



# The Athletic Trainer as the Central Cog in a Performing Arts Medical Program

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### Disclosures



- The information in this presentation is the opinion of the presenter.
- I am a member of the Performing Artists Medicine Association, but there are no conflicts of interest.
- I formerly was the AT for The Ohio Ballet and The Carousel Dinner Theatre.

## Today's Discussion

- The Medical Team Composition
- Location, location, location
- Accessibility
- Learn the Lingo
- Know performer's skill requirements
- Be accessible for rehearsals not just performances
- Be prevention minded
- The athletic trainer specifics
- Have active researchers on staff
- Engage in performing arts medical organizations
- Build your brand as the best team in town
- Be accessible to traveling performing artists when they come to your area of the country!

### The Medical Team Composition

**First Contact: Athletic Trainer** 

**Second Contact: Physicians** 

Third Contact: the best suited team members to resolve issues the fastest









## All Medical Professionals Involved

- Sports med physician
- Orthopedic physician
- Athletic trainer
- Occupational therapist
- Physical therapist
- Speech therapist
- Office patient liaison to set appts, tests, etc

\*Have other specialists as referral sources when needed i.e. otolaryngologist, psychologist, neurologist, gynecologist, nutrition specialist

## Location, Location, Location



- The Athletic Trainer needs to be at every performance and practices/rehearsals if possible
- The physicians have to be easily accessible near the practice/rehearsal locations
- The "Team of clinicians" also have to be easily accessible for daily treatments

## Accessibility "as Athletic Trainers Already Know"

- Some staff will need evening hours
- Physicians will need to provide SAME DAY appointments
- Specialists will need similar easy access appointments
- Some performers will need daily treatment appointments
- Any DME will need immediate availability, so set that up with providers ahead of time

### Learn the Lingo

- To build confidence in your abilities to understand what the people/patients in your care have to do to perform
- To allow you to understand as the patient explains her or his mechanisms of injuries
- To help you build your activity specific plan of care to return the injured patient to participation



**Demi pointe** 

## Know the Performer's Skill Requirements

#### **Hand Positions/Movements**





#### **Postures**

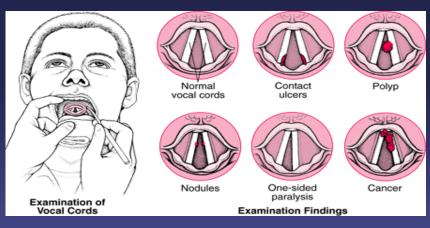


## More Specific Needs/Concerns

#### **Vocal Cord Function**



#### **Vocal Exam Findings**



### Be Prevention Minded

## Do "Functional" Pre-season <u>Exams</u>



#### **Dissect Functional Tasks**

- Must be able to grip well
- Must have scapular stability
- Must have a strong core
- Must have good footwork
- Must have good dynamic balance
- Test accordingly
- Train accordingly

# Know Your Performer's Weak Links and FIX Them Before They Cause the Problems

#### Scap Medial border winging

#### Classification

- Type 2- Medial Border Winging
  - Increased internal rotation
  - Serratus Anterior weakness



#### Scap Inferior Angle Winging

#### Classification

- Type 1- Inferior Angle Winging
  - Increased anterior tilt
  - Lower trapz weakness
  - Increased thoracic kyphosis, tight pec minor, short head of biceps

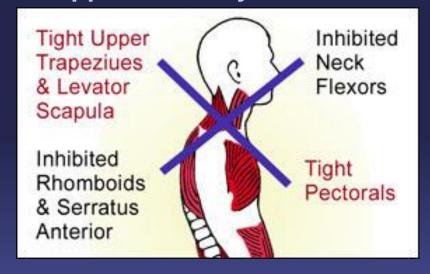


## Other Issues to Watch For and Correct

#### **Lower Cross Syndrome**



#### **Upper Cross Syndrome**

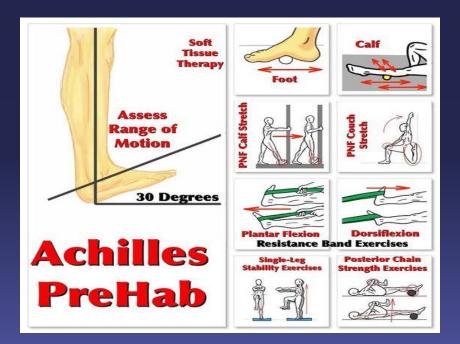


### Prehab

#### **Ankle Prehab**



#### **Achilles Prehab**



## Where to Be as the Athletic Trainer II at the Performance



- Before the performance, be backstage checking on and preparing the performers and crew
- During the performance, seated on the far end of the aisle near the curtain/door that gets you backstage quickly when necessary
- After the performance, backstage to handle any/all issues

### Suggested Skills You Should Have

**Quick Evaluation Skills** 



**Good Manual Joint Mobilization Skills** 



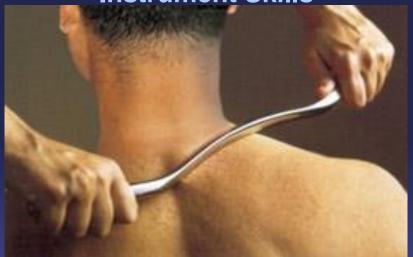
## Suggested Skills to Help Your Longevity

**Strong Hands!** 



**Soft Tissue Mobilization** 

**Instrument Skills** 



### What to Have With You

**Fully Stocked AT Kit** 

FLESH Colored Tape ONLY









### Obvious Needs

Ice, Splints, Crutches, Slings





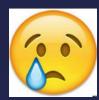




**Cell Phone with Entire Team's Contact Info** 



## Your Hard Tasks as the Team Leader



 Deciding that a performer cannot continue on the actual performance day and telling the performer that



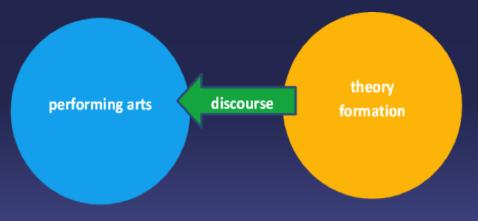
- Then having to tell the director, manager, master, and whole staff and crew that because sometimes that means the entire performance has to be canceled and a new one put in immediately!
- When that is the case due to no understudy, YOU HAVE TO BE SURE!
- Knowing what restrictions have to be applied so the cast and director can determine if changes can be made to accommodate those restrictions



## How I feel when I have to read it



## BUT it truly improves the Performing Arts and the Team



## Join and Engage with Performing Arts Associations

- International Association for Dance Medicine and Science
- Association of Performing Arts Professionals
- Performing Arts Medicine Association
- British Association for Performing Arts Medicine

# Building Your Brand as the Best Performing Arts Medical Team in Town



- Find all of the musical venues, theaters, and dance studios in your area
- Meet the dance, theatre and music teachers and performers
- Market your team and how you can help them with quick access to quality medical care to keep them performing
- Build your staff for coverage of as many as you can handle
- Get your research published

## Then If You Build It, They Will Come!



\*You know you are doing a good job when dance companies and theatre groups coming to the cities near you, CALL YOU to cover their dancers, actors, actresses, musicians and stage crew!

## Just Keep Them Performing!

