

English National Ballet School

Health Policy

1. Illness in Dance: A Focus on Prevention and Management

Illnesses are a significant factor impacting dancer availability. Studies have shown that illness-related time loss is comparable to injury-related time loss (Jeffries et al., 2020). A Dutch study found that one-third of dancers in major companies experienced at least one illness per season (Derman et al 2022). Therefore, it is crucial to educate students about illness prevention, management, and safe return to dance. The ENBS must implement strategies to mitigate illness risk and ensure a safe return to training for all dancers. Furthermore, the School must adhere to guidance from Public Health England for Schools.

1.1 Common Illnesses in Dancers

- **Respiratory Illnesses:** Upper respiratory infections account for approximately 50% of acute illnesses in the athletic population (Snyders et al., 2022). While physically active individuals generally experience fewer illnesses than the general population (2-3 episodes per year), dancers may be more susceptible during periods of high workload, such as assessments, performances, and auditions.
- **Gut Infections and Food Poisoning:** These can result from poor food hygiene practices, including cross-contamination, inadequate refrigeration, and poor hand hygiene.
- **Skin Infections:** Blisters and calluses are common and require proper management to prevent infection. The ENBS's visiting podiatrist provides valuable guidance on foot care.
- **Dental Health:** Dental infections can significantly impact a dancer's training and performance. Students are encouraged to attend regular dental check-ups, and good oral hygiene practices are essential.
- **Overreaching (Non-Functional Overreaching):** This occurs when training and performance impairments persist for more than two weeks, even with reduced training load. Students experiencing overreaching should be referred to the Sports Doctor for evaluation and assessment of potential underlying medical conditions, including unexplained underperformance syndrome.
- **Mental Health:** Depression and anxiety are prevalent mental health conditions in athletes. The ENBS has established a comprehensive mental health support pathway for students (refer to Mental Health Pathway)
- **Eating disorders:** Please refer to the ENBS Nutrition Policy for more information.

1.2 Exclusion from School and Training Modifications During Illness

- **Above the Neck Symptoms:** Training can be modified for mild symptoms such as runny nose, nasal congestion, or mild sore throat. Activities should be low-intensity and short duration, such as barre work, light weights/Pilates, and light cardio. If tolerated, training load can gradually increase after 24 hours.
- **Below the Neck Symptoms:** Symptoms such as chest congestion, a hacking cough, upset stomach, fever, fatigue, or widespread muscle aches require strict rest from training.
- **Infectious Diseases:** Absence from training should adhere to guidelines from Public Health England and [Health Protection in Children and Young People Settings document](#)
- **Overreaching/Burnout:** Students experiencing overreaching or burnout may continue training under a modified energy management program.

1.3 Absence due to illness

Students are asked to email the night before or first thing in the morning when they are going to be absent, and each of the following days.

The School may request a sick note from the GP or other medical professional should the student be ill regularly or be a cause of concern. A Fit to Dance certificate may also be requested.

1.4 Return to Dance After Mild and Moderate Illness

A structured return-to-dance plan is crucial, particularly after prolonged illness or absence.

- **Mild Illness (<2 days):** Dancers can start with a lighter schedule on the first day, including only barre and centre work. If they feel well after 24 hours, they can gradually return to their full schedule.
- **Moderate Illness/Below the Neck (5+ days):** A fitness assessment (by the school physio) is essential upon return. Recovery may take 1-2 weeks, but in some cases, it could extend to 30 days based on previous research findings.

2. Significant or long-term Illness

A significant illness is defined by the School as one requiring extensive time off (diagnosed or undiagnosed), prolonged hospitalisation (with or without surgery), significant eating disorders or mental health episodes, conditions aggravated by physical activity, or those needing substantial, long-term modifications.

Long-term illnesses are generally chronic conditions requiring ongoing medical care, for example, diabetes, cardiac or respiratory conditions.

While the ENBS aims to support students with significant or chronic illnesses in their training, the School retains the right to deem a student unfit for full or partial participation if they believe their health is at risk. Students may occasionally be sent home for a period of time. The School also reserves the right to obtain medical advice from its network of specialist doctors or health practitioners. Documentation from

family or the student's own professionals will not be accepted as evidence of fitness to dance due to conflicts of interest.

