Survey of injuries among West End performers

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Abstract

Objectives—To obtain more information about injuries of West End performers. Methods—A retrospective survey of 269 performers appearing in 20 West End productions (12 dramas and eight musicals). Results-In current productions, 46% of all performers sustained at least one injury for an average of 0.87 injuries per performer. Lower extremity injuries were the most common for dancers (52.2% of injuries) and actors (43.2%) with neck and back injuries the second most common. Sprains and strains were the most common diagnoses. 61% of performers thought that their injuries were preventable. Most performers consulted nonphysician healthcare providers. Factors significantly influencing the risk of injuries for performers include female sex, a history of previous injuries, missed performances due to previous injuries, more physically demanding roles, and performing on raked (angled) stages.

Conclusion—West End performers commonly sustain injuries. Although primary prevention of most theatrical injuries is not possible, modification of raked stages may reduce the incidence. This study may be helpful to the growing number of healthcare providers who practice performing arts medicine and may stimulate additional concern and research in the medical and theatrical communities about the performance injuries of professionals, amateurs, and theatrical students worldwide.

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Keywords: injuries; dancers; actors

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For the audience, West End productions can offer insightful and witty dialogue, inspiring and enthralling music, and seemingly effortless, dazzling dancing by some of the world's outstanding performers. Behind the glamour and glitz, however, is a highly stressful workplace where the performers can sustain a variety of occupational injuries. After our recent study on the prevalence and risk factors for theatrical injuries in 23 Broadway companies, we performed a similar survey of West End companies.

Methods

SAMPLING

The study was performed with the cooperation of the staff and members of the British Actors' Equity Association who selected 20 West End theatrical productions in London chosen for a mixture of dramas and musicals for the survey

(table 1). The productions are 12 dramas and eight musicals. The deputy of each company distributed the survey to all cast members on various dates in February 1996. An attached letter from the Association introduced and endorsed the survey. The respondent could either mail in their anonymously completed questionnaire to the Association or give it to the deputy to send in. The number of respondents was 269 out of 379 total cast members (71%).

SOURCES OF ERROR AND BIAS

Retrospective surveys of injury, including this one, present potential problems with the accuracy of the respondents' recollections. As their occupations are at risk, professional performers may be especially likely to remember their injuries. Additionally, the assurance of anonymity may also have encouraged candor in the responses. The injury rate may be slightly higher than described as disabled performers were not included in the survey. About five to 10 performers a year in all West End productions are disabled from injuries and not able to complete their contracts.

The overall response rate of 71%, with the response rates of the cast members in various productions ranging from 44.4% to 100%, is another potential source of bias. However, the degree to which the productions had a response rate above or below the mean for the sample was not significantly related to the number of injuries sustained in their current production $(F_{(1,19)}=0.43, p=0.52)$ or to whether they sustained an injury in their current production ($F_{(1,19)}$ =0.25, p=0.63). Likewise, having a 100% response rate versus a less than perfect response rate was unrelated to the number of injuries $(F_{(1,19)}=1.9, p=0.19)$ or whether the performer sustained an injury $(F_{(1,19)}=0.11, p=0.75)$. These findings suggest that the non-respondents may be similar to the respondents.

STATISTICAL ANALYSIS AND VARIABLE SELECTION The survey questionnaire (appendix) consisted of self reported items designed to provide information about theatrical injuries and possible risk factors. The questionnaire was based on our Broadway survey¹ with input from an official of the British Actors' Equity Association (Hilary Strange, Senior West End Theatre Organiser). In the covering letter from the British Actors' Equity Association, injury was defined as follows: "Injury constitutes any theatre-related injury resulting in physical damage to the person. Please report any injuries you have sustained even those not resulting in missed performances."

For the initial risk factor analysis, unconditional logistic regression was used to generate

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Table 1 Productions surveyed and demographics of West End performers

Production	Questionnaires returned (%)	Respondents (n)	Mean weeks in production	Mean physical demands*	Mean injuries / performer	Injured during production (%)	Size of rake† (% slope)	Choreography in show**
Oliver	78	29	22.4	2.69	0.83	57	9	3
Mousetrap	54	07	24.1	2.00	0.14	14	0	0
Buddy	67	16	76.6	3.19	0.94	44	0	0
Fame	63	20	27.7	2.80	0.65	35	0	3
Blood brothers	86	12	91.9	3.27	1.33	83	8	2
Les miserables	69	22	75.6	3.50	1.80	77	4	1
Only the lonely	53	08	37.4	2.63	0.13	13	0	0
Phantom of the opera	67	24	83.9	2.63	0.75	50	0	1
Communicating doors	80	08	24.6	3.38	0.63	38	0	0
Dead funny	44	04	14.0	2.25	0.00	0	0	0
The hot house	70	07	10.3	1.67	0.00	0	3	0
Jolson	53	16	15.0	2.38	0.75	50	4	0
Indian ink	67	12	34.4	1.67	0.00	0	4	0
An inspector calls	71	05	23.6	3.40	0.00	0	10	0
The master builder	55	06	17.0	1.67	0.00	0	5	0
Mack and mabel	100	27	11.2	3.07	0.56	44	0	3
Starlight express	100	21	153.4	4.40	2.95	81	10	3
The wind in the willows	70	14	7.4	3.43	0.57	57	0	0
The women in black	100	05	174.5	2.20	0.00	0	0	0
Tommy Steele	63	05	33.6	3.80	0.80	80	0	3
Total	71.0	269	49.4	2.93	0.87	46	3	1.4

^{*}Mean physical demands is a self rating that ranged from 1 (least) to 5 (most).

odds ratios (ORs) for predictor variables, adjusted for the following covariates: number of weeks with the current production; number of performances with the current production; and number of minutes on stage each performance. Continuous predictors (height, age, etc), were categorised by quartiles of their distributions. The outcome for all analyses was whether the respondent indicated that they had been injured over the course of their current production.

