouble paying your bill. Federal and state laws require all hospitals to seek full payment of what they bill patients. We might have to turn unpaid bills over to a collections agency. That could affect your credit status.

Please call our Financial Counseling Office for more information. Our phone number is 1-866-486-9847. We will treat your questions with confidentiality and courtesy.
### HARKNESS CENTER FOR DANCE INJURIES’ PATIENT MEDICAL HISTORY FORM

**Date:** ________ / ________ / ________

**Name:** __________________________________________

**Date of Birth:** _______ / _______ / _______

**Sex:** □ M  □ F

**Race:** □ African-American  □ Asian  □ Caucasian
□ Hispanic  □ Other: __________

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#### Orthopedic History:

**CHECK ✓** any orthopedic injury you have had and describe below.

**ALSO CIRCLE** any injury that caused you to completely stop dance activity, meaning class, rehearsal or performance for two or more days.

<table>
<thead>
<tr>
<th>Thigh:</th>
<th>Hip / Pelvis:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ femur fracture</td>
<td>□ stress fracture</td>
</tr>
<tr>
<td>□ muscle strain / tear</td>
<td>□ other_____________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lumbar-Sacral Spine (low back):</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ arthritis</td>
</tr>
<tr>
<td>□ disc herniation/protrusion</td>
</tr>
<tr>
<td>□ facet syndrome</td>
</tr>
<tr>
<td>□ fracture</td>
</tr>
<tr>
<td>□ pinched nerve</td>
</tr>
<tr>
<td>□ sacroiliac sprain / dysfunction</td>
</tr>
<tr>
<td>□ other_____________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cervical / Thoracic Spine (neck / mid back)/Ribs:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ arthritis</td>
</tr>
<tr>
<td>□ disc herniation/protrusion</td>
</tr>
<tr>
<td>□ facet syndrome</td>
</tr>
<tr>
<td>□ fracture</td>
</tr>
<tr>
<td>□ pinched nerve</td>
</tr>
<tr>
<td>□ scoliosis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Shoulder:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ acromioclavicular joint sprain/separation</td>
</tr>
<tr>
<td>□ arthritis</td>
</tr>
<tr>
<td>□ bursitis</td>
</tr>
<tr>
<td>□ dislocation/subluxation</td>
</tr>
<tr>
<td>□ fracture</td>
</tr>
<tr>
<td>□ other_____________</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Elbow / Wrist / Hand:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ arthritis</td>
</tr>
<tr>
<td>□ carpal tunnel syndrome</td>
</tr>
<tr>
<td>□ dislocation</td>
</tr>
<tr>
<td>□ fracture</td>
</tr>
<tr>
<td>□ osteochondritis</td>
</tr>
<tr>
<td>(bone chip in joint)</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Ankle / Foot:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ arthritis</td>
</tr>
<tr>
<td>□ impingement</td>
</tr>
<tr>
<td>□ os trigonum</td>
</tr>
<tr>
<td>□ sesamoiditis</td>
</tr>
<tr>
<td>□ stress fracture</td>
</tr>
<tr>
<td>□ other_____________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lower Leg / Shin:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ compartment syndrome</td>
</tr>
<tr>
<td>□ myositis</td>
</tr>
<tr>
<td>□ stress fracture</td>
</tr>
<tr>
<td>□ other_____________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Knee:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ arthritis</td>
</tr>
<tr>
<td>□ bursitis</td>
</tr>
<tr>
<td>□ chondromalacia</td>
</tr>
<tr>
<td>□ iliobibial band syndrome</td>
</tr>
<tr>
<td>□ ligament sprain/rupture (ACL, medial collateral)</td>
</tr>
<tr>
<td>□ other_____________</td>
</tr>
</tbody>
</table>

| □ Other: __________ |
Family History:

Has anyone in your family been diagnosed with a medical condition?

☐ Arthritis
☐ Diabetes
☐ Cancer
☐ Heart problem
☐ High blood pressure
☐ Osteoporosis

☐ Pacemaker/implanted defibrillator
☐ Psychological
☐ Seizure
☐ Stroke
☐ Unexplained fainting
☐ Other

Give details for any items to the left checked:
______________________________________________

Has any family member died of heart problems or had an unexplained sudden death before age 50?  ☐ Yes  ☐ No

General Health:

Medical History: Check below any medical conditions that you have been diagnosed with:

☐ HIV/AIDS
☐ ADHD (Attention Deficit Hyperactivity Disorder)
☐ Anemia
☐ Asthma
☐ Atlantoaxial instability
☐ Concussion; loss of consciousness
☐ Connective tissue/rheumatologic disease
☐ Depression
☐ Diabetes
☐ Difficulty controlling bowel
☐ Difficulty controlling bladder
☐ Easy bleeding
☐ Heart infection/Endocarditis

Did you have to stop dancing because of any medical conditions you checked in the medical history boxes at left?  ☐ Yes  ☐ No

Give dates and treatments for any of the checked items:
________________________________________

Which, if any, of the checked conditions are ongoing?
_________________________________________

Give details for any items to the left checked:
______________________________________________

Did you take any medications or supplements?