A tailored return-to-dance plan will be developed by a multidisciplinary team, including the lead physician.

2.1 Health plan for students with significant conditions

To ensure student health and well-being, a health plan is mandatory for all new students with significant or chronic illnesses prior to their enrolment. For currently enrolled students, it's crucial to establish a new health plan or review an existing one with the Head of Health or a member of the Healthcare team whenever there's a new significant illness, a worsening pre-existing condition, or a return to dance following a substantial medical absence.

The school will develop a tailor return-to-dance plan with input from the multidisciplinary team involved in the student care. Please refer to Appendix 1 to see the process.

The Head of Healthcare will have regular meetings with the student to ensure the plan is effective and ensure the student has regular check-ups with the specialist if needed. Relevant members of the staff, such as tutors or the wellbeing team, might also be involved in those meetings.

3. Injury

3.1 Injury procedure

Students experiencing an injury while in the School or during term time should discuss this as soon as this happens with the School Physiotherapist. Students are also asked to proactively notify their teacher of their injury or problem. After discussing the injury with the Head of Healthcare or School Physiotherapist, they will make a referral and arrange a medical appointment with the School Sports Doctor (or another relevant specialist), if appropriate.

Should the student have any concerns or wish to have a second opinion, this can be arranged after discussion with the Head of Healthcare. In case a student gets injured outside of term time, for example during Summer School, the student will notify the Head of Healthcare to enable liaison with the local doctor/physiotherapist.

3.2 Class modification

When the student is still able to dance, the Head of Healthcare/School physiotherapist will discuss modifications with the student. They will also liaise with the tutors and teachers to bring appropriate modifications to the training and to the Schedule.

Should the student not be able to dance at all due to the injury, the School Physiotherapist will liaise with the tutors and Welfare officer to agree on a "lighter" schedule in the School when possible.

3.3 Return to Training after injury

In case of a significant injury (i.e. fracture), the School Physiotherapist will support the students in the progressive return to dance. Based on our experience and research,

class load should be progressive, as a rapid return to dance post-injury can lead to a quick relapse.

The Head of Healthcare / School Physiotherapist will provide the student with a timeline to plan a safe return to dance, and this will be shared with the teachers. As a general rule, after a long-term injury, the student will progress as per the protocol (see Appendix 2)

3.4 Absence due to injury

In the rare circumstances where the student may be struggling to cope due to being unable to dance because of an injury, the Head of Healthcare will discuss the possibility of the student returning home for a short period of time. This is always done in consultation with 1) the student and the family, and 2) the ENBS team including Performance Psychologist, Artistic Director, Artistic Team, Head of Wellbeing and Safeguarding, and Head of studies, and any other relevant member of the medical team.

4. Concussion

Concussion, as defined by the Concussion in Sport Group (CISG) international Consensus Statement, is a traumatic brain injury caused by physical forces. It typically results from a blow to the head, face, or neck, but can also occur if a force elsewhere on the body transmits impact to the head.

A concussion leads to temporary disruption of brain function. It's important to understand that a concussion is an evolving injury, meaning its effects can change over the first few hours or even days. However, in most cases, symptoms clear up within 14 days of the injury.

Although concussions are not highly prevalent in dance, the serious risks they pose to a dancer's future necessitate that all ENBS staff and students are knowledgeable about concussion assessment, management and its potential consequences.

4.1 Concussion assessment

To ensure student safety, any student for whom a concussion is suspected must be immediately removed from activity and provided with rest. An ENBS physiotherapist will then assess the student using the [SCAT-6](#) assessment tool without delay. If the physiotherapist determines additional medical input is required, a referral to a Sports Consultant will be made.

If a suspected concussion occurs when medical staff are not on site, or if the student is off campus, the student must be promptly directed to an A&E department or a local walk-in clinic for urgent medical assessment. In instances of significant concern, such as a student exhibiting decreased alertness, it is mandatory for a staff member or guardian to accompany the student to the medical facility.

