

## RETURN TO DANCE PROGRESSION: Tap

The dancer must pass all functional tests and/or be cleared by sports medicine medical provider before beginning Return to Dance Protocol. Recommend pursuing Transitional Therapy for return to dance activities during this phase. Transitional Therapy is a strength and conditioning program that is led by medical professionals with a sports medicine background with the goal of transitioning from therapy back to dance. The athlete may progress through the phases as tolerated. Cross-training can be performed on off days. (Cross training can be done by performing non dance specific activities i.e. swimming, biking, yoga, pilates, and/or PT home exercises). Each phase should be performed 2-3 times with one day rest between each session, the athlete should progress to the next phase once he/she is able to complete the current phase without pain, swelling, decreased range of motion or difficulty. If the athlete experiences pain, swelling, decreased range of motion or difficulty during a phase, he/she should take a day off and go back to the prior phase where they were not experiencing pain and/or difficulty completing activities. Do not keep moving through phases if you are having pain or difficulty. Seek medical attention if necessary. Emphasis should be placed on developing and maintaining proper form without developing symptoms or excessive fatigue. The dancer should ice the affected area for 15-20 minutes following the activity.

	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
Begin beginner level dance class, 50% effort and class time	•	•	•	•	•
Begin beginner level dance class, 75% effort and class time		•	•	•	•
Progress to normal level dance class at 100% effort			•	•	•
Return to >1 class per day; begin rehearsals				•	•
Competition and Performances					•
Competition details:	Must be cleared by medical provider to return to dance competition and performances full time after surgical procedures.				

### Phase 1: Begin Dance Class:

- Begin partial class time 50% effort: ½ speed, ½ volume of dancing. Introduce warmup exercises. Basic combinations at the barre with weight changes (taps, shuffles, triple time steps). Step to change feet – no hopping, jumping, leaping. Stand on ball or whole foot only (No heel/toe stands)
- Avoid: Turning steps, stomps, hops to change feet, motions with liftoff (wings/pullbacks)
- Continue with Physical Therapy (if applicable) and PT home exercises
- Mental Practice of dance choreography, attend rehearsals to watch choreography routine

### Phase 2: Progress Dance Class:

- Progress class participation to 75% effort: ¾ speed, ¾ volume of dancing. Warm up with class as normal. Begin hops/leaps to change feet, turning steps, stomps, and tapping on the standing foot (Start with standing at the barre then center). Progress to faster movements to the music [Moving in one direction next to barre (running flaps, draw backs)].

## RETURN TO DANCE PROGRESSION: Tap

### Phase 3: Unrestricted Dance Class:

- Progress class participation to 100% effort: full speed, full volume. Warm up with class as normal across the floor and center floor. Unrestricted dance movements as tolerated. Progress to complex standing and lift off movements at barre then center (Toe stands/heel stands, pull backs, wings). Progress to two leg jumps → one leg jumping/ leaping/ landing. Progress Slow → Fast choreography to the music. Progress to more complex combinations. Unrestricted stamping/stomping. Return to rehearsals and full tap routines

### Phase 4: Rehearsals:

- Graded return to choreography rehearsals at 100% effort when able to participate full time in all classes. Increase rehearsal time 15 minutes at a time

### Phase 5: Competition and Performance Stage:

- Return to full competition and performances. Rehearse for 2-3 weeks at full performance with no limitations before performance or competition