☐ None
☐ Prescription medication
☐ Over-the-counter medication (non-prescription, e.g. Advil)
☐ Calcium supplements
☐ Daily vitamin
☐ Herbal supplement/tea
☐ Other

If so, please list:
________________________________________

Do you have any allergies?

☐ None
☐ Medication
☐ Stinging insects
☐ Food
☐ Environmental
☐ Other

If so, please list all allergies and reaction to allergen(s):
______________________________________________

Give dates and explain treatments for any items checked from the above.
______________________________________________

☐ Yes  ☐ No  Have any of the above injuries required x-rays, MRI, CT scan, injections, physical/occupational therapy, a brace, a cast, or crutches?

If yes, please state which injuries and tests and give dates:
______________________________________________

☐ Yes  ☐ No  Do any of the above injuries still bother you?

If yes, describe:
_________________________________________________

General Health:

Do you have any allergies?

☐ None
☐ Medication
☐ Stinging insects
☐ Food
☐ Environmental
☐ Other

If so, please list all allergies and reaction to allergen(s):
______________________________________________

Give dates and explain treatments for any items checked from the above.
______________________________________________

☐ Yes  ☐ No  Have any of the above injuries required x-rays, MRI, CT scan, injections, physical/occupational therapy, a brace, a cast, or crutches?

If yes, please state which injuries and tests and give dates:
______________________________________________

☐ Yes  ☐ No  Do any of the above injuries still bother you?

If yes, describe:
_________________________________________________

Did you have to stop dancing because of any medical conditions you checked in the medical history boxes at left?  ☐ Yes  ☐ No

Give dates and treatments for any of the checked items:
________________________________________

Which, if any, of the checked conditions are ongoing?
_________________________________________

Give details for any items to the left checked:
______________________________________________

Has any family member died of heart problems or had an unexplained sudden death before age 50?  ☐ Yes  ☐ No
Please rate your health: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

What is your height and weight? _______ Feet _______ Inches _______ Pounds

☐ Yes ☐ No  Do you currently smoke tobacco? If so, how many cigarettes/cigars per day? ________

How many alcoholic drinks do you have per week on average? (one beer/glass of wine equals one drink) ________

☐ Yes ☐ No  Have you ever felt you need to cut down on your drinking?

Are you on a special diet or do you avoid certain types of foods? ☐ Vegetarian ☐ Vegan ☐ Other __________

☐ Yes ☐ No  Do you worry about your weight? If you are not satisfied with your weight, what is your ideal weight? ____ lbs

Has anyone recommended that you gain or lose weight?
☐ Dance teacher/director ☐ Family member ☐ Doctor/medical professional ☐ Peer
☐ No one has recommended weight change ☐ Other __________

☐ Yes ☐ No  Does your weight often fluctuate by more than 10 lbs?

☐ Yes ☐ No  Have you ever had an eating disorder?

Are you interested in nutritional counseling? ☐ Yes ☐ No

On a typical day, how many hours do you sleep? ________ hours

☐ Yes ☐ No  Do you feel that this amount is not adequate for you?

☐ Yes ☐ No  Do you have difficulty falling asleep, difficulty staying awake in the daytime, have loud snoring/gasping to breathe when asleep or have trouble with nightmares or epic dreams?

☐ Yes ☐ No  Have you had any major life changes during the past year?

☐ Yes ☐ No  Do you feel stressed out or under a lot of pressure?

Over the past two weeks, how often have you lost interest or pleasure in doing things?
☐ Not at all ☐ Several Days ☐ More than half the days ☐ Nearly every day

Over the past two weeks, how often have you been feeling down, depressed, or hopeless?
☐ Not at all ☐ Several Days ☐ More than half the days ☐ Nearly every day

☐ Yes ☐ No  Do you have any changes in bowel or bladder function (i.e. increased frequency or control)?

☐ Yes ☐ No  Do you experience bowel/bladder leaking with coughing, sneezing, or jumping?

☐ Yes ☐ No  Do you have any sensation changes in your genitalia (the area which would come in contact with a bicycle seat)?

Women:
Age of first menstrual period: _______

☐ Yes ☐ No  Is your menstrual period irregular (does not occur every 28-35 days)?
   If yes, what is the time period between cycles (days)? _______

☐ Yes ☐ No  Has your menstrual period been irregular in the past?
   If yes, at what age did the irregular pattern exist? __________
   How long did the irregular pattern exist? __________
   What was the length between cycles? __________

☐ Yes ☐ No  Do you use a form of birth control that gives you estrogen supplementation?

