



**Static (Postural) Functional Evaluation:**

This table provides the basis for functional evaluation of static dance postures. Each position has specific criteria to assess in determining the ability of the dancer to achieve and maintain static postures. The Evaluation Criteria are to use as guidelines for observing the dancer with respect to key elements of each Position/Action.

<u>Dancer Position/Action</u>	<u>Clinician Observation</u>	<u>Evaluation Criteria</u>
<b>1. Parallel 1st position stance</b>	Sagittal View	COG to BOS relationship Are any of the following compensatory strategies present: <ul style="list-style-type: none"> <li>• fixed equines, midtarsal/first ray plantarflexion, longitudinal arch height</li> <li>• genu recurvatum</li> <li>• pelvic tilt</li> <li>• hyper or hypolordosis</li> <li>• T-L to L-S junctions</li> <li>• Cervical/head posture/control</li> </ul>
	Coronal (posterior) view	Symmetry of: <ul style="list-style-type: none"> <li>• general LE weight bearing</li> <li>• calcaneal-crural alignment ('assumed' &amp; STJ neutral stances)</li> <li>• fore- to rear-foot relationship</li> <li>• navicular tuberosity to floor</li> <li>• popliteal and gluteal folds</li> <li>• PSIS, iliac crests, etc.</li> <li>• scapular angles, acromion processes</li> </ul>
<b>2. Parallel foot plant while executing repetitive, transverse plane rhythmic pelvic rotations</b>	Anterior	Are any of the following present: <ul style="list-style-type: none"> <li>• pelvis on femur rotation relationship</li> <li>• pelvic response, primary spinal adaptation to rotation: level</li> <li>• transverse plane ROM symmetry</li> <li>• primary LE adaptation to rotation: at subtalar, midtarsal, tibial,</li> <li>• integrity of whole LE</li> <li>• inv/ev. rocking with LE rotation</li> </ul>
	Sagittal	Is there: <ul style="list-style-type: none"> <li>• COP symmetry</li> <li>• Supernal compensations</li> </ul>



**Static (Postural) Functional Evaluation- continued:**

<u>Dancer Position/ Action</u>	<u>Clinician Observation</u>	<u>Evaluation Criteria</u>
<b>3. Straight leg, forward flexion of the spine</b>	Posterior	<ul style="list-style-type: none"> <li>• Axial segment ROMs and sequencing</li> <li>• Is Scoliosis present</li> <li>• Any soft tissue atrophy/hypertrophy</li> </ul>
	Sagittal	<ul style="list-style-type: none"> <li>• COP distribution</li> <li>• location of COG over BOS</li> <li>• change in genu recurvatum, fixed equinus</li> </ul>
<b>4. Port-de-bras:</b> <b>a. en bas to 5<sup>th</sup> (i.e. flexion)</b> <b>b. en bas to 2<sup>nd</sup> (i.e. abduction)</b>	Posterior	<p>Is there:</p> <ul style="list-style-type: none"> <li>• scapulo-thoracic balance (upper-lower trap/serratus)</li> <li>• scapulo-thoracic symmetry</li> <li>• shoulder impingement, full abduction ROM</li> <li>• scapular stabilization</li> <li>• Cervical-thoracic spine dysfunction</li> </ul>
	Sagittal	<p>Is there:</p> <ul style="list-style-type: none"> <li>• scapular protraction</li> <li>• full flexion ROM</li> <li>• thoracic extension</li> </ul>
<b>5. Static 1st position parallel relevé (Observe bi- and unilaterally)</b>	Posterior	<p>Is there:</p> <ul style="list-style-type: none"> <li>• equal calcaneal height</li> <li>• COP distribution, strategic stabilization - where</li> <li>• forefoot- to rearfoot relationship</li> <li>• ROM at ankle, midtarsal, MTPs</li> <li>• spinal adaptations</li> <li>• weight shift asymmetry R vs. L</li> <li>• fatigue - R vs. L (calf; hip and/or ankle control)</li> </ul>
	Sagittal	<ul style="list-style-type: none"> <li>• Postural adaptations to lower BOS</li> </ul>
<b>6. Undirected arabesque, each side</b>	Posterior and sagittal	<ul style="list-style-type: none"> <li>• ROM taken up at hip before spine</li> <li>• L-S dysfunction</li> <li>• level of max spinal hyperextension, spondylo. step-off</li> <li>• hip hike</li> <li>• symmetry of and locus of rotation</li> <li>• stance limb COP; COG over BOS; maintenance of turnout</li> <li>• C-, T- spine; scapular/UE relationship, head alignment</li> </ul>
<b>7. Gait</b>	Sagittal and Coronal	<ul style="list-style-type: none"> <li>• observation for planar dominances and asymmetries</li> <li>• comparisons/contrasts with 'normative' kinematics</li> </ul>



**Dynamic (Technical) Functional Evaluation:**

This is a continuation of the Static table using dynamic ballet-based techniques in place of static positioning. Dynamic evaluation is usually carried out after the clinician is satisfied with the dancer's ability to maintain static postures. The clinician may go directly to dynamic evaluation if they are familiar with the dancer's performance, rehearsal, training, and injury history.

