

ANEXOS

- Anexo 1** Profile of Mood States (POMS)
- Anexo 2** Beck Depression Inventory (BDI-II)
- Anexo 3** Beck Hopelessness Scale (BHS)
- Anexo 4** Coping with Health Injuries & Problems (CHIP)
- Anexo 5** Background & Associated Factors to Injury
- Anexo 6** Aprobación de la Comisión de Ética e Investigación de la Facultat de Psicologia, Ciències de l'Educació i de l'Esport, Blanquerna (URL)
- Anexo 7** Aprobación del Institutional Board of Research Associates (IRBA) de NYU School of Medicine y Informed consent form to participate and authorization for research
- Anexo 8** Consent form for own participation
- Anexo 9** Ejemplos de comentarios de los participantes a las preguntas abiertas
- Anexo 10** Tablas de Resultados

POMS™ Standard Form

BY DOUGLAS M. MCNAIR, Ph.D., MAURICE LORR, Ph.D., JW F. HEUCHERT, Ph.D., & LEO F. DROPPLEMAN, Ph.D.

Client ID: _____ Age: _____ Gender: Male Female

Birth Date: _____ Today's Date: _____
Month Day Year Month Day Year

To the Administrator:

Place a checkmark ✓
in one box to specify the
time period of interest.

To the Respondent:

Below is a list of words that describe feelings that people have. Please read each word carefully. Then circle the number that best describes

- how you have been feeling during the PAST WEEK, INCLUDING TODAY.
 how you feel RIGHT NOW.
 other: _____

If no box is marked, please follow the instructions for the first box.

POMS™
 POMS


	Not at all	A little	Moderately	Quite a bit	Extremely
1. Friendly	0	1	2	3	4
2. Tense	0	1	2	3	4
3. Angry	0	1	2	3	4
4. Worn out	0	1	2	3	4
5. Unhappy	0	1	2	3	4
6. Clear-headed	0	1	2	3	4
7. Lively	0	1	2	3	4
8. Confused	0	1	2	3	4
9. Sorry for things done	0	1	2	3	4
10. Shaky	0	1	2	3	4
11. Listless	0	1	2	3	4
12. Peeved	0	1	2	3	4
13. Considerate	0	1	2	3	4
14. Sad	0	1	2	3	4
15. Active	0	1	2	3	4
16. On edge	0	1	2	3	4
17. Grouchy	0	1	2	3	4
18. Blue	0	1	2	3	4
19. Energetic	0	1	2	3	4
20. Panicky	0	1	2	3	4
21. Hopeless	0	1	2	3	4
22. Relaxed	0	1	2	3	4
23. Unworthy	0	1	2	3	4
24. Spiteful	0	1	2	3	4
25. Sympathetic	0	1	2	3	4
26. Uneasy	0	1	2	3	4
27. Restless	0	1	2	3	4
28. Unable to concentrate	0	1	2	3	4
29. Fatigued	0	1	2	3	4
30. Helpful	0	1	2	3	4

Please flip over.
 Items continue on the back page...




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POMS™



	Not at all	A little	Moderately	Quite a bit	Extremely
31. Annoyed	0	1	2	3	4
32. Discouraged	0	1	2	3	4
33. Resentful	0	1	2	3	4
34. Nervous	0	1	2	3	4
35. Lonely	0	1	2	3	4
36. Miserable	0	1	2	3	4
37. Muddled	0	1	2	3	4
38. Cheerful	0	1	2	3	4
39. Bitter	0	1	2	3	4
40. Exhausted	0	1	2	3	4
41. Anxious	0	1	2	3	4
42. Ready to fight	0	1	2	3	4
43. Good natured	0	1	2	3	4
44. Gloomy	0	1	2	3	4
45. Desperate	0	1	2	3	4
46. Sluggish	0	1	2	3	4
47. Rebellious	0	1	2	3	4
48. Helpless	0	1	2	3	4
49. Weary	0	1	2	3	4
50. Bewildered	0	1	2	3	4
51. Alert	0	1	2	3	4
52. Deceived	0	1	2	3	4
53. Furious	0	1	2	3	4
54. Efficient	0	1	2	3	4
55. Trusting	0	1	2	3	4
56. Full of pep	0	1	2	3	4
57. Bad-tempered	0	1	2	3	4
58. Worthless	0	1	2	3	4
59. Forgetful	0	1	2	3	4
60. Carefree	0	1	2	3	4
61. Terrified	0	1	2	3	4
62. Guilty	0	1	2	3	4
63. Vigorous	0	1	2	3	4
64. Uncertain about things	0	1	2	3	4
65. Bushed	0	1	2	3	4

*Please ensure you have answered every item.
Thank you for completing this questionnaire.*



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Date: _____

Name: _____ Marital Status: _____ Age: _____ Sex: _____

Occupation: _____ Education: _____

Instructions: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the **one statement** in each group that best describes the way you have been feeling during the **past two weeks, including today**. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

1. Sadness

- 0 I do not feel sad.
- 1 I feel sad much of the time.
- 2 I am sad all the time.
- 3 I am so sad or unhappy that I can't stand it.

2. Pessimism

- 0 I am not discouraged about my future.
- 1 I feel more discouraged about my future than I used to be.
- 2 I do not expect things to work out for me.
- 3 I feel my future is hopeless and will only get worse.

3. Past Failure

- 0 I do not feel like a failure.
- 1 I have failed more than I should have.
- 2 As I look back, I see a lot of failures.
- 3 I feel I am a total failure as a person.

4. Loss of Pleasure

- 0 I get as much pleasure as I ever did from the things I enjoy.
- 1 I don't enjoy things as much as I used to.
- 2 I get very little pleasure from the things I used to enjoy.
- 3 I can't get any pleasure from the things I used to enjoy.