As recommended when developing multivariable logistic regression models through stepwise procedures,² all variables that predicted injury with even moderate probability of significance (p<0.25) were further tested with a criterion for inclusion in the final model being more restrictive (p<0.15). These selected models were further expanded by the forced inclusion of the three covariates implemented in the earlier risk factor analysis.

Results

CHARACTERISTICS OF THE STUDY POPULATION Tables 1 and 2 present the demographic characteristics of the performers. The performers sustained 2.4 injuries per 1000 performances and 2.1 injuries per 1000 hours performing on stage during their current production. For

dancers and actors, respectively, 18.5% and 43.1% of injuries resulted in at least one missed performance. For the three most recent injuries, 60.8% of all performers thought that their injuries were preventable.

RISK FACTORS FOR INJURY

The initial risk factor analysis identified various risk factors that significantly influence the risk of injury for performers (table 3): the performers' sex; age; age when they began instruction; duration as professional; previously injured; previously missed performing due to injury; physical demands of the role; and amount of choreography in the show.

As actors and dancers may have different patterns of risk factors,¹ a series of pairwise interactions with the type of performer and each predictor were modelled after the initial models (table 3). Of these moderating effects tested, the following were significant (p<0.05): sex, age, height, body mass, duration as professional, previously injured, previously missed performing due to injury, currently smoker, and performed on a raked (angled) stage. Male sex (OR (95% confidence interval (95% CI)) 0.5 (0.3 to 0.9) and 0.5 (0.1 to 2.6) in actors and dancers, respectively), older age (OR (95% CI) 0.3 (0.1 to 0.6) and 1.8 (0.4 to 7.8) in

Table 2 Demographics of West End performers surveyed

	Women (n=10.	2)	Men (n=167)	
	Dancers (n=37)	Actors (n=65)	Dancers (n=21)	Actors (n=146)
Age (y)	25.8 (5.4)	33.1 (9.5)	25.0 (5.4)	38.2 (13.8)
Age began instruction (y)	6.5 (3.1)	12.9 (5.7)	10.8 (5.9)	17.0 (6.2)
Duration as professional (y)	8.4 (5.9)	12.8 (9.2)	8.5 (5.6)	16.0 (2.8)
Height (m)	1.64 (0.07)	1.63 (0.06)	1.79 (0.09)	1.77 (0.06)
Weight (kg)	53.3 (4.4)	57.1 (8.5)	72.3 (5.3)	76.6 (11.3)
Body mass index (kg/m ²)	19.9 (1.5)	21.6 (3.3)	22.8 (2.4)	24.2 (3.5)
Injuries as performer (n)	5.7 (6.7)	3.9 (4.5)	11.2 (14.9)	4.0 (5.8)
Injuries in current production (n)	1.2 (1.5)	0.8 (1.0)	1.7 (1.6)	0.7 (1.3)
Time missed owing to all injuries (performances)	38.1 (85.0)	13.6 (35.3)	47.3 (56.7)	16.9 (39.4)
Time missed owing to current production injuries (performances)	8.2 (26.1)	0.9 (2.3)	12.8 (32.8)	3.0 (10.8)
Warms up before performing (%)	67	55	65	63
Currently exercising (%)	68	48	63	52
Currently in dance or acting classes (%)	48	35	43	17
Smokes cigarettes (%)	22	23	19	28

[†]These data were provided by the British Actors' Equity Association. Choreography in show ranged from 0 (none) to 3 (heavy).

Table 3 Analysis of risk factors for injury in the current production (n=269)

	Adjusted OR	(95% CI)
Demographic variables:		
Dancer	2.4*	(1.3 to 4.5)
Male	0.5*	(0.3 to 0.9)
Age:		(
Older	0.4*	(0.2 to 0.8)
Younger	1.9*	(1.1 to 3.3)
Height:		,
Taller	1.0	(0.6 to 1.6)
Shorter	1.1	(0.6 to 1.8)
Weight:		
Greater	0.8	(0.5 to 1.4)
Lesser	1.4	(0.8 to 2.6)
Body mass:		
Greater	0.8	(0.5 to 1.5)
Lesser	1.1	(0.7 to 1.9)
Career variables:		
Age began instruction:		
Later	1.0	(0.5 to 1.7)
Earlier	2.3*	(1.3 to 4.0)
Duration as professional:		
Longer	0.5*	(0.3 to 0.9)
Shorter	1.6	(0.9 to 2.9)
Previously injured	5.0*	(2.7 to 9.1)
Previously missed performing due to injury	2.1*	(1.3 to 3.6)
Training or preparation variables:		
Currently exercising	1.6	(1.0 to 2.6)
Currently in dance or acting classes	1.3	(0.7 to 2.3)
Warms up before performing	1.9*	(1.1 to 3.1)
Currently smokes	1.1	(0.6 to 1.9)
Production feature variables:		
Physical demands of their role:		
≥3	3.1*	(1.7 to 5.6)
≤2	0.2*	(0.1 to 0.5)
Amount of choreography in show:		
≥2	2.1*	(1.2 to 3.5)
≤1	0.2*	(0.1 to 0.4)
Performed on a raked stage	1.6	(1.0 to 2.7)