Dance History:
Which of the following best describes you?
☐ Choreographer ☐ Professional-track dance student ☐ Professional dancer ☐ Recreational dancer
☐ Teacher ☐ Retired ☐ Other __________

What is your primary type of dance?
☐ Ballet ☐ Modern ☐ Musical Theater ☐ Jazz ☐ Hip-hop ☐ African
<table>
<thead>
<tr>
<th>Topic</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Primary Dance School or Company</td>
<td>☐ Tap ☐ Ballroom ☐ Other ____________________</td>
</tr>
<tr>
<td>Number of years of professional dancing</td>
<td>☐ 0 ☐ 1-5 ☐ 6-10 ☐ 11-15 ☐ 16-20 ☐ &gt;20</td>
</tr>
<tr>
<td>At what age did you begin serious dance training?</td>
<td>☐ 0 ☐ 1-5 ☐ 6-10 ☐ 11-15 ☐ 16-20 ☐ &gt;20</td>
</tr>
<tr>
<td>If pointe, at what age did you begin pointe work?</td>
<td>☐ 0 ☐ 1-5 ☐ 6-10 ☐ 11-15 ☐ 16-20 ☐ &gt;20</td>
</tr>
<tr>
<td>How many hours of class do you take in a typical week?</td>
<td>☐ 0 ☐ 1-5 ☐ 6-10 ☐ 11-15 ☐ 16-20 ☐ &gt;20</td>
</tr>
<tr>
<td>How many hours do you rehearse and perform in a typical week?</td>
<td>☐ 0 ☐ 1-5 ☐ 6-10 ☐ 11-15 ☐ 16-20 ☐ &gt;20</td>
</tr>
<tr>
<td>How many hours per day do you typically train en pointe?</td>
<td>☐ 0 ☐ 1-5 ☐ 6-10 ☐ 11-15 ☐ 16-20 ☐ &gt;20</td>
</tr>
<tr>
<td>Do you warm up?</td>
<td>☐ Never ☐ Seldom ☐ About half the time ☐ Usually ☐ Always</td>
</tr>
<tr>
<td>If so, what does your warm up consist of?</td>
<td></td>
</tr>
<tr>
<td>Do you stretch?</td>
<td>☐ Never ☐ Seldom ☐ About half the time ☐ Usually ☐ Always</td>
</tr>
<tr>
<td>When do you stretch?</td>
<td>☐ Before dance ☐ During dance ☐ After dance</td>
</tr>
<tr>
<td>How do you stretch?</td>
<td>☐ Static (prolonged holds) ☐ Dynamic (through movement) ☐ Ballistic (bounding)</td>
</tr>
<tr>
<td>If you do any cardiovascular or strengthening exercise outside of your warm up on a regular basis, please describe:</td>
<td></td>
</tr>
<tr>
<td>How many days per week?</td>
<td>☐ 0 ☐ 1-5 ☐ 6-10 ☐ 11-15 ☐ 16-20 ☐ &gt;20</td>
</tr>
<tr>
<td>For how long per session on average (in minutes)?</td>
<td>☐ 0 ☐ 1-5 ☐ 6-10 ☐ 11-15 ☐ 16-20 ☐ &gt;20</td>
</tr>
<tr>
<td>Type of dance shoe(s) worn most often for dance:</td>
<td>☐ None ☐ Ballet slippers ☐ Character shoes ☐ Jazz oxfords ☐ Pointe Shoes</td>
</tr>
<tr>
<td>☐ Sneakers ☐ Street shoes ☐ Other ____________________________________</td>
<td></td>
</tr>
<tr>
<td>Do you dance on sprung floor (resilient)?</td>
<td>☐ Never ☐ Seldom ☐ About half the time ☐ Usually ☐ Always</td>
</tr>
<tr>
<td>☐ Yes ☐ No Do you have another job to subsidize your dance life?</td>
<td></td>
</tr>
<tr>
<td>If yes, how many hours do you work per week?</td>
<td>☐ 0 ☐ 1-5 ☐ 6-10 ☐ 11-15 ☐ 16-20 ☐ &gt;20</td>
</tr>
<tr>
<td>If yes, what are the physical demands of your job?</td>
<td></td>
</tr>
<tr>
<td>CURRENT Medical Complaint:</td>
<td></td>
</tr>
<tr>
<td>Part of body:</td>
<td>☐ 0 ☐ 1-5 ☐ 6-10 ☐ 11-15 ☐ 16-20 ☐ &gt;20</td>
</tr>
<tr>
<td>Development of Injury:</td>
<td>☐ Traumatic / Acute ☐ Slow Onset</td>
</tr>
<tr>
<td>Rate your current level of pain (circle one. 0 = no pain; 10 = unbearable pain):</td>
<td>☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10</td>
</tr>
<tr>
<td>Date of injury, inability to participate in full dance, or “trigger” (the day you decided to seek care for a slow onset injury):</td>
<td>☐ Morning ☐ Afternoon ☐ Evening</td>
</tr>
<tr>
<td>If you have had this injury before, when did this injury first occur?</td>
<td>☐ Dance ☐ Non-dance Was this a dance or a non-dance-related injury?</td>
</tr>
<tr>
<td>☐ Yes ☐ No Did the problem(s) get better?</td>
<td></td>
</tr>
<tr>
<td>If you waited to seek care, why did you wait? What were your barriers?</td>
<td></td>
</tr>
</tbody>
</table>
**DIAGNOSIS FORM**