5. Guilty Feelings

- 0 I don't feel particularly guilty.
- 1 I feel guilty over many things I have done or should have done.
- 2 I feel quite guilty most of the time.
- 3 I feel guilty all of the time.

6. Punishment Feelings

- 0 I don't feel I am being punished.
- 1 I feel I may be punished.
- 2 I expect to be punished.
- 3 I feel I am being punished.

7. Self-Dislike

- 0 I feel the same about myself as ever.
- 1 I have lost confidence in myself.
- 2 I am disappointed in myself.
- 3 I dislike myself.

8. Self-Criticalness

- 0 I don't criticize or blame myself more than usual.
- 1 I am more critical of myself than I used to be.
- 2 I criticize myself for all of my faults.
- 3 I blame myself for everything bad that happens.

9. Suicidal Thoughts or Wishes

- 0 I don't have any thoughts of killing myself.
- 1 I have thoughts of killing myself, but I would not carry them out.
- 2 I would like to kill myself.
- 3 I would kill myself if I had the chance.

10. Crying

- 0 I don't cry anymore than I used to.
- 1 I cry more than I used to.
- 2 I cry over every little thing.
- 3 I feel like crying, but I can't.

Subtotal Page 1

Continued on Back

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11. Agitation

- 0 I am no more restless or wound up than usual.
- 1 I feel more restless or wound up than usual.
- 2 I am so restless or agitated that it's hard to stay still.
- 3 I am so restless or agitated that I have to keep moving or doing something.

12. Loss of Interest

- 0 I have not lost interest in other people or activities.
- 1 I am less interested in other people or things than before.
- 2 I have lost most of my interest in other people or things.
- 3 It's hard to get interested in anything.

13. Indecisiveness

- 0 I make decisions about as well as ever.
- 1 I find it more difficult to make decisions than usual.
- 2 I have much greater difficulty in making decisions than I used to.
- 3 I have trouble making any decisions.

14. Worthlessness

- 0 I do not feel I am worthless.
- 1 I don't consider myself as worthwhile and useful as I used to.
- 2 I feel more worthless as compared to other people.
- 3 I feel utterly worthless.

15. Loss of Energy

- 0 I have as much energy as ever.
- 1 I have less energy than I used to have.
- 2 I don't have enough energy to do very much.
- 3 I don't have enough energy to do anything.

16. Changes in Sleeping Pattern

- 0 I have not experienced any change in my sleeping pattern.
- 1a I sleep somewhat more than usual.
- 1b I sleep somewhat less than usual.
- 2a I sleep a lot more than usual.
- 2b I sleep a lot less than usual.
- 3a I sleep most of the day.
- 3b I wake up 1-2 hours early and can't get back to sleep.

17. Irritability

- 0 I am no more irritable than usual.
- 1 I am more irritable than usual.
- 2 I am much more irritable than usual.
- 3 I am irritable all the time.

18. Changes in Appetite

- 0 I have not experienced any change in my appetite.
- 1a My appetite is somewhat less than usual.
- 1b My appetite is somewhat greater than usual.
- 2a My appetite is much less than before.
- 2b My appetite is much greater than usual.
- 3a I have no appetite at all.
- 3b I crave food all the time.

19. Concentration Difficulty

- 0 I can concentrate as well as ever.
- 1 I can't concentrate as well as usual.
- 2 It's hard to keep my mind on anything for very long.
- 3 I find I can't concentrate on anything.

20. Tiredness or Fatigue

- 0 I am no more tired or fatigued than usual.
- 1 I get more tired or fatigued more easily than usual.
- 2 I am too tired or fatigued to do a lot of the things I used to do.
- 3 I am too tired or fatigued to do most of the things I used to do.

21. Loss of Interest in Sex

- 0 I have not noticed any recent change in my interest in sex.
- 1 I am less interested in sex than I used to be.
- 2 I am much less interested in sex now.
- 3 I have lost interest in sex completely.

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_____ Subtotal Page 2

_____ Subtotal Page 1

_____ Total Score



Date: _____

Name: _____ Marital Status: _____ Age: _____ Sex: _____

Occupation: _____ Education: _____

This questionnaire consists of 20 statements. Please read the statements carefully one by one. If the statement describes your attitude for the **past week including today**, darken the circle with a 'T' indicating TRUE in the column next to the statement. If the statement does not describe your attitude, darken the circle with an 'F' indicating FALSE in the column next to this statement. **Please be sure to read each statement carefully.**

- | | |
|--|---|
| 1. I look forward to the future with hope and enthusiasm. | <input type="radio"/> T <input type="radio"/> F |
| 2. I might as well give up because there is nothing I can do about making things better for myself. | <input type="radio"/> T <input type="radio"/> F |
| 3. When things are going badly, I am helped by knowing that they cannot stay that way forever. | <input type="radio"/> T <input type="radio"/> F |
| 4. I can't imagine what my life would be like in ten years. | <input type="radio"/> T <input type="radio"/> F |
| 5. I have enough time to accomplish the things I want to do. | <input type="radio"/> T <input type="radio"/> F |
| 6. In the future, I expect to succeed in what concerns me most. | <input type="radio"/> T <input type="radio"/> F |
| 7. My future seems dark to me. | <input type="radio"/> T <input type="radio"/> F |
| 8. I happen to be particularly lucky, and I expect to get more of the good things in life than the average person. | <input type="radio"/> T <input type="radio"/> F |
| 9. I just can't get the breaks, and there's no reason I will in the future. | <input type="radio"/> T <input type="radio"/> F |
| 10. My past experiences have prepared me well for the future. | <input type="radio"/> T <input type="radio"/> F |
| 11. All I can see ahead of me is unpleasantness rather than pleasantness. | <input type="radio"/> T <input type="radio"/> F |
| 12. I don't expect to get what I really want. | <input type="radio"/> T <input type="radio"/> F |
| 13. When I look ahead to the future, I expect that I will be happier than I am now. | <input type="radio"/> T <input type="radio"/> F |
| 14. Things just won't work out the way I want them to. | <input type="radio"/> T <input type="radio"/> F |
| 15. I have great faith in the future. | <input type="radio"/> T <input type="radio"/> F |
| 16. I never get what I want, so it's foolish to want anything. | <input type="radio"/> T <input type="radio"/> F |
| 17. It's very unlikely that I will get any real satisfaction in the future. | <input type="radio"/> T <input type="radio"/> F |
| 18. The future seems vague and uncertain to me. | <input type="radio"/> T <input type="radio"/> F |
| 19. I can look forward to more good times than bad times. | <input type="radio"/> T <input type="radio"/> F |
| 20. There's no use in really trying to get anything I want because I probably won't get it. | <input type="radio"/> T <input type="radio"/> F |