Results were calculated with single predictor logistic models with control for the number of performances with that production, weeks with that production, and minutes on stage per show. Of the total sample, 124 were injured during their current production. The continuous risk factors were coded into two additional binary variables reflecting the two extreme quartiles of risk factor distributions in reference to the sex specific norm of each type of performer.

Physical demands ranged from 1 (least) to 5 (most). Amount of choreography ranged from 0 (none) to 3 (heavy).

p<0.05 Wald statistics.

actors and dancers, respectively), and a longer duration as professional (OR (95% CI) 0.4 (0.2 to 0.9) and 1.2 (0.2 to 5.8) in actors and dancers, respectively), were significant protective factors only in the actor subpopulation. The following were significant risk factors only in actors: previously injured (OR (95% CI) 4.4 (2.3 to 8.8) and 3.8 (0.8 to 17.5) in actors and dancers, respectively), previously missing performance due to injury (OR (95% CI) 1.8 (1.0 to 3.4) and 1.9 (0.5 to 6.5) in actors and dancers, respectively), and performed on a raked stage (OR (95% CI) 1.8 (1.0 to 3.2) and 2.0 (0.4 to 10.2) in actors and dancers, respectively).

Table 4 Multivariate analysis of risk factors for injury in the current production (n=269)

Variables	Adjusted OR	(95% CI)
Male	0.5*	(0.2 to 1.0)
Older age	0.5	(0.2 to 1.0)
Began instruction earlier	2.0	(1.0 to 3.2)
Shorter duration as professional	1.8	(0.9 to 3.7)
Previously injured	4.9*	(2.4 to 10.0)
Warms up before performing	1.7	(0.9 to 3.1)
Most (>3) physically demanding role	2.6*	(1.3 to 5.4)
Least (<2)physically demanding role	0.3*	(0.1 to 0.9)
Highest (>2) amount of choreography in show	0.4	(0.2 to 1.0)
Least (<1) amount of choreography in show	0.3	(0.1 to 0.7)
Performed on a raked stage	1.6	(0.9 to 3.0)

Results from the final unconditional logistic regression model with covariates that included number of performances with that production, weeks with that production, minutes on stage each show, and all other variables presented in this table. Table 4 presents the unconditional logistic regression multivariate model derived from the stepwise regression procedures used. This final model includes 11 predictors and three additional covariates (-2 log likelihood = 274.6; χ^2 (df=14)=102.0, p<0.0001). The overall correct classification as injured or not injured was 74.0% (75.2% of those who reported not being injured and 72.6% of those who reported having one or more injuries).

Performers with high physical demands of the role had an additional 4.5 injuries per 10 000 performances, accounting for 61.5% of the injuries to this group and 18.8% of the injuries to all performers surveyed. An additional 4.3 injuries per 10 000 performances can be attributed to performing on raked stages, representing 37.5% of the injuries to those performers who perform on a raked stage and 18.0% of the injuries to all performers surveyed.

INJURIES

Table 5 lists the number and sites of injuries from the current and previous productions for the dancers and actors. Previous productions include all earlier professional and amateur productions. In current productions, lower extremity injuries (mostly of the knee and ankle) were the most common for dancers (52.2%) and actors (43.2%) with neck and back injuries the second most common type for all performers. There were many other sites of injuries including the larynx or vocal cord strain as detailed. The relative percentages of sites of injury from earlier productions were similar to those from current productions.

HEALTHCARE PROVIDERS AND DIAGNOSES

Table 6 provides the types of healthcare professionals seen and diagnoses given for the injuries as reported by the performers. Medical attention was sought for 92% of the injuries to dancers and 73% of the injuries to actors. Most dancers and actors saw non-physicians, most commonly physiotherapists, masseurs, chiropractors, and acupuncturists. Ear, nose, and throat physicians were seen by 4.9% of actors for voice or larynx injuries. Sprains and strains were the most common diagnoses for the injuries of all performers.

Discussion

This is the first epidemiological survey of injuries to West End performers. Forty six per cent of all performers sustained at least one injury or an average of 0.87 injuries per performer for the current productions. The frequency, site, and type of injuries of actors and dancers are similar to those of Broadway performers.¹³ The injuries of dancers are also consistent with earlier studies of professional ballet dancers in the United States⁴ and professional dancers of classical ballet and modern dance in the United Kingdom.⁵ As in the Broadway survey, 60.8% of all West End performers thought that their injuries were preventable. Most Broadway¹ and West End performers saw nonphysicians for their injuries. Although there is widespread use of non-physician providers

^{*}p<0.05 Wald statistics.