**FOR OFFICE USE ONLY**

Patient Name: ______________________ ID# _____________ DOB: __________________ Date: ________________ Sex: M / F

**Body Part:**
- [ ] Left
- [ ] Right
- [ ] Trunk/Back
- [ ] Lower Extremity
- [ ] Upper Extremity

**Fracture/Bony Injury**
- □ Apophysitis
- □ Sever’s Disease
- □ Osgood-Schlatter’s
- □ Avascular Necrosis
- □ Bone Spur
- □ Chondral/Cartilage
- □ D.J.D.
- □ Fracture
- □ Dancer’s (5th met)
- □ Jones Fracture
- □ Metatarsal
- □ Stress Fracture
- □ Calcaneus
- □ Femur
- □ Fibula
- □ Metatarsal
- □ Pelvis
- □ Spondylolysis
- □ Talus
- □ Tibia
- □ Other _______

**Internal Derangement/Joint Capsule**
- □ Capsulitis
- □ Capsular Strain
- □ Cuboid Syndrome
- □ Cyst
- □ Ganglion
- □ Meniscal
- □ Dislocation/Subluxation
- □ Failure Orthopedic Implant
- □ Hallux Valgus
- □ Hernia
- □ HNP
- □ Impingement
- □ Anterior
- □ Posterior
- □ Joint Contracture
- □ Labral Tear
- □ LMT
- □ Loose Bodies
- □ Mechanical Instability
- □ MMT
- □ Morton’s Neuroma
- □ Patellofemoral Syndrome
- □ Plica Syndrome
- □ Sciatica
- □ SI Joint Disorder
- □ Synovitis
- □ Other _______

**Ligament Injury**
- □ Sprain
- □ Grade I
- □ Grade II
- □ Grade III / Rupture

**Muscle/Tendon Injury**
- □ Strain
- □ Grade I
- □ Grade II
- □ Grade III / Rupture

**Miscellaneous**
- □ Concussion
- □ Laceration
- □ Benign Tumor

**Tissue:**
- □ AC Joint
- □ ACL
- □ Forefoot
- □ LCL
- □ Lateral Ankle
- □ MCL
- □ Midfoot
- □ PCL
- □ Syndesmosis
- □ 1st MTP Jt
- □ Other _______

□ Other _______

**Preliminary**

**Final**
What was the mechanism of injury?
☐ Inversion ☐ Eversion ☐ Hyperextension ☐ Hyperflexion ☐ Rotation
☐ Compression ☐ Valgus ☐ Varus ☐ Repetitive Stress ☐ Other ____________

What was the movement that caused injury?
☐ Body twist/turn ☐ Catching object or person ☐ Collision ☐ Fall
☐ Jump landing (☐ 1 or ☐ 2 leg) ☐ Jump take off (☐ 1 or ☐ 2 leg) ☐ Lifting ☐ Throwing object
☐ Other:

Injury Type:
☐ Acute/sub-acute (<6 wks) ☐ Chronic (> 6wks) ☐ Chronic Recurrent ☐ Post-operative

MD Recommendations:
☐ Modify Dance Activity ☐ Full Dance Activities ☐ No Dance Activities ☐ Surgery

Diagnostic Testing
☐ X-ray ☐ MRI/MRA ☐ Bone Scan ☐ CT Scan
☐ Lab Work ☐ Other ____________

Time Lost
(Injury caused the dancer to completely stop dance activity, meaning class, rehearsal or performance outside of DOI itself.)
☐ Yes ☐ No

Date of return to any amount of dance:
_________________________

# days lost: _______________________

Referrals or Outside Recommendations
☐ PCP
☐ Nutritionist/Dietician
☐ Psychologist
☐ Podiatrist
☐ Oncologist
☐ Cardiologist
☐ Sleep Specialist
☐ Other ____________

NOTES:__________________________________________________________________________________________
__________________________________________________________________________________________