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CHIP

by Norman S. Endler, Ph.D., F.R.S.C. & James D. A. Parker, Ph.D.

Name or ID: _____ Gender: **M** **F** Age: _____ Today's Date: ____/____/____
(Circle One) mm dd yyyy

Occupation: _____ Marital Status: _____ Education: _____

The following are ways of reacting to HEALTH PROBLEMS such as ILLNESSES, SICKNESSES, and INJURIES. These are typically difficult, stressful, or upsetting situations. We are interested in your most recent illness, sickness, or injury. Please circle a number from 1 to 5 for each of the following items. Indicate how much you engaged in these types of activities when you encountered your health problem. Please be sure to respond to each item.

Please state your most recent health problem: _____

	Not at All	Moderately	Very Much		
1. Think about the good times I've had	1	2	3	4	5
2. Stay in bed	1	2	3	4	5
3. Find out more information about the illness	1	2	3	4	5
4. Wonder why it happened to me	1	2	3	4	5
5. Be with other people	1	2	3	4	5
6. Lie down when I feel tired	1	2	3	4	5
7. Seek medical treatment as soon as possible	1	2	3	4	5
8. Become angry because it happened to me	1	2	3	4	5
9. Daydream about pleasant things	1	2	3	4	5
10. Get plenty of sleep	1	2	3	4	5
11. Concentrate on the goal of getting better	1	2	3	4	5
12. Get frustrated	1	2	3	4	5
13. Enjoy the attention of friends and family	1	2	3	4	5
14. Try to use as little energy as possible	1	2	3	4	5
15. Learn more about how my body works	1	2	3	4	5
16. Feel anxious about the things I can't do	1	2	3	4	5
17. Make plans for the future	1	2	3	4	5
18. Make sure I am warmly dressed or covered	1	2	3	4	5
19. Do what my doctor tells me	1	2	3	4	5
20. Fantasize about all the things I could do if I was better	1	2	3	4	5
21. Listen to music	1	2	3	4	5
22. Make my surroundings as quiet as possible	1	2	3	4	5
23. Try my best to follow my doctor's advice	1	2	3	4	5
24. Wish that the problem had never happened	1	2	3	4	5
25. Invite people to visit me	1	2	3	4	5
26. Be as quiet and still as I can	1	2	3	4	5
27. Be prompt about taking medications	1	2	3	4	5
28. Feel anxious about being weak and vulnerable	1	2	3	4	5
29. Surround myself with nice things (e.g., flowers)	1	2	3	4	5
30. Make sure I am comfortable	1	2	3	4	5
31. Learn more about the most effective treatments available	1	2	3	4	5
32. Worry that my health might get worse	1	2	3	4	5



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BACKGROUND & ASSOCIATED FACTORS TO INJURY

PERSONAL DATA

- 0. - Identification Number:
- 1. - Date: ___/___/___
- 2. - Sex: female male
- 3. - Nationality: United States Other: _____
- 4. - Race: African American Asian
 Caucasian Hispanic
 other _____
- 5. - Age: _____
- 6. - Weight: _____ pounds
- 7. - Height: _____ feet _____ inches
- 8. - Marital status: married single separated/divorced widowed domestic partner
- 9. - Are you a: (check all that apply)
 - dance student: Full time Part time
 - dance teacher: Full time Part time
 - professional dancer: Full time Part time
 - choreographer: Full time Part time
 - other: _____
- 10. - School/Company where you primary study or work: _____
- 11. - Do you have another job(s) to subsidize your dance life? Yes No
If yes, please explain: _____
- 12. - If you are a professional dancer, how long have you been working as a professional dancer? _____ years
- 13. - At what age did you start dance classes? _____ years
- 14. - At what age did you start serious dance training? _____ years
- 15. - How many hours of class do you take in a typical day? _____
- 16. - How many hours of rehearsal do you have in a typical week? _____
- 17. - How many performance weeks do you have in a typical year? _____
- 18. - What is your current dance style? (Check all that apply)
 - ballet flamenco
 - modern other: _____
 - jazz _____
 - tap _____
- 19. - a) Do you do any other form of exercise on a regular basis? Yes No
b) If so: type of exercise _____
frequency _____ days per week
duration _____ hours

INJURY

- 1. - Is this a first consultation? Yes No
- 2. - How many weeks have gone by since the first consultation for the present injury? _____ weeks

3. - How many times have you been injured? This is the first time
 Number of injuries _____
4. - Injury Diagnosis: _____
5. - Is the injury?
 mild moderate severe
6. - Does the injury require any assistive devices (sling, crutches, wheelchair)?
 Yes: type & how long _____ No
7. - The injury is due to: Overuse Acute trauma
8. - How did the injury happen?
 Dancing: class rehearsal performance
 Practicing sport
 Non-exercise related accident
 Other: _____
9. - At what point did the injury happen?:
 Beginning of the season/semester
 Mid-season/semester
 End-season/semester
 Other: _____
10. - Did the injury happen while on tour? Yes No
11. - How long ago did the injury happen? _____ days/weeks/months/years
12. - How much time has gone by since injury on-set until you sought medical care?
 _____ days/weeks/months/years.
13. - When you first became aware of a possible injury: (Check all that apply)
- a) You told your:
- teacher: how long after? _____
 - director: how long after? _____
 - friends: how long after? _____
 - therapist: how long after? _____
 - other: _____ how long after? _____
- b) You sought professional treatment from a:
- physician: how long after? _____
 - physical therapist: how long after? _____
 - chiropractic: how long after? _____
 - other: _____ how long after? _____
- c) You took care of it by yourself
- d) You carried on dancing

14. - How does the present injury affect your dance training (classes & rehearsals)?