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Table 5 Sites of reported injuries

	Dancers (n=58) n (%)	Actors (n=211) n(%)
During this production:*	65 (17.4)	132 (16.2)
Lower extremity injuries:	34 (52.3)	57 (43.2)
Hip	0 (0.0)	1 (0.8)
Groin	3 (4.6)	3 (2.3)
Thigh	3 (4.6)	3 (2.3)
Knee	11 (16.9)	26 (19.7)
Shin	1 (1.5)	5 (3.8)
Calf	0 (1.5)	1 (0.8)
Ankle	12 (18.5)	10 (7.6)
Foot or toe	3 (4.6)	8 (6.1)
Neck and back injuries:	22 (33.9)	28 (21.2)
Neck	7 (10.8)	4 (3.0)
Lower back	12 (18.5)	15 (11.4)
Mid (upper) back	3 (4.6)	9 (6.8)
Other injuries:	9 (13.9)	50 (37.9)
Head	(1.5)	3 (2.3)
Larynx (vocal cords)	1 (1.5)	15 (11.4)
Shoulder	2 (3.1)	5 (3.8)
Arm	1 (1.5)	5 (3.8)
Hand or finger	2 (3.1)	8 (6.1)
Rib cage	0 (0.0)	5 (3.8)
Multiple (sites)	(1.5)	5 (3.8)
Other	1 (1.5)	4 (3.0)
Before production:*	367 (82.6)	681 (83.8)
Lower extremity	170 (46.3)	257 (37.7)
Neck and back	90 (24.5)	151 (22.2)
Other injuries	107 (39.2)	273 (40.1)
Total number of injuries for current and past productions	432	813

^{*}These aggregated results were based on the entire history of injuries.

among the general population in the United States⁶, this is not the case in the United Kingdom. Performers may wish to obtain rapidly available physical treatments.

Several variables influence the likelihood of injury for performers. In both the West End and Broadway,¹ performers with the highest level of physical demands are at increased risk of injury by a factor of about 3. In this survey, dancers in productions with greater amounts of choreography were 2.1 times more likely to sustain injuries. A history of previous injuries and previously missed performances due to injury also significantly increased the risk of injuries for actors in the current production. As in the Broadway survey, women performers are more likely to sustain injuries than men.

Although the explanation is not known, wearing high heeled shoes may contribute.

A raked stage is a stage that is angled down toward the audience to improve the view. The percentage of the slope in the productions surveyed ranged from 3% to 10%. Raked stages can lead to increased injuries because of the performers' accomodating shift backwards in their centre of gravity.7 In the current study, performing on a raked stage was a significant risk factor for injury in actors only whereas on Broadway, performing on a raked stage was a significant risk factor for dancers but not actors. These findings may be explained by the presence of more actors and fewer dancers in the current study compared with the Broadway survey leading to differences in the power to detect significant relations.

This investigation may be useful for the growing number of physicians and other health professionals who are involved in performing arts medicine.8 Primary prevention is another application as one of the significant risk factors, raked stages, can be modified. With the findings from our Broadway survey, the 1996 production contract of the Actors' Equity Association of the United States has recommended a maximum slope of no more than 7.5% and instituted a physiotherapy programme (Kenneth Greenwood of Actors' Equity Association, personal communication). Also, this West End survey was influential in the West End production contract to be completed on 12 January 1998 (Hilary Strange of the British Actors' Equity Association, personal communication). In a new clause, if a performer is required to work on a steeply raked stage, the employer will provide a "rake specialist" (usually a physiotherapist) to show performers how to work safely on a raked surface with an exercise programme and will provide continuous supervision and support. This study may also be helpful for the planning of

Table 6 Healthcare providers seen and reported healthcare provider diagnosis for injuries during the current production

	Responses indicating in dancers n (%)	ijuries to	Responses indicating injuries to actors n (%)
Healthcare providers seen:			
Physiotherapist	48 (56.5)	Physiotherapist	52 (31.7)
Masseur	8 (9.4)	General practitioner	28 (17.1)
General practitioner	6 (7.1)	Ear, nose, and throat	8 (4.9)
Osteopath	4 (4.7)	Masseur	7 (4.3)
Chiropractor	4 (4.7)	Orthoepedist	5 (3.1)
Acupuncturist	3 (3.5)	Osteopath	5 (3.1)
Podiatrist	2 (2.4)	Chiropractor	4 (2.4)
Ear, nose, and throat	1 (1.2)	Acupuncturist	2 (1.2)
Other	2 (2.4)	Podiatrist	2 (1.2)
None seen	7 (8.2)	Other	6 (3.7)
Total	85 (100.0)	None seen	45 (27.4)
		Total	164 (100.0)
Reported healthcare provider diagra-	iosis:		
Sprain or strain	19 (38.8)	Sprain or strain	41 (51.9)
Pinched nerve	6 (12.2)	Inflammation	10 (12.7)
Dislocation	4 (8.2)	Pinched nerve	5 (6.3)
Inflammation (chronic)	3 (6.1)	Stress fracture	4 (5.1)
Snap or tear	2 (4.1)	Contusion	3 (3.8)
Contusion	1 (2.0)	Acute fracture	2 (2.5)
Other	14 (28.6)	Dislocation	2 (2.5)
No diagnosis	1 (2.0)	Snap or tear	1 (1.2)
Total	49 (100.0)	Puncture or cut	1 (1.2)
10111	17 (100.0)	Other	8 (10.1)
		No diagnosis	2 (2.5)
		Total	79 (100.0)

healthcare provider needs by theatrical unions and production companies4 as well as for the evaluation and prevention of injuries to theatrical students and non-professionals worldwide.

