Athletic Trainer: Key Member of the Cast

By Valerie Hunt

As a professional dancer, Marijeanne Liederbach, MS, ATC, MSPT, CSCS, did what many athletes do: she pushed her body to stretch the limits of normal daily activity. And kept pushing.

Of course she suffered injuries. But in the world of dance at that time, medical intervention – when considered at all – was seen as a fast track to the unemployment line.

A light bulb went off after Liederbach happened into an athletic training room with her then-boyfriend, a wrestler.

“I walked in one day and realized how much was available to athletes and thought, ‘Dancers NEED this!’” said Liederbach, now the administrative director and director of Research and Education for the Harkness Center for Dance Injuries at NYU’s Hospital for Joint Diseases. “I decided to become an athletic trainer for dancers.

“I tried all through the ‘80s to get a special-interest group started for NATA, but there was very little interest then.”

Fast-forward to 2007:
— The International Association for Dance Medicine & Science, formed in 1990, hosts a yearly conference that draws more than 300 attendees, dozens of them certified athletic trainers.
— The NATA recently presented a special performing arts workshop with sessions such as “Treating the Circus Artist” and “Musician Considerations for the Athletic Trainer.”
— Mainstream media have picked up stories of symphony musicians, ballerinas and other stage performers extending their careers by tapping into the skills athletic trainers provide.

Health care for performing artists is beginning to flourish.

Liederbach; Radio City’s Elaine Winslow-Redmond, MS, ATC; the Cincinnati Ballet’s Jacqui Haas, ATC; Las Vegas performing arts health care pioneer Steve McCauley, ATC, CSCS – they are among the handful of certified athletic trainers whose work has helped revolutionize care for entertainers and artists.

The setting is still small by comparison, McCauley is quick to point out. But it’s growing.

“I want to employ as many athletic trainers as I can, as often as I possibly can,” said McCauley, now the head of Health Services for Wynn Las Vegas (a luxury hotel featuring the show “Le Reve” in its Aqua Theatre). “Obviously there
are various ways to do that, and while there are only 24 hours in a day, you just try to do as much as you can and see where the chips fall.”

For the past decade, McCauley has planted the seeds of athletic training up and down The Strip.

His work began in a clinic-outreach capacity and soon transitioned into a private company with contracts to care for shows including “Lord of the Dance,” “Mamma Mia,” and “Hair Spray.”

Following on the heels of that outreach experience, McCauley was employed as a full-time athletic trainer for Cirque du Soleil.

“I was employed to open ‘Zumanity’ and then was transferred to ‘Mystere,’” McCauley said. “I started hiring other athletic trainers as I got contracts with other shows.

“Even though I work full-time for Wynn, my company still thrives,” he added. “We service ‘Mamma Mia’ at the Mandalay Bay, and there are more opportunities on the horizon.”

Now, McCauley said, Cirque du Soleil staffs each of its shows with two full-time clinicians and a host of ancillary providers. And McCauley’s Health Services staff at Wynn Las Vegas includes Andrea Avruskin, DPT, ATC, LAT, EMT-B; Tammy Fernandez, ATC, LMT; and Rita Sue Campbell, ATC, a graduate student from UNLV.

“We’ve been able to do some really good things at UNLV with regard to promoting the performing arts setting,” McCauley said. “I’ve hired from their graduate program, and I know Cirque has as well. That’s an excellent step forward, not only for the profession but also for the setting and the university.”

Several universities currently offer clinical rotations that introduce students to dance medicine.

Indiana University, in fact, has had a performing arts position for nearly a decade, and the IU Musical Arts Center boasts its own treatment facility, staffed by a certified athletic trainer.

The IU program is where the Harkness Center’s Megan Richardson, MS, ATC, and Alison Deleget, MS, ATC, began their performing arts health care careers.

Richardson, a clinical specialist and research associate at the Harkness Center, works with Liederbach in the lab and is the athletic trainer for the SUNY Purchase Dance Conservatory, where not only dancers but also music and drama students seek her help.

Deleget, a Harkness Center clinical specialist, provides on-location coverage for various Broadway productions and New York dance companies, in addition to presenting injury prevention lectures for the Center’s community outreach program. She’s also on faculty at Dance Theater of Harlem, serving as the on-site athletic trainer and anatomy instructor.

Liederbach said their experience as graduate students – and, incidentally, as dancers themselves – gave them an edge in grasping the nuances of a performing arts setting.

“We don’t let our employees go near a dance environment unless they’ve had mentorship training,” she said. “An athletic trainer graduating from a program [that does not include dance medicine] should not expect to go straight into that setting and succeed.

“You really need to build a background by taking dance medicine classes or finding a mentor you can shadow in that setting.”

Richardson said there’s a unique challenge in treating performers, who are equal parts athlete and artist.

“You have to treat them based on both their cultural upbringing within the performing arts world as well as their athleticism,” she explained. “You have to understand where they’re coming from emotionally, and you have to realize that many times, their directors don’t take into account physical challenges the way a coach would.”

As a result, ‘play through the pain’ takes on a new meaning, Deleget said.

“As a ballet dancer, I grew up knowing you didn’t go to the doctor because then the director would just take you out of the performance,” she said. “You gritted your teeth and danced through it.”

In her community lectures, Deleget gently but consistently points out the pitfalls of such thinking. She explains...
what to do when injury occurs, and she also gets lots of questions about nutrition – how to fuel the body while maintaining a desired aesthetic.

Richardson, who presented the Harkness lectures before Deleget came on board, said life balance is a big issue as well; many dancers are young, inexperienced and incredibly driven. “They’ll be dancing six or eight hours a day for four weeks at a time or more,” she said. “They often haven’t been brought up in a culture that teaches them about periodizing, so they’re just trying to figure out what proper rest and healing entails.”

Liederbach pointed out another reality that contributes to the performance world’s view of health care: money. “You’ve heard of the starving artist?” Liederbach explained. “Dancers, especially just starting out, don’t have much money and rarely have insurance.”

In fact, the Harkness Center for Dance Injuries was established by an orthopedic surgeon and a philanthropist who recognized this gap.

practical considerations
Understanding a performer’s psyche is important, but athletic trainers in the setting also face a wide range of practical considerations not necessarily found in other settings.

“You rehab a dancer differently,” Richardson said. “They have different functional tasks.”

And no off-season, Deleget pointed out. “There’s no periodization, no cross-training – you just dance and you dance and you dance some more,” Deleget said. “We have to re-educate dancers as to how to be healthier and smarter with their bodies while still embracing all of the challenges and demands they are exposed to in their work setting.”

Because performance art relies on visual imagery, treatment comes with certain restrictions. Heavy braces, protective gear, obvious tape – none are normal parts of a production’s wardrobe.

Jason Roe, ATC, CMT, advises brushing up on soft-tissue mobilization techniques. He has provided care for performers whose roles allow little clothing, so taping a sprained ankle is not an option.

McCauley’s show, “Le Reve,” takes place in and above a round, million-gallon, 27-foot-deep water tank. All performers (and sets) enter the “stage” either by dropping from the rafters or surging up through the pool.

This places special demands on the performers – and on McCauley and his staff.

“Because their skin is exposed to water for long periods of time, it tends to tear easily,” he explained. “Not only do we have to tend that wound and monitor for infection, we also have to keep the wound together during the show – and the dressing has to match their skin or costume.”

Sinus and inner ear trouble also present unique concern, because every “Le Reve” performer has scuba entrances or exits every night, with rapid ascents and descents from high in the air to the bottom of the pool.

Additionally, in all live performances, the clock ticks loudly. There’s simply no referee to call an injury time-out.

“When a performer gets injured, a lot of things have to be decided in a hurry,” McCauley said. “You have to know very quickly whether they’ll be able to continue performing, because if not, then the entire show has to be re-cast on the spot, and that could entail wardrobe and makeup changes that take time.”

“Plus, you can’t really run to their side when they get injured – especially in our show,” he added. “The focus is on not letting the audience know of any problems.”

Even when injuries sound common – a strained shoulder, for example – treatment is not, because the mechanism of injury in performing arts is usually radically different than in competitive sports.

“In any acrobatic show with a lot of hanging or swinging, shoulder injury will be through the roof, but it’s not the typical throwing shoulder,” McCauley said. “Hanging shoulder is unique, and you can’t apply the same treatments as you would with a baseball pitcher.”

“Those are the things that make this setting so interesting.”
measures of success

The performing arts setting comes with a busy schedule.

Liederbach estimates the Harkness Center logs 10,000 visits per year at the facility, plus on-site coverage of numerous productions. Richardson, who’s on-site at SUNY Purchase for four hours twice a week, said demand is growing as performers notice positive results.