- It stops dance training completely
- I can still train partially
- I'm training full time

15. - How does the present injury affect your performing?

- It stops performing completely
- I can still perform partially
- I'm performing full time

16. - How long have you been without dancing? _____ days/weeks/months/years

17. - How severe do you perceive your injury to be?

- Low
- Moderate
- Severe

18. - Which factors do you believe that influenced the injury? (Check all that apply)

Habits:

- Insufficient sleep
- Inadequate diet
- Inadequate hydration
- Excessive use of alcohol, tobacco or drugs

Physical:

- Fatigue/too much work
- Ignored the first warning signs of injury

Environmental:

- Inappropriate floor
- Cold environment
- Shoes
- Costume
- Props/Set

Dancing:

- Insufficient warm-up
- Insufficient cooling-down
- Insufficient technical preparation
- Difficult choreography
- Different choreographers
- Repetitive movements during rehearsal
- Lack of coordination with the partner

Psychological:

- Concentration difficulties
- Low self-confidence
- Low motivation
- Depression

- Anxiety
- Perfectionism
- Teacher too demanding
- Other: _____

19. - Do you feel pressured to continue dancing although you are injured?
- Yes: specify _____
 - No
20. - Were you afraid of the teacher's/ director's reaction when you reported the injury?
- Yes: specify _____
 - No
21. - Does the injury makes you re-think your life plans and/or identity?
- Yes: specify _____
 - No
22. - Does the injury change your attitude towards dance?
- Yes: specify _____
 - No
23. - Does being injured inspire you to assume other roles in the dance field?
- Yes: specify _____
 - No

REHABILITATION

1. - To which extent do you believe in your ability to adhere to and successfully complete the long and sometimes painful physical rehabilitation program?
- Not at all A little Moderately Quite a bit Extremely
2. - To which extent do you believe in the effectiveness of the rehabilitation program?
- Not at all A little Moderately Quite a bit Extremely
3. - To which extent do you believe that if you complete the rehabilitation program you will be able to perform at your previous level?
- Not at all A little Moderately Quite a bit Extremely
4. - Are you currently on a physical therapy/rehabilitation program? Yes No

ASSOCIATED FACTORS

1. - How important is dance in your life?
- Not at all A little Moderately Quite a bit Extremely

2. - Do you have any interests other than dance?

Yes: specify _____

No

3. - While injured, what kind of effect does observing rehearsals and/or dance classes produce?

positive negative

Why: _____

4. - Do you have appropriate social support from significant people while injured?

	Yes	No	Not applicable
Friends			
Teachers/Directors			
Father			
Mother			
Spouse/Partner			
Therapist			

5. - Were you on a diet when the injury occurred? Yes No

6. - Have you decreased caloric intake while injured? Yes No

How many calories do you think that you are having per day? _____

7. - What did you eat and drink yesterday? (Be as specific as you can)

Breakfast	
Lunch	
Dinner	
Other	

8. - Do you take into consideration the quantity of water/juice/sports drinks intake needed to be appropriately hydrated?

Yes, I measure the quantity of water/juice/sports drinks intake per day. Specify quantity: _____ L.

I know that I must be hydrated, but I don't measure the quantity of water/juice/sports drinks intake specifically.

I don't worry about the quantity of water/juice/sports drinks intake.

Women:

9. - At what age did you get your menstrual period? _____ years old.
10. - Is your period always regular (you get it every 28-35 days)?
 Yes No: when was the last time? _____
11. - Do you smoke? Yes: number of cigarettes/day _____ No
12. - Do you regularly consume alcohol? Yes No
specify quantity & type drinks consumed weekly (for example: 6 glasses of wine):

13. - Do you have sleeping problems?
 Yes: specify _____
 No
14. - a) Are you currently on any medication (including aspirin or anti-inflammatory)?
 Yes No
- b) If yes: what medication _____
how often _____
in what dose _____
15. - Have you experienced any of these symptoms in the last 6 months prior to injury onset?
(Check & explain all that apply)
- Anxiety: _____
 - Being tense with people/Irritability: _____
 - Depression: _____
 - Eating problems: _____
 - Being too critical and negative: _____
 - Low motivation: _____
 - Low self-confidence: _____
 - Concentration problems in class/ rehearsal: _____
 - Unexplained physical pain: _____
 - Excessive use of alcohol or drugs: _____
 - Stage fright: _____
 - Stress due to external factors: _____
 - Stress due to professional pressures: _____
 - Stress due to performance: _____
 - Stress due to contact negotiation: _____
 - Other: _____
16. - Have you started to think about what you want to do once your career as a professional dancer is over? Yes No

17. - What would you like to do after you finish dancing professionally? _____

PSYCHOLOGICAL CARE

1. - Have you ever talked with a psychologist/counselor about personal or professional problems? Yes No

2. - Have you ever been diagnosed of Depression by a physician/psychologist?
when? _____ Yes No

3. - Are you receiving psychological help/counseling for the injury? Yes No

4. - a) Can you easily access a psychologist/counselor through your company/ school? Yes No
b) If not, would you like your company/school to retain the service of a psychologist or counselor? Yes No

5. - Would you prefer a psychologist/counselor that has a good understanding of the dance world? Yes No

