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Unilateral and bilateral patellofemoral pain in young female dancers: Associated factors Nili Steinberg**, Shay Tenenbaum**, Gordon Waddington*, Roger Adams*, Gal Zakin*, Aviva Zeev* and Itzhak Siev-Ner*

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ABSTRACT Alming to evaluate the prevalence of unilateral/bilateral patellofermoral pain (PFP) among young dancers, and to investigate whether different factors are associated with PFP in young dancers, 132 dancers aged 12–14 years were assessed for PFP. Anthropometric parameters, proprioception ability, dynamic postural balance (DPB), and muscle strength were measured. PFP was found in 64.1% of the dancers. No significant differences in the prevalence of dancers with no, unilateral, or bilateral PFP at different ages were found. Significant age-effects were found for anthropometric and developmental measurements, and for intensity of training, *PFP* effect was found for DPB asymmetry, ankle proprioception, and leg-length %height. A higher hig-proprioception scores, greater leg length as %height, and more anterior DPB asymmetry were kip/week, lower kip, and mice and the proprioception and program developmental measures. Body morphology, reduced ankle proprioception ability, DPB asymmetry, and increased lv/day of practice are associated with PFP. Dance teachers should start monitoring the impact of training and implement injury modification/prevention strategies when their students are at a young age.

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Introduction

Patellofemoral pain (PFP) is one of the most common injury conditions in young dancers, occurring in up to 55% (Steinberg et al., 2012, 2018), yet there is no specific information regarding the prevalence of unilateral PFP versus bilateral PFP in this population. According to the dance literature, general muscu loskeletal injuries among dancers may be related to body mor-phology, anatomic variants, training load and regimen, and age (Biernacki et al., 2018; Gamboa, Roberts, Maring, & Fergus, 2008; Kenny, Whittaker, & Emery, 2016; Moita, Nunes, Esteves, Oliveira, & Xarez, 2017). However, very little is known about specific PFP-related factors in young dancers (Steinberg et al., 2012, 2018). Although body morphology, strength deficits, Educed postural control, and proprioregitor deficits have reduced postural control, and proprioregitor deficits have been widely reported to be related to PFP in the general population as well as among non-dancer athletes (Boling et al., 2005; Glaviano & Saliba, 2016; Hart, Barton, Khan, Riel, & Crossley, 2017), these specific factors have rarely been mea sured in young dancers with PFP.

With reference to body morphology, previous research reported higher body mass index (BMI) as a factor related to PFP in post-menarche dancers (Bowerman, Whatman, Harris, Bradshaw, & Karin, 2014 and Steinberg et al., 2018), reported that differences in growth measured by change in foot length are linked to increased injury risk in elite adolescent ballet dances. As only a limited number of studies have examined the association between body morphology and PFP, it has been noted that further studies should investigate whether aspects of the dancer's

body stereotype, such as having long limbs, are linked to dance injuries (Karpodini, Wyon, Comoutos, & Koutedakis, 2017) Proprioception deficits were previously reported to be

related to PFP in non-dancer athletes and in non-athletic popu-lations (Riva, Bianchi, Rocca, & Mamo, 2016), yet have not been investigated among young dancers. Proprioception, a component of the somatosensory system, is defined as the ability to sense joint position in relation to the rest of the body (Yilmaz Yelvar et al., 2016). This ability has been previously found to be an important component in many sports activities (Sasagawa, Ushiyama, Masani, Kouzaki, & Kanehisa, 2009). Improved proprioceptive ability permits enhanced athletic per-formance, better movement control, and reduced chance of musculoskeletal injuries (Han, Anson, Waddington, Adams, & Liu, 2015; Riva et al., 2016). Regarding dynamic postural balance (DPB), a previous study

reported that non-dancer females with PFP had decreased ability compared with non-PFP controls (de Oliveira Silva et al., 2016). DPB is the ability to perform a task while maintain-ing or regaining a stable position. DPB is a significant factor for better dance performance, and, as in many other sports, super or DPB ability is necessary for an athlete to reach the highest competitive level and to avoid lower limb injuries (Han et al., 2015; McHugh, Tyler, Mirabella, Mullaney, & Nicholas, 2007; Schwiertz, Brueckner, Schedler, Kiss, & Muehlbauer, 2019).

Considering muscle strength, previously published stu-dies have reported data where individuals with PFP exhibit different muscle strengths compared with healthy ones (Glaviano & Saliba, 2016; Neal et al., 2018; Rathleff, Rathleff

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 A cross-sectional study of 132 female dancers ages 12-14 This study evaluated the prevalence of unilateral and bilateral patellofemoral pain and associated factors related in young dancers Published in 2020 by the **Journal of Sports Sciences**

- No significant diff in prevalence
 of PFP with increased age
- More dancers had PFP in both knees verses just one knee
- Factors examined:
 - Training intensity
 - Leg length
 - Dynamic Postural Balance
 - Proprioception
 - Muscle Strength

Training Intensity

 Significant increases in hours training per week in current and previous dance year a risk factor
 Increases in hrs/day w/ decrease in days/week is a risk factor



Therefore, dancers should train fewer hours per day, but more days per week to spread out the impact on the knee over time.

Leg Length

 Leg length assymtry not a risk factor factor in this study

Greater leg length as a % of height is
 a risk factor for PFP



Therefore dancers with longer legs compared to overall body height should pay special attention to developing strength and stability.

Dynamic Postural Balance

- The ability to perform a task while maintaining or regaining a stable position
- Tested using Y Balance Test

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 Asymmetry in anterior to posteromedial direction DPB a risk factor

Therefore dancers, should train on various types of unstable surfaces such as wobble boards.

To move

Proprioception

- The ability to sense joint position in relation to the rest of the body
- Tested using Active Movement
- **Extent Discrimination Apparatus**
 - Decreased ankle proprioception a significant predictor for PFP

Therefore dancers, should add ankle proprioception exercises to their training program from an early age.



Muscle Strength

- Increased hip ABD strength compared to hip ADD is a risk factor for PFP
 Weak hip EXT strength leads to ABD
 Assisting and then over developing
- No relationship found between ankle or knee strength and PFP



Therefore dancers, should add hip adduction and hip extension to their cross training.

To move

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