We greatly appreciate the assistance and cooperation of the members and staff (Hilary Strange, Senior West End Theatre Organiser and Peter Finch, Assistant General Secretary) of the British Actors' Equity Association.

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Appendix: Survey questionnaire

SURVEYOFWESTEN	ND PERFORMERS	SURVEY OF WEST END PERFORMERS	ND PERFORMERS
SURVEY MARKING INSTRUCTIONS	PART 2: ACTIVITIES & TRAINING 7. Are vou a regular cigarette smoker?	11. Over the whole show on average, how would	PART 4: INJURIES SUSTAINED IN
ror the multiplie choice terms, prease mark fully in the oval that corresponds to your answer. Unless		e the physical demands of yo	YOUR CURRENT PRODUCTION
otherwise indicated, mark only one oval for each question. Please write in the numbers within the dotted-lined boxes in response to a numeric question.	8a. Are you involved in an exercise or weight training regimen (activities)?	LEAST MOST DEMANDING DEMANDING	17. How many injuries have you sustained over the course of THIS PRODUCTION and how many
Examples. If you are primarily a	() Yes () No (Skip to question 10)	(1) (2) (3) (4) (5)	performances have they caused you to miss? O None (skip to question 21)
dancer you would mark: () Dancer () Actor If you were born in the month of December you	b. How often do you participate in the following activities as part of your exercise regimen? DI EACE MADE FOR ALL ACTIVITIES	12. How long have you been involved in this prediction? Please renort both total weeks	
Would mark in the box undernead:	Once per 11-3 d or more	and total number of performances	
PART 1: YOUR BACKGROUND	per week p	WEEKS FEKTOKWANCES	0 Six or more
1. What type of performer are you in your current production? If you have dancing and acting	000	13 On everage roughly how mony minutes do	For each of the 3 most recent injuries in your current production, please provide the
roles, please mark the one that describes your		you perform on stage?	following information. If you have more than I
inajor acuvity: () Dancer () Actor (including singing)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		injury, tajury One is your most recent injury, while Injury Two refers to the second most
ate	00	14a. How many dance numbers are you in?	recent injury in your current production.
Date of birth Current MONTH DAY YEAR Age	00	(Number of dance numbers)	******Injury One information (most recent injury or your only injury in this production *****
	Os Do von usernann hefore a nerformance?	b. Are you being required to do something	18a. Location of Injury One?
What is your gender? Male	() Yes () No	you are not trained to do in these dance numbers?	O Head O Mid section/rib
4. What is your height and weight?	b. What type of warm-up do you do? PLEASE MARK ALL THAT APPLY.	() Yes () No () I am not in any dance numbers	
Height Weight [inches]	() Stretch () Barre (bar)	15. How many times per week (0.9) have you been	der
5. At what age did you begin dancing, acting,		going to classes during this production? (NOTE: This question pertains to only dance	Wrist 0
or other performance related instruction, and for how long have you been a professional performer?	PART 3: INFORMATION ABOUT YOUR CURRENT PRODUCTION	related classes for dancers, and only acting or voice related classes for actors.)	
N Y	 In what production are you currently performing? 	16. What type of shoes do you wear in the	() Uppermid back () Other (prease () Lower back specify)
6. How many performing related injuries have			 b. At what point in your current production did the injury occur, and about how many total performances did you miss due to this injury?
you sustained as a professional and as an amateur (before you began receiving any monetary compensation for performing)?	Oliver Mousetrap Buddy	U bauet suppers U boots () Tap shoes () Street shoes () Jazzlother dance shoes	WEEKS IN THE PERFORMANCES PRODUCTION MISSED BECAUSE
TOTAL AS AN TOTAL AS AN PROFESSIONAL AMATEUR	() Fame () Phantom of the Opera () Miss Saigon () Sunset Boulevard () Grease () Other (please () Crazy for You specify)	O Other (please specify)	WHEN THE INJURY OF THIS INJURY OCCURRED

g. Specifically, what type(s) of health care provider(s) did you consult about this injury? PLEASE MARK ALL THAT APPLY.

recent injury in your current production)? ******

19a. Location of Injury Two?

******Injury Two Information(second most

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care provider, what was the primary diagnosis of this injury?