6. - From a psychological point of view, which aspects do you think that should be addressed during a dancer's career? (Check all that apply)

- Stage fright
- Relaxation techniques
- Mental training (ex: imagery techniques) for performance enhancement
- Transition and life after dance
- Psychological counseling
- Psychology courses included in school
- Emotional response to injury
- Identity problems
- Work problems
- Problems in personal relations
- Eating disorders
- Others: specify _____

7.- a) Do you have financial concerns? Yes No

b) If so, has this interfered with seeking appropriate medical or psychological treatment? Yes No

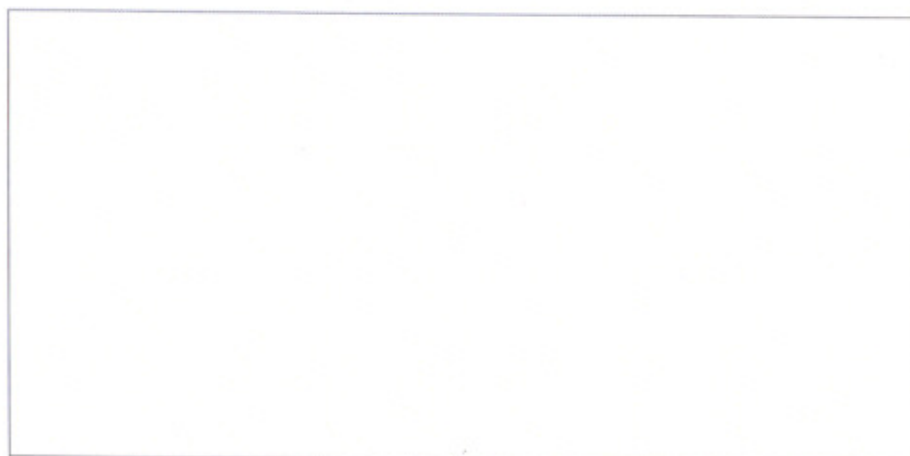
c) Do you have a health insurance? Yes No

Please complete the following:

1. Describe how you feel due to the injury:



2. Further comments you would like to add:





Facultat de Psicologia,
Ciències de l'Educació
i de l'Esport Blanquerna

Dr. Climent Giné i Giné
Decà



Universitat Ramon Llull

El Dr. Climent Giné Giné, decano y presidente de la Comisión de Ética e Investigación de la Facultat de Psicologia, Ciències de l'Educació i de l'Esport Blanquerna de la Universitat Ramon Llull,

HACE CONSTAR

Que tras valorar la calidad y aspectos éticos, así como la relevancia científico-técnica, del proyecto de investigación "El impacto emocional de la lesión física en los bailarines" de la Sra. Montse Sanahuja Maymó, la Comisión que representa emite un informe favorable del mismo.

Y para que conste, y a los efectos oportunos, lo firma en Barcelona, el veintinueve de noviembre de dos mil cuatro.

CLIMENT GINÉ I GINÉ
Decà
Facultat de Psicologia,
Ciències de l'Educació
i de l'Esport Blanquerna

NYU SCHOOL OF MEDICINE - NOTIFICATION OF APPROVAL

March 23, 2005

FAX #: (212) 598-7613

To: Dr. Donald Rose
Department of Orthopedic Surgery
HJD 1129

Title: "HJD # 19-267: Emotional Impact of Injury on Dancers"

Sponsor: Departmental
Human Subjects Protocol: H12466-01 A
Performance Period: 03/23/2005 - 03/22/2006

On March 23, 2005 the Institutional Board of Research Associates (IBRA) reviewed and approved the following:

Revised Protocol	02/03/2005	(see comments below)
Revised Consent Form	02/03/2005	(see comments below)

In a previous IBRA meetings the Board reviewed and discussed a new Investigator-initiated project and requested the principal investigator to submit the HJD 3 for this project, a dated protocol and to address issues regarding the informed consent document and submit the revised informed consent document for review. Modifications are in accord with those suggested in the January 28, 2005 IBRA correspondence. The protocol is dated February 3, 2005 and the revised consent form is dated February 3, 2005. IBRA requested the principal investigator to submit a "Clinical Trials Billing Plan Form" to OCT for review. This project seeks to explore the emotional impact of injury on dancers.

This new project including the principal investigator's response, protocol dated February 3, 2005, HIPAA compliant consent form dated February 3, 2005 were reviewed and approve for one year under the expedited review process.

Note: The Office of Clinical Trials (OCT) reviewed and approved the "Clinical Trials Billing Plan Form" on March 17, 2005. IBRA reviewed and noted this information.

The Board will be notified of the expedited review at the March 28, 2005 IBRA meeting.

It is the principal investigator's responsibility to apply for re-approval of ongoing research within one year from the date this protocol was reviewed and approved by IBRA. This protocol must be re-approved prior March 22, 2006.

NYU SCHOOL OF MEDICINE - NOTIFICATION OF APPROVAL

March 23, 2005

FAX #: (212) 598-7613

To: Dr. Donald Rose
Department of Orthopedic Surgery
HJD 1129


Title: "HJD # 19-267: Emotional Impact of Injury on Dancers"

Sponsor: Departmental
Human Subjects Protocol: H12466-01 A
Performance Period: 03/23/2005 - 03/22/2006

Please allow six weeks for re-approval.

IBRA is organized and operates according to Good Clinical Practices (GCP) and applicable laws and regulations.
/mak

In addition to the above-mentioned, this protocol is subject to the appended terms and conditions. Questions may be directed to the IBRA Administration Office at 263-4110.