Students with a suspected concussion are not permitted to consume aspirin, other anti-inflammatory medications (eg. Ibuprofen, Naproxen, Diclofenac), sedatives, or opioids. Furthermore, they must refrain from alcohol consumption and driving until a medical professional has formally cleared them.

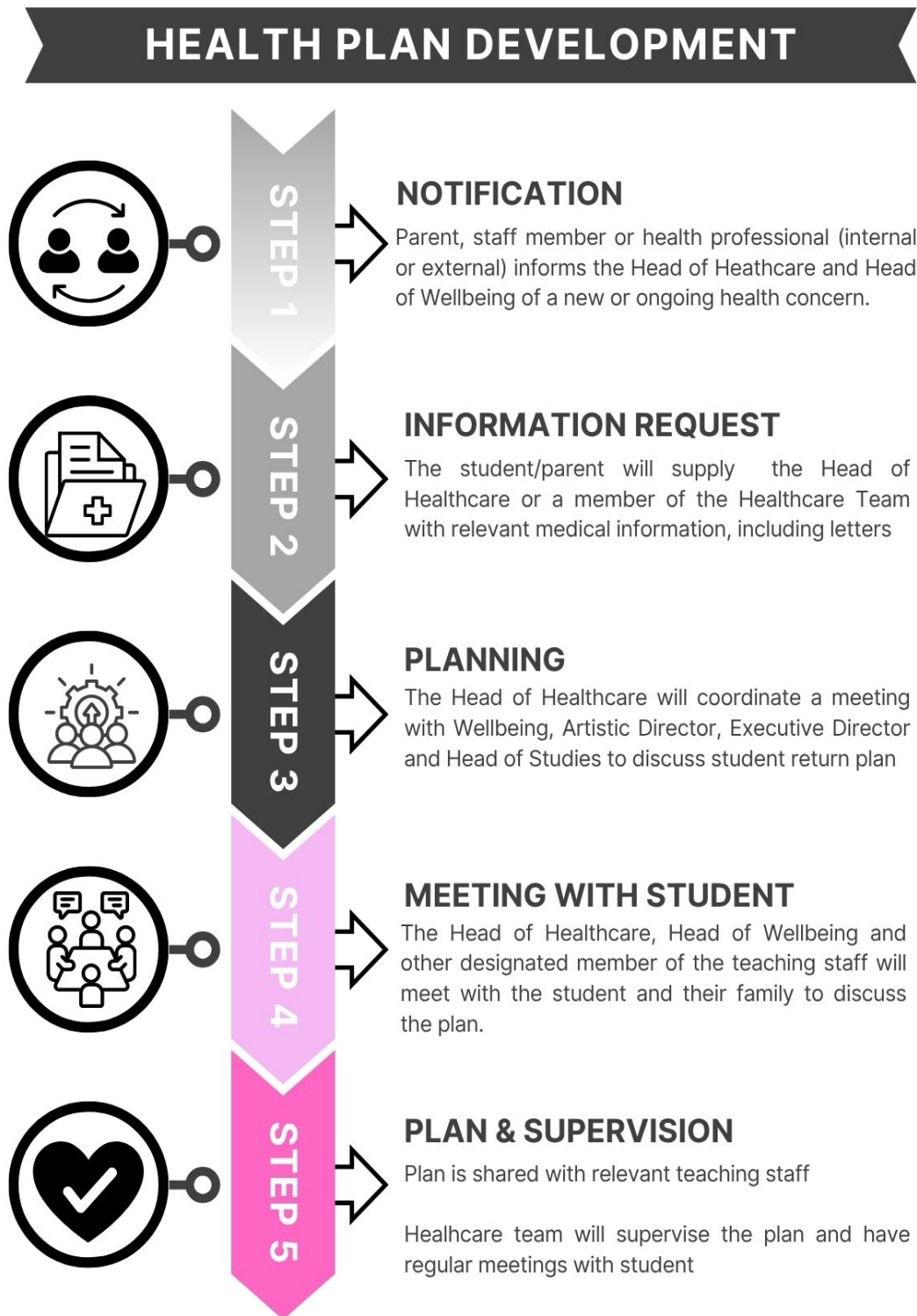
4.2 Return to Training after concussion

Following the initial rest period, the school physiotherapist will develop a detailed return-to-dance plan for the student. This plan will strictly adhere to the ENBS concussion return-to-dance guidelines (detailed in Appendix 4) and will be shared with all teaching staff involved.