<u>Dancer Position/Action</u>	<u>Clinician Observation</u>	<u>Evaluation Criteria</u>
<b>1. Demi-plié, parallel</b>	Posterior	Changes in: <ul style="list-style-type: none"> <li>• navicular tuberosity position</li> <li>• calcaneal-crural alignment</li> <li>• iliac crest and above symmetry</li> </ul>
	Sagittal	<ul style="list-style-type: none"> <li>• symmetrical dorsiflexion: primarily ankle or midtarsal</li> <li>• COP location</li> <li>• trunk alignment stable</li> </ul>
<b>2. Grand-plié, turned-out</b>	Sagittal and Anterior	<ul style="list-style-type: none"> <li>• pre-movement: re-assessment for turned-out stance</li> <li>• motion: symmetrical flexion at MTPs, ankles, knees, hips</li> <li>• lateral rotation maintained and aligned over 1st/2nd metatarsal</li> <li>• spine and pelvis neutral and stable</li> <li>• muscular control eccentric and concentric</li> <li>• ROM taken up at demi- before grand-plié action</li> <li>• COP distribution and foot/ankle alignment throughout</li> </ul>
<b>3. Plie to releve (observe bi- and unilaterally)</b>	Sagittal and Posterior	<ul style="list-style-type: none"> <li>• postural integrity with weight shift</li> <li>• initiation of movement, control of movement</li> </ul>
<b>4. Plié to relevé with port-de-bras to 5<sup>th</sup></b>	Sagittal and Posterior	<ul style="list-style-type: none"> <li>• neutral postural stability</li> <li>• COP distribution</li> <li>• COG over BOS location</li> </ul>



Dynamic (Technical) Functional Evaluation- continued:

<b>5. 2nd position plié, weight shift into passé retire</b>	Sagittal	Is there: <ul style="list-style-type: none"> <li>• flexion at hip or lumbar spine</li> <li>• spine and pelvis neutral</li> <li>• posterior pelvic tilt, lumbar flexion</li> <li>• COG over BOS</li> <li>• COP distribution</li> <li>• sufficient hip abduction strength</li> </ul>
	Posterior	<ul style="list-style-type: none"> <li>• femoral glide symmetrical</li> <li>• lateral shift of neutral pelvis</li> <li>• hip hike or hip sink</li> <li>• appropriate adaptation at ankle/foot</li> </ul>
<b>6. Plié, fifth position to tendu fourth position, close fifth. Reverse to back. Reverse to other side.</b>	Sagittal	<ul style="list-style-type: none"> <li>• pelvis and spine neutral</li> <li>• postural stability and weight shift on stance leg</li> <li>• foot/ankle adaptation of stance foot</li> <li>• full surface area of gesturing foot on floor</li> <li>• full weight shift to front leg</li> <li>• pelvic/spine adaptation (i.e. functional unilat. hip extension)</li> <li>• movement controlled</li> <li>• abdominal activation</li> <li>• maintenance of lateral thigh rotation, square pelvis</li> <li>• symmetry and location of distal lower extremity rotation</li> </ul>
<b>7. Sissonne</b>	Sagittal and Anterior	<ul style="list-style-type: none"> <li>• check locus of landing force</li> <li>• appropriate muscular control of landing forces through kinetic chain</li> <li>• proper overall alignment maintained</li> </ul>
<b>8. Unilateral hops with opposite foot in coup-de-pied position</b>	Sagittal and Anterior	<ul style="list-style-type: none"> <li>• depth and control of plié and subsequent height of jump (i.e. maintenance of lateral rotation without anterior pelvic tilt; hip sink; excessive or late pronation)</li> <li>• postural control</li> <li>• surface area of feet and COP distribution on take off and landing. Zero, single or double heel strike on landing</li> <li>• Pronatory and supinatory control on take off and landing</li> <li>• control of lateral thigh rotation, compensations at distal LE</li> <li>• time to onset of fatigue (i.e. recruitment of trunk musculature)</li> </ul>