Keith Krasinski, M.D.
Professor of Pediatrics and
Environmental Medicine
Chairman
Institutional Board of Research Associates
OHRP FWA00004952

H#: 12466

Consent Version Date: 02/03/05

Office of Institutional Board of Research Associates
NYU School of Medicine

550 First Ave. Building #VET
10 West
NY, NY 10016
Phone: 212.263.4110
Fax: 212.263.4147



Principal Investigator: Donald Rose

INFORMED CONSENT FORM TO PARTICIPATE AND AUTHORIZATION FOR RESEARCH

TITLE OF RESEARCH:

Emotional Impact of Injury on Dancers

A. PURPOSE OF THE STUDY:

You are being asked to volunteer in a research study. This consent/authorization form includes information about this study. The purpose of this study is learn about dance injury and how it emotionally affects dancers. You are being asked to participate in this study because you are an injured dancer between 18 and 40 years old.

B. SUBJECT PARTICIPATION:

We estimate that the following number of subjects will enroll in this study:

At this site: 100 Total at all sites: 100

SUBJECT PARTICIPATION:

- Inpatient
 Outpatient
 other [healthy subjects, etc.] Please specify:

Your participation will involve 1 number of visits, which will take place over 1 day.

Each of visit will take the following amount of time: 30 minutes

C. DESCRIPTION OF THE RESEARCH:

You will be required to sign the consent form. This project will ask you questions about your injury and how it is emotionally affecting you. First we will explain you the procedure and have you fill out the questionnaires. Then you will be asked to read a consent form asking you if you allow us to contact you in 6 months time via mail for a re-test follow-up. If so, we will ask you to

1 of 8 Subject's Initials: _____ Date: _____

(IRB Official Use Only)

This Consent Document is approved for use by the New York University's Institutional Review Board (IRB).
Only the IBRA-stamped approved form may be used.

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provide us with your name, address, e-mail and phone number so that we can contact you. In 6 months time, you would receive the questionnaires together with a self-stamped and addressed envelope for you to complete and return them.

D. COSTS/REIMBURSEMENTS:

There are no costs or reimbursements for your participation in this research study.

E. POTENTIAL RISKS AND DISCOMFORTS:

The following risks or discomforts may be experienced during your participation in this research study. These include possible psychological, or discomfort or inconvenience in answering the questions in the questionnaire.

F. POTENTIAL BENEFITS:

There is no direct benefit to you expected from your participation in this study. It is hoped that knowledge gained will benefit others in the future.

G. ALTERNATIVES TO PARTICIPATING IN THE STUDY

This is not a study related to diagnosis or treatment of a disease or condition in eligible subjects. You are free to choose not to participate in the study.

H. CONFIDENTIALITY:

Private information about you that identifies you may be used or shared for the purposes of this research project. This section of the consent/authorization form describes how your information will be used and shared in this research, and the ways in which NYU School of Medicine will safeguard your privacy and confidentiality.

If you agree to be in this research program, Dr. Rose and his study team will ask you to complete some questionnaires on dance injury and how the injury affects you emotionally. He will use these test results to complete this research. Results of tests and studies done just for this research study and not as part of your regular care will not be included in your medical record.

Other persons and organizations, including co-investigators, federal and state regulatory agencies, and the IRB(s) overseeing the research may receive your information during the
2 of 8 Subject's Initials: _____ Date: _____

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NYU School of Medicine

course of this study. Except when required by law, study information shared with persons and organizations outside of New York University School of Medicine (NYUSM) will not identify you by name, social security number, address, telephone number, or any other direct personal identifier.

When your study information will be disclosed outside of NYUSM as part of the research, the information that can identify you as listed above will be removed and your records will be assigned a unique code number. NYUSM will not disclose the code key, except as required by law.

Confidentiality of Your Medical Records

Your medical records will be kept in accordance with state and federal laws concerning the privacy and confidentiality of medical information. If your participation in this research is for treatment or diagnostic purposes, the facility in which you are treated may ask you to sign a separate informed consent document for specific procedures or treatment, and that informed consent form may be included in the medical record of that facility. The confidentiality of your medical record is also protected by federal privacy regulations, as described below.

Confidentiality of Your Study Information

Your study records include information that identifies you and that is kept in research files. We will try to keep this information confidential, but we cannot guarantee it. If data from this study are to be published or presented, we will first take out the information that identifies you.

Retention of Your Study Information

The study results will be kept in your research record for at least six years or until after the study is completed, whichever is longer. At that time either the research information not already in your medical record will be destroyed or information identifying you will be removed from such study results at NYU. Any research information in your medical record will be kept indefinitely.

Your HIPAA Authorization

A new federal regulation, the federal medical Privacy Rule, has taken effect as required by the Health Insurance Portability and Accountability Act (HIPAA). Under the Privacy Rule, in most cases we must seek your written permission to use or disclose identifiable health information about you that we use or create [your "protected health information"] in connection with research involving your treatment or medical records. This permission is called an Authorization.

If you sign this form you are giving your Authorization for the uses and sharing of your protected health information described below. You have a right to refuse to sign this form. If you do not

3 of 8 Subject's Initials: _____ Date: _____

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Approved: From: shbong To: 3/22/2006
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sign the form you may not be in the research program, but refusing to sign will not affect your health care (or payment for your health care) outside the study.

This Authorization will not expire unless you withdraw it in writing. You have the right to withdraw your authorization at any time, except to the extent that NYU has already relied upon it or must continue to use your information to complete data analysis or to report data for this study. The procedure for revoking your authorization is described below in Section K.

By signing this form you authorize the use and disclosure of the following information for this research:

- Your research record
- Clinical and research observations made during your participation in the research.

By signing this form you authorize the following persons and organizations to receive your protected health information for purposes related to this research:

- Every research site for this study, including this hospital, and including each sites' research staff and medical staff
- Every health care provider who provides services to you in connection with this study
- The United States research regulatory agencies and other foreign regulatory agencies
- The members and staff of the hospital's affiliated Institutional Review Board
- The members and staff of the hospital's affiliated Privacy Board
- Principal Investigator: Donald Rose, co-investigator: Montse Sanahuja
- Members of the Research Team
- Members of the NYU/NYUMC Clinical Trials Office/Office of Research and Sponsored Programs
- Data Safety Monitoring Board/Clinical Events Committee

If any of the companies or institutions listed above merges or is sold during the course of this research, your Authorization will cover uses and disclosures of your protected health information to the new company or institution that assumes responsibility for the research.