“I’ll see on average 14 students per half-day now,” she said. “I think dancers are learning to be educated and proactive about their health and the services available to them.”

At Wynn, “Le Reve” has 78 cast members, 10 performances per week and 470-480 shows per year. Treatments follow as needed.

Since most productions offer performances almost every day – sometimes twice a day – and also rehearse, the resulting schedule for the health care team can be like football two-a-days.

“Yes, it’s a lot of work,” McCauley said. “That’s part of what’s so exciting. There’s real potential in this setting.”

Liederbach said while performers appreciate the benefits of health care – longer careers, stronger performances – production companies notice the effect on the bottom line. “Some employers really get it,” she added. “They know it’s good for them financially to provide health care and keep people dancing.”

That recognition doesn’t come out of the blue, though.

“Like any other corporation, I have to justify my existence,” McCauley said. “I’ll send a report to the vice president of entertainment about injury rates, what we’ve seen and what we’ve done to address it.

“The most outstanding highlight is in regard to workers’ compensation,” McCauley added. “We use injury tracking software pretty extensively, and we’ve been able to show that while this department has the highest rate of injuries by far, we have one of the lowest costs per claim.”

When preparing such reports, keep the audience in mind. Draw comparisons that have meaning to the business executive.

“If one of our performers sprains an ankle and one of the maids sprains an ankle on the same day, it costs the company an average of $2300-$2500 for the maid’s injury but only $800-$1100 for the performer,” McCauley said. “Because we do the treatments here on-site and we get the athletes back to the show ASAP, the cost to the insurance company is only 30 percent of what it would normally be.”

Liederbach said similar cost savings have been evidenced by the dance organizations she and her staff serve.

Deleget sees such statistics as a hopeful sign.

“There has been a kind of paradigm shift, and the people who are running dance companies are a lot more business-savvy about the cost-containment possibilities associated with well-managed on-site care,” she said. “They’re recognizing it’s a better dollar spent on prevention than on workers’ comp.

“I think the field of dance medicine is hitting its stride.”

Megan Richardson is helping dancers understand the value of prevention and care.

Cover Story

The performing arts setting comes with a busy schedule.

Liederbach estimates the Harkness Center logs 10,000 visits per year at the facility, plus on-site coverage of numerous productions. Richardson, who’s on-site at SUNY Purchase for four hours twice a week, said demand is growing as performers notice positive results.

“I’ll see on average 14 students per half-day now,” she said. “I think dancers are learning to be educated and proactive about their health and the services available to them.”

At Wynn, “Le Reve” has 78 cast members, 10 performances per week and 470-480 shows per year. Treatments follow as needed.

Since most productions offer performances almost every day – sometimes twice a day – and also rehearse, the resulting schedule for the health care team can be like football two-a-days.

“Yes, it’s a lot of work,” McCauley said. “That’s part of what’s so exciting. There’s real potential in this setting.”

Liederbach said while performers appreciate the benefits of health care – longer careers, stronger performances – production companies notice the effect on the bottom line. “Some employers really get it,” she added. “They know it’s good for them financially to provide health care and keep people dancing.”

That recognition doesn’t come out of the blue, though.

“Like any other corporation, I have to justify my existence,” McCauley said. “I’ll send a report to the vice president of entertainment about injury rates, what we’ve seen and what we’ve done to address it.

“The most outstanding highlight is in regard to workers’ compensation,” McCauley added. “We use injury tracking software pretty extensively, and we’ve been able to show that while this department has the highest rate of injuries by far, we have one of the lowest costs per claim.”

When preparing such reports, keep the audience in mind. Draw comparisons that have meaning to the business executive.

“If one of our performers sprains an ankle and one of the maids sprains an ankle on the same day, it costs the company an average of $2300-$2500 for the maid’s injury but only $800-$1100 for the performer,” McCauley said. “Because we do the treatments here on-site and we get the athletes back to the show ASAP, the cost to the insurance company is only 30 percent of what it would normally be.”

Liederbach said similar cost savings have been evidenced by the dance organizations she and her staff serve.

Deleget sees such statistics as a hopeful sign.

“There has been a kind of paradigm shift, and the people who are running dance companies are a lot more business-savvy about the cost-containment possibilities associated with well-managed on-site care,” she said. “They’re recognizing it’s a better dollar spent on prevention than on workers’ comp.

“I think the field of dance medicine is hitting its stride.”