The student's return will be gradual, with careful and regular monitoring throughout the week. The plan will be adapted based on the student's individual symptoms and recovery progression.

Appendix 1

Graph 1. Health Plan development process



Appendix 2

Table 1. *Return to Dance load progression guidance*

Stage 1	Barre (3-4 weeks)
Stage 2	Centre Practice 1-2 weeks
Stage 3	Allegro (2-4 weeks) with periodised jumping
Stage 4a	Increase workload by adding more classes (2-6 weeks)
Stage 5	Rehearsals
Stage 6	Performance/Assessment participation

Appendix 3

Table 2. Return to Dance after concussion

STAGE	AIM	ACTIVITY	RESTRICTIONS	PROGRESSION
1 First 48h	Rest and recovery.	First 48h rest. It is ok to perform mental activities (e.g. reading) and normal activities of daily living, as well as walking for no more than 15 minutes at a time.	Minimise screen time, reading and studying. Avoid all physical exertion.	Symptom free for 24-48h
2 Min 24h	Increase heart rate + light aerobic activity. <i>Up to 15 minutes at a time</i>	Gradually increase heart rate without head movements or strain: Light jogging, swimming, or stationary bike. Flat barre footwork without spinal or head movement 15min per day.	No jumps, spins, spinal bends, or head tilts.	Tolerate activity without symptoms for 24h
3 Min 24h	Add movement and ballet-specific exercises. Individual settings. <i><45 minutes per day</i>	3A: Simple movement activities - Barre footwork (can perform two-legged relevés), port de bras without spinal or head movement <45min per day. 3B: Progress to centre – aim to complete a normal warm-up and training in the centre. 3C: Progress to turns lead by medical team – quarter, half, full single rotation Space, light levels, and music volume should be controlled – individual lesson is optimal at this stage, musicians' earplugs Starting with up to 30 minutes body weight conditioning, progress to 60 minutes.	3A: Avoid turns, relevés, jumps, quick movements and dynamic balance tasks 3B: progress balance and relevés 3C: progress turns Limit body and head movement - No fast level changes, fast floorwork, inverted movements, partnering, and contact choreography No pointe shoes.	Symptom free during and after activity.
4 Min 24h	Reintroduce coordination tasks. <i><60 minutes per day</i> The beginning phase of high-risk activity	Progression to more complex training and dancing activities with increased intensity, co-ordination, and attention. The dancer is reintroduced into a normal class setting, partnering, and inverted movements such as inversions and floorwork. Jumping introduction - starting with individual and simple single jumps (sautés or other simple two-legged and non-traveling jumps), simple centre adagio combinations. Light head movement – no head impact activities <60h conditioning with light weights	Avoid fast movement as complex jumps, PDD and advanced balance (pointe shoes) No head impact activities.	Symptom free during and after activity.
Review by doctor/healthcare professional				
5 Min period of 14 days symptom free	Reintroduce dynamic movements. Aim to perform a full class in normal settings. End stage aims for full rehearsal without stage lights or performance volume music.	Petite allegro at least 48h Medium allegro at least 48h Start inverted movement and progress shorter sequences in partnering. Restore confidence and readiness to perform.	No intense cardio or extended rehearsals. No stage lights or performance volume music. Grand allegro and partnering at the end stage.	Tolerate full class without symptoms
6 Earliest RTS at Day 21	Return to normal rehearsals and performances	Full class	/	Should be symptom free during full class. Medical clearance at least once per week.

Document Change History

This is version 1.0 of the English National Ballet School Health Policy. This policy is for internal and external use.

This statement is subject to regular revision and maintained electronically. Electronic copies are version controlled.

Version: 1.0	Date: June 2025
Section Title	Change
Whole Document	Policy created.