Please be aware that once your protected health information is disclosed to a person or organization that is not covered by the federal medical Privacy Rule, the information is no longer protected by the Privacy Rule and may be subject to redisclosure by the recipient.

I. COMPENSATION/TREATMENT IN THE EVENT OF INJURY:

All forms of medical (or mental health) diagnosis and treatment - whether routine or experimental - involve some risk of injury. In addition, there may be risks associated with this
4 of 8 Subject's Initials: _____ Date: _____

(IRB Official Use Only)

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NYU School of Medicine

study that we do not know about. In spite of all precautions, you might develop medical complications from being in this study.

If you sustain any injury during the course of the research or experience any side effect to a study drug or procedure, please contact the Principal Investigator Donald Rose or Montse Sanahuja at the following telephone number 212 598 6022. If such complications arise, the study doctor will assist you in obtaining appropriate medical treatment but this study does not provide financial assistance for medical or other injury-related costs. You do not give up any rights to seek payment for personal injury by signing this form.

J. VOLUNTARY PARTICIPATION AND AUTHORIZATION:

Your decision as to whether or not to take part in this study is completely voluntary (of your free will). If you decide not to take part in this study it will not affect the care you receive and will not result in any loss of benefits to which you are otherwise entitled.

You will be told of any significant new findings developed during the course of the research that may influence your willingness to continue to participate in the research.

Your decision as to whether to give your Authorization for the use and disclosure of your protected health information for this study is also completely voluntary; however, if you decline to give your Authorization or if you withdraw your Authorization you may not participate in the study.

K. WITHDRAWAL FROM THE STUDY AND/OR WITHDRAWAL OF AUTHORIZATION:

If you decide to take part in the study, you may withdraw from participation at any time without penalty or loss of benefits to which you would otherwise be entitled. You may also withdraw your Authorization for us to use or disclose your protected health information for the study. If you do decide to withdraw your consent, we ask that you contact Dr. Rose or Montse Sanahuja in writing and let him/her know that you are withdrawing from the study. His/her mailing address is 301 East 17th, NYC, NY 10003. If you wish to withdraw your Authorization as well as your consent to be in the study, you must contact Dr. Rose or Montse Sanahuja in writing. 301 East 17th, NYC, NY 10003

Remember that withdrawing your Authorization only affects uses and sharing of information after your written request has been received, and you may not withdraw your Authorization for uses or disclosures that we have previously made or must continue to make to complete analyses or report data from the research.

5 of 8 Subject's Initials: _____ Date: _____

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The Principal Investigator or another member of the study team will discuss with you any considerations involved in discontinuing your participation in the study. You will be told how to withdraw from the study and may be asked to return for a final check-up.

The study doctor may also decide to withdraw you from the study for certain reasons. Some possible reasons for withdrawing a subject from the study would be worsening health or other conditions that might make it harmful for you.

L. PERMISSION TO CONTACT YOU ABOUT FUTURE RESEARCH:

I authorize the principal investigator and his or her co-investigators to contact me about future research on dance injury and how it affects dancers within the Harkness Center for Injuries provided that this future research is approved by the original IRB of record and that the principal investigator and co-investigator are affiliated with the research protocol.

If I agree, then someone from Dr. Rose's research staff might contact me in the future and he or she will tell me about a research study. At that time, I can decide whether or not I am interested in participating in a particular study. I will then have the opportunity to contact the researcher to schedule an appointment to be fully informed about the research project.

I agree to be contacted by the Principal Investigator or Co-Investigators of the research study titled: (insert title of study)

I **do not** want to be contacted by the Principal Investigator or Co-Investigator of the research study titled:

Signature of participant or legal representative

Date

Your permission to allow us to contact you about future research would be greatly appreciated, but it is completely voluntary. If you choose not to allow us to contact you, it will not affect your care [or your child's care] at any of the NYUSM facilities. Please understand that giving your permission to do this is only for the purpose of helping us identify subjects who may qualify for one of our future research studies. It does not mean that you must join in any study.

M. CONTACT PERSON(S):

For further information about your rights as a research subject, or if you are not satisfied with the manner in which this study is being conducted and would like to discuss your participation

6 of 8

Subject's Initials: _____ Date: _____

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Approved: From: 3/23/2005 To: 3/22/2006
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H#: 12466

Consent Version Date: 02/03/05

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NYU School of Medicine

with an institutional representative who is not part of this study, please contact the Administrator, Institutional Board of Research Associates, Telephone No. 212-263-4110.

If you have any questions or sustain any injury during the course of the research or experience any adverse reaction to a study drug or procedure, please contact the Principal Investigator Donald Rose, or Montse Sanahuja at the following telephone number 212 598 6022.

AGREEMENT TO PARTICIPATE AND AUTHORIZATION FOR THE USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION:

Part of the consent process includes your Authorization to use Protected Health Information for the purposes of this study, as described above. If you do not want to authorize the use of this PHI, you should not agree to be in this study.

- I have read this consent form
or
 it was read to me by: _____

Any questions I had were answered by: _____

I am am not participating in another research project at this time.
(If yes, you should discuss this with your study doctor.)

I voluntarily agree to participate in this research program at:

- Hospital for Joint Diseases Orthopedic Institute;
 Other, please specify:

I understand that I am entitled to and will be given a copy of this signed Consent/Authorization Form.

By signing this Consent/Authorization form, I give my Authorization for the uses and disclosures of my protected health information as described above.

7 of 8

Subject's Initials: _____ Date: _____

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H#: 12466

Consent Version Date: 02/03/05

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WHEN THE SUBJECT IS AN ADULT:

Print Name of Participant
or Legal Representative*

_____/_____
Signature of Participant Date
or Legal Representative*

Print Name of Person
Obtaining Consent

_____/_____
Signature of Person Date
Obtaining Consent

[** When the elements of informed consent are presented orally to the subject or representative, a witness to the oral presentation is required. [NOTE: it is unclear whether HIPAA authorization may be presented orally - this might require an IRB waiver to permit alteration of the form of authorization]

Print Name of Witness**

_____/_____
Signature of Witness** Date

8 of 8

Subject's Initials: _____ Date: _____

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Approved: From: 3/23/05 To: 3/22/2006
The study expiration date applies for this form
Template rev. date: 6/9/2003
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Consent Form for Own Participation

Injuries can be very stressful to a dancer. We are currently trying to learn what speeds up and slows down dance injury recovery. The purpose of this study is to learn about **dance injury and how it emotionally affects dancers**. If you decide to participate in the study, you will be asked to complete some questionnaires. This will require approximately 30 minutes of your time. There are no foreseeable risks from your participation. The benefit of this study is that this information will help to develop support programs for injured dancers. Your participation in this study will be invaluable to us.

Your participation is completely **voluntary** and you will be free to refuse or stop at any time without penalty. All information will be number coded and **strictly anonymous and confidential**. Neither doctors nor physical therapists will have access to it.

If you have any questions later, please feel free to contact me.

Montse Sanahuja

Montsesm@blanquerna.edu

I (print name) _____ agree to participate in this study and understand that any information about me obtained from this research will be kept strictly confidential.

Signature _____

Date _____

Investigator _____

Date _____

Anexo 9. Ejemplos de comentarios de los participantes a las preguntas abiertas

Cuando se preguntó si los bailarines se sentían presionados a seguir bailando, los que contestaron afirmativamente manifestaron diversos motivos. Por una parte, habían bailarines que atribuían la presión a sí mismos: «Yo quiero bailar, la presión es de mi mismo¹», «Me encanta bailar y me empujaré a mí misma para continuar²» o «Es la mejor cosa que conozco en el mundo entero³.» Por otra parte, los siguientes comentarios ponen de manifiesto la presión externa: «todo el mundo me presiona⁴» o «el personal no entiende que algunas cosas pueden ser difíciles y te hacen pasar un tiempo difícil⁵.» Un tercer grupo de bailarines indicaba la pérdida de oportunidades, el sentimiento de responsabilidad hacia la compañía y hacia sus compañeros así como el temor de ser mirado de manera diferente. En la *tabla 1* exponemos algunos de los comentarios en español y el original en inglés a pie de página.

Tabla 1. Ejemplos de respuestas de los bailarines que se sentían presionados para seguir bailando lesionados

- | |
|---|
| <ul style="list-style-type: none">- No tomar clase o no bailar afecta a mis notas y no quiero arriesgar en tiempo, actuaciones, etc.⁶- Estoy preocupado por ser remplazado, porque otros piensen que soy un blandengue, porque afecte las probabilidades de ser contratado de nuevo por esta compañía⁷.- Parar me hará perder algunos papeles y ser mirado de manera diferente⁸.- No quiero perder la forma física o que piensen que soy un vago⁹.- Estoy a mitad de temporada con muchas representaciones a la vista y no me quiero perder ninguna¹⁰.- No quiero ser una carga para mis suplentes¹¹.- Los bailarines somos fuertes. Somos muy orgullosos y no hay suplentes en mi compañía.¹² |
|---|

¹ I want to dance, the pressure is from myself.

² I love dancing and I will push myself to continue.

³ It is the best thing I know in the whole world.

⁴ everyone pressures me.

⁵ Staff doesn't understand that some things may be difficult and give you a hard time.

⁶ Not taking class/dancing affects grades/credits & don't want to jeopardize on time, performing, etc.

⁷ Worried I would be replaced. Worried others would think I was a wimp. Worried it would affect my chances of being hired again by this company.

⁸ Stopping will make me lose parts and be looked at differently.

⁹ I do not want to get out of shape or be thought of as lazy.

¹⁰ I am in midseason with a lot of performances coming up and I don't want to miss anything.

¹¹ I don't want to burden my understudies.

¹² Dancers are tough. We have a lot of pride & my company has no understudies.

También obtuvimos respuestas de diferente índole cuando los bailarines explicaron los motivos por los cuales sentían miedo al comunicar al profesor o al director que estaban lesionados. Entre ellos destacan el temor a ser despedido, a no ser tomado en serio, a ser presionado para seguir bailando, a ser etiquetado y el deseo de no querer decepcionar e incluso el temor a ser forzado a cesar de bailar. En la *tabla 2* exponemos algunas de las respuestas de los bailarines que sintieron miedo de la reacción al comunicar la lesión al profesor/director.

Tabla 2. Ejemplos de respuestas de los bailarines que sintieron miedo de la reacción al comunicar la lesión al profesor/director

- Tenía miedo de ser despedido¹³.
- Quería ser tomado en serio y muchos profesores hablan con orgullo de bailar incluso lesionado¹⁴.
- ¿Confían en mí? ¿Piensan que soy un bailarín débil?¹⁵.
- Ciertos profesores fueron escépticos al principio¹⁶.
- Tienen a presionar a la gente para que baile lesionada¹⁷.
- Pensaba que estaría forzado a parar de bailar¹⁸.
- No quería ser etiquetado de vago¹⁹.
- No quiero decepcionar²⁰.
- Sentía que no me creerían²¹.
- No quiero perder mi estatus actual²².
- Aterrorizado²³.

A la pregunta sobre si la lesión les hacía replantearse su vida y o su identidad, los bailarines dieron diferentes respuestas que abarcan desde cambios en los objetivos dentro del campo de la danza (como, por ejemