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Dance Medicine in Practice: Anatomy, Injury Prevention, Training

Liane Simmel

Translated by Jane Michael and Liane Simmel

New York, NY: Routledge 2014 (English language edition)

Pages: 248, Price: \$45.55 (paper)

Liane Simmel's highly-readable *Dance Medicine in Practice* is organized into 12 chapters: The Body (The Basis for Dance), The Spine (The Whole is More than the Sum of the Parts), The Pelvis as the Center, The Hip (A Joint with Consequences), Standing Firm (The Knee as Coordination Unit), The Foot as a Base, Shoulders and Arms (Stability Despite Mobility), Dancing with Heart and Soul, Nutrition (An Important Aspect of Training), Dance and Growth, Help and Self-help (Dealing with Injuries), and Dancing the Smart Way (How to Plan Training). The somewhat whimsical subtitles belie an exceptional knowledge of the anatomy, injury prevention, and training demands of the art form. The book is well organized and indexed.

Simmel discusses pirouette tips, partner work, relaxation exercises, and joint noises with similar ease. The book reads, at times, like a very hip contemporary training manual, easily taking on questions around the "Pitfalls in dance"—for example, the overly straightened back, hyperlordosis—as well as how to recognize such pitfalls and what to do about them.

The chapters are divided into sections with subtitles such as "A Closer Look—Self-analysis," "Form and Mobility," and "Function and Stability." These latter sections are replete with "self-analysis" questions, for example:

Does the rolling down movement run straight without deviating to one side? Are the ribs on both sides of the spine at the same height? When extending backwards, where does most of the movement come from? When bending sideways, does the entire spine, from head to pelvis, form a harmonious arch? All segments should be equally involved in the movement.

Dozens of exercises are included—for example, unilateral mobilization of the sacroiliac joint, or bilateral mobilization, performing a "pelvic figure of eight," and other awareness and strengthening modalities. Simple motions and prompts are explained—for example, from "Tips and Tricks for Prevention in 'everyday life'": ...perceive the rotation of the spine when climbing stairs. Pay attention to the extension of the lumbar spine on the side of the standing leg. Feel how the lower back muscles give way elastically.

This is followed by specific exercises, "Mobilizing the upper cervical joints—performing a "pelvic figure of eight" with the head." Exercises for the feet—extrinsic foot muscles, mobilizing the tarsus, awareness for the 3D spiral of the foot, and stretching the peroneal muscles—are clear and effective.

The author does not shy away from contentious issues in dance—forced turnout and hyperextended knees, when to go on pointe, or difficulties in "dancing with heart and soul." Simmel offers good advice on the psychological impact of the dance class, different forms of dance criticism, dance studios without mirrors, and working conditions in dance schools and dance companies. Unfortunately, the nutrition section is lacking, and conventional wisdom rather than current science sometimes seems to guide the narrative. *Dance Injuries* is another short section, yet wide-ranging in scope.

Illustrations, figures, tables, and charts are enormously helpful, in large part due to their abundance and clarity. X-ray images are especially useful, showing, say, the position of the bones as the foot stands on its metatarsal heads, or hallux valgus (medial deviation of the first metatarsal).

This book, although encyclopedic in scope, is a very good read—an unusual mix of good narrative, clear examples, and methodical organization and discussion. The experience of the author, a medical doctor, osteopath, lecturer, and former professional dancer, shows throughout the writing. The book is a welcome addition to educators' and clinicians' bookshelves. *Dance Medicine in Practice* is a must-have for dancers and those who care for them.