O Contusion
O Pinched nerve
O Other (please

O No provider was seen
O No diagnosis was made
O Strainkaprain
O Dislocation
O Stress fracture
O Acute fracture
Acute fracture
C Acute fracture
O Chronic inflammation

the injury occur, and about how many total performances did you miss due to this injury?

b. At what point in your current production did

specify

() Hand () Finger(s) () Upper/mid back () Lower back

PERFORMANCES MISSED BECAUSE OF THIS INJURY

WEEKS IN THE

PRODUCTION WHEN THE INJURY OCCURRED

specify

If you consulted with a doctor or other health

Ŀ

O Upper leg/thigh
O Knee
O Shin
O Calf
O Ankle
O Foot
O Other (please

O Arm
O Wrist
O Elbow

() Podiatrist
() Orthopedist
() Neurologist
() ENT (throat
specialist
() Other:

() None () Physiotherapist () General practitioner () Masseur () Chiropractor () Acupuncturist ()

() Mid section/rib () Hip/tail bone () Groin

() Head () Vecal chords

No services provided
 Complimentary doctor
 Complimentary physiotherapist
 Complimentary masseur
 Other complimentary masseur

(please specify_

() 10 days to 4 weeks () 4 weeks to 3 months () greater than 3 months

0 1 day or less 0 2-4 days 0 5-10 days

How long did you experience any symptoms due to this injury?

() No surgery was performed () Surgery was performed (please specify the kind(s) of surgery(s)

Did management provide treatment free of charge for this injury and if so what? PLEASE MARK ALL THAT APPLY.

×

Do you currently have any symptoms from this injury?

0 Yes 0 No

j. If you had surgery because of this injury,

what type of surgery was it?

d. In how many shows did you perform while experiencing significant pain due to this injury? Please mark "0" if you did not perform in pain.

() Rehearsal () Performance () Slow onset () Classes () Other (please specify______

c. How did the injury occur?

() No provider was seen () No tests were used () CAT scan () standard X-ray () Bone scan () MRU () Other:_____() Stress film of ankle or knee

What specific tests were used to diagnose the injury? PLEASE MARK ALL THE TESTS THAT WERE USED.

	i. If you had surgery because of this injury,
c. How did the injury occur?	what type of surgery was it?
STEE CONTRACTOR OF	() No surgery was performed
Reliearsal	 Surgery was performed (please specify
() Stow onset () Classes	the kind(s) of surgery(s))
() Other (brease specify)	1. Did management provide treatment free
d. In how many shows did you perform while experiencing significant pain due to this injury?	of charge for this injury, and if so what?
Please mark "0" if you did not perform in pain.	PLEASE MARK ALL THAT APPLY.
	() Complimentary doctor
e. Do you cutrently have any symptoms from this injury?	() Complimentary physiotret apist () Complimentary masseur
i	
() Yes () No	(please specify)
f. How long did you experience any symptoms due to this injury?	 Are you pursuing a claim for compensation for this injury through Equity?
() I day or less () 10 days to 4 weeks	O Yes O No
) C	m. If this injury could have been prevented,
Cassification and a feet	
g. Specialically, what type(s) of nearth care provider(s) did you consult about this injury?	to the occurrence of this injury? PLEASE
PLEASE MARK ALL THAT APPLY.	MARK ALL THAT APPLY.
() None () Podiatrist	() The injury could not have been prevented
Physiotherapist	
General practitioner ()	() Rake of stage
0	() Frevarence of 10g/stage smoke
0 Chiropractor specialist	O Greening domends from chorecoronher
() Acupuncturist () Other:	
h If you consulted with a doctor or other health	nerformance shine
care provider, what was the primary diagnosis	() Excessive physical demands required of
of this injury?	the role you perform
O No provider was seen	() Features of the show's choreography
	or directing
	() Pressures from other performers
Dislocation	
Stress fracture	() Your personal training nables/puysical
	Č
Chronic inflammation	Ouner personal or mestyle factors (evenules if your diet sleen stress.
	smoking, etc. may have contributed)
i. What specific tests were used to diagnose	O Excessive pressures from yourself to
the injury? PLEASE MARK ALL THE	exce
TESTS THAT WERE USED.	() Ignoring your own pain
() No provider was seen	() Ignoring your own physical fatigue
No tests were used	() Other (please specify)
standard X-ray	*******End of Injury One Information
O MRI O Other:	(if you do not have a second injury in your current
U Stress film of ankle or knee	aroduction skin to question 21)**********
	/

b. Indicate how many injuries you have sustained in the following locations. Please mark a "q" if you have not been injured in that location.

Mid section/rib

.... Hip/tail bone

Groin

Upper leg/thigh

00

0 0 0 00

22. How frequently have you observed that the following features may contribute to the injury of theatrical performers?

SURVEY OF WEST END PERFORMERS	END PERFORMERS	SURVEYOFWEST	SURVEY OF WEST END PERFORMERS
l. Are you pursuing a claim for compensation	c. How did the injury occur?	k. Did management provide treatment free	b. Indicate how many injuries you have
for this injury through Equity?	() Rehearsal () Performance	of charge for this injury and if so what?	in the following locations. Please ma
() Yes () No	() Slow onset () Classes	PLEASE MARK ALL THAT APPLY.	you have not been injured in that loc
m. If this injury could have been prevented,	() Other (piease specify)	() No services provided	as pid se
which of the following may have contributed	d. In how many shows did you perform while	() Complimentary doctor	
to the occurrence of this injury? PLEASE	experiencing significant pain due to this injury		Vocal chords/Larynx Hip/tai
MARK ALL THAT APPLY.	Flease mark "U" you it did not perform in pain.	O Complimentary masseur	Groin
() The injury could not have been prevented		() Other complimentary health care provider	Neck
() Poor floors	e. Due you currently have any symptoms from	(please specify)	Upper
() Rake of stage		l. Are you pursuing a claim for compensation	Shoulder
() Frevalence of tog/stage smoke	0 Yes ONo	for this injury through Equity?	А.Ш.
() Excessive demands from choreographer or	f. How long did you experience any symptoms	() Yes () No	Shin
director to have the overall performance shine			Wrist
() Excessive physical demands required of		m. If this injury could have been prevented,	Cal
the role you perform	() I day or less () I0 days to 4 weeks	** ** ** ** ** ** ** ** ** ** ** ** **	Libow
() Features of the show's choreography		WARY ALL THAT ABE V	Hand
O Pressures from other nerformers		THE PERMITTER	Finger(s) Foot
() Your baving an inadequate warm-up	g. Specifically, what type(s) of health care	() The injury could not have been prevented	
() Your personal training habits/physical	provider(s) did you consult about this injury?	() Poor floors	Upper/mid back Toe(s)
conditioning	PLEASE MAKK ALL I HAI AFFLY.	() Rake of Stage	
() Other personal or lifestyle factors	() None () Podiatrist	() Frevalence of togistage smoke	Lower back Other
(examples include diet, sleep, stress, smoking)		O Excessive demands from choreographer or	
() Excessive pressures from yourself to excel	General practitioner	director to have the overall performance shine	I SANCE TEST OF STREET AND A STREET OF STREET
O Ignoring your own pain	0	() Excessive physical demands required of	c. Andreade about now many with the
() Other (please specify	() Chiropractor specialist		the following locations? Please mark
	O sembaneration of order	() Features of the show's choreography	have not missed any performances d
*******Injury Three Information (if you do	h. If you consulted with a doctor or other health	or directing O Pressures from other performers	injury in those locations.
ot have a third injury skip to question 21)*****	care provider, what was the primary diagnosis		EO aivido demor
	or cars injury:	() Your personal training habits/physical	OR BACK I
va. Location of Injury Three?	() No provider was seen		1
	() No diagnosis was made	() Other personal or inestyle factors (example include diet clean ettess errobling)	
ds		O Excessive pressures from vourself to excel	22 How frequently have you observed t
/Larynx () Groin	are	() Ignoring your own pain	
der		() Ignoring your own physical fatigue	injury of theatrical performers?
0 Arm 0 Shin	() Chronic inflammation	() Other (please specify)	Never Seldom Occasionally
	 What specific tests were used to diagnose 		Rake of stage () () ()
	the injury? PLEASE MARK ALL THE	PAPT 5: DEI ATEN EYPEDIENCES ANN	0
	IESIS THAT WERE USED.	THOUGHTS A POINT INTIDIES	cess
O Upper/mid back O Other (please	ш	MICCORD SABOUT INJUNES	fraps 0 0 0
() Lower back specify)	당	21. The following items pertain to all performing-	darkness
b. At what point in your current production did	() standard X-ray () Bone scan	related injuries you may have sustained	0
the injury occur, and about how many total	film of ankle or	BEFORE YOUR CURRENT PRODUCTION.	features () () ()
performances did you miss due to this injury?	i. If you had surgery because of this injury.	a. Of the total injuries have you sustained, about	
(x)	what type of surgery was it?	how many resulted in you missing at least one	
WITTEN THE TANK OF	O No surgery was performed	Ş	
WALEN THE INJURY OF THIS INJURY OCCURRED	() Surgery was performed (please specify	D R	0 0
	the kind(s) of surgery(s)	PERFURNANCE(S) SURGERY	Other: 0 0 0
fundamina)			

c. Indicate about how many WEEKS IN TOTAL you have missed performing due to injury in the following locations? Please mark "0" if you have not missed any performances due to injury in those locations.

Other (please

specify

Toe(s)

SPINE OTHER OR BACK LOCATION

SURYEY OF WEST END PERFORMERS

	24. Do you believe that warm-up before a	performance is generally necessary?	() Yes () No		
23. Do you feel that making a claim for	compensation with Equity may be detrimental	or "bad" to PERFORMERS' careers.	() Not bad to their careers	() Possibly bad to their careers	() Definitely had to their careers

25. How often do you believe the following conditions MAY CONTRIBUTE TO PERFORMERS' INJURIES:

	() Frequently			() Frequently	() Frequently	() Frequently	() Frequently		() Frequently		O Frequently	() Frequently		() Frequently	
0 Occasionally	() Occasionally	() Occasionally		() Occasionally	 Occasionally 	 Occasionally 	() Occasionally	() Occasionally	() Occasionally		() Occasionally	() Occasionally	() Occasionally	() Occasionally	() Occasionally
	() Seldom	() Seldom		() Seldom	() Seldom	() Seldom	() Seldom	() Seldom	() Seldom		() Seldom	() Seldom	O Seldom	() Seldom	() Seldom
() Never	() Never	() Never		() Never	() Never	O Never	() Never	() Never	() Never		() Never	0 Never	() Never	0 Never	pher () Never
 a. Features of show choreography or direction that place performers at risk? 	b. Insufficient sleep?	c. Cigarette smoking?	d. Having roles that push performers to their	physical limits?	e. Inadequate warm-up?	 Performers' ignoring physical fatigue? 	g. Insufficient physical conditioning?	h. Performers' ignoring their own pain?	 Stress from a performer's personal life? 	 Excessive pressure on performer 	by him/herself to excel?	k. Pressures by other performers?	 Poor nutrition or diet? 	m. Alcohoi or drug consumption?	n. Excessive demands by director/ choreographer to have the overall performance shine? () Never () Seldom () Occasionally

26. Please estimate the chance that the following problems will be faced (within the next 12 months) by a performer comparable to yourself in experience, physical conditioning and expertise?

Percent chance (%)	0	07	20	30	40	20	09	20	80	90	100
She/he will be injured during training or exercising. () () () ()	0	0	0	0	0	C	0 0 0 0 0	0	0	0	0
She/he will sustain an injury that was caused by	,		,								
the mistakes of another person involved in the show.	0	0	0	0		0		0	0	0	0
She/he will be severely injured from her/his own mistakes.	0	0	0	0	0	0		0	0	0	0
Shafte will miss 10 or more performances due to injury.	0	0	0	0		0			0	0	0
She/he will be injured due to faulty props or equipment.	0	0	0	0		0	0		0	0	0
She/he will have an injury that requires surgery.	0	0	0	0		0			0	0	0
She/he will push her/himself to the physical limits											
and sustain an injury.	0	0	0	0	0 0 0 0 0 0 0 0 0 0 0	0	0	0	0	0	0

27. How sure or confident are you that YOU PERSONALLY CAN PREVENT the following situations from occurring in the next 12 months.

Unsure
unsure

Having an injury due to the deterioration of your						
technique or physical conditioning.	Ξ	62	3	€	ક	9
Having an injury due to your not taking precautions						
when you are fatigued.	3	(5)	3	3	છ	9
Having an injury due to your own lack of concentration						
or caution.	Ξ	9	3	€	(5)	<u></u>
Having an injury become more serious because of your	;					
not seeking therapy or consultation.	Ξ	3	3	€	ଜ	<u>©</u>
Having an injury because of you having an inadequate						
warm-up or stretch.	Ξ	6	3	₹	(S)	9
Having an injury because you pushed yourself beyond						
your physical limits.	Ξ	6	3	€	9	ම

SURYEY OF WEST END PERFORMERS

items.
ollowing
of the fe
each
e with
ou agree 1
you
muc
, how
ndicate
Please i
28.

		strongly				strongly
		disagree	disagree	neutral	agree	agree
ei	a. I have excellent muscle tone.	Ξ		ල	4	(5)
م	 b. If something can go wrong for me, it will. 	Ξ	(5)	<u>0</u>	<u>4</u>	(S)
ú	 There are lots of ways around any problem. 	Ξ	9	ව	4	(S)
Þ	 d. I'm always optimistic about my future. 	Ð	(2)	3	<u>4</u>	(2)
9	e. Even when others get discouraged, I know that I can find					
	to solve the problem.	Ξ	(5)	<u> </u>	<u>4</u>	(2)
ij	I have excellent reflexes.	Ξ	9	3	3	(2)
οūο	g. I rarely count on good things happening to me.	Ξ	6	ල	<u></u>	(5)
4	 My physique is rather strong. 	Ξ	3	3	<u>4</u>	(2)
:	Overall, I expect more good things to happen to me than bad.	Ξ	9	ල	4	(2)
·-	I can think of many ways to get the things in life that are					
	most important to me.	Ξ	6	3	3	3
.¥	 k. I hardly ever expect things to go my way. 	Ð	ð	3	3	(2)
	I can think of many ways to get out of a jam or "rut".	Ξ	3	Đ	€	(S)
Ė	 In uncertain times, I usually expect the best. 	Ξ	3	Ð	4	(2)
ď	n. I have a strong grip.	Ξ	(3)	<u>3</u>	4)	(2)

29. Approximate the likelihood that the following will happen to YOU within the next 12 months?

Percent chance (%)	0	10 2	3	0 4	40 50	99	20	80	06	100
You will miss 10 or more performances due to injury. () () () ()	0	\sim	о О	0	0 0	0	0	0	0	0
You will be injured due to faulty props or equipment.	0	\sim	0	0		0	0		0	0 0
You will push yourself to your physical limits										
	0	\sim	0	0	0	0	0	0	0	0
You will be injured during training or exercising.	0	\sim	0 0 0 0	0	0	0	0	0 0 0	0	0 0
the show.	0	\sim	0		0	0	0	0	0	0
You will have an injury that requires surgery.	0 0 0	\sim	0	0 0	0		0	0	0	0
takes.	0	0	0		0	0	0	0	0	0 0

END OF SURVEY
Please make sure all the appropriate pages of the survey were completed. We would appreciate your writing additional comments and questions here, or attach a separate page to the survey.

Thank you very much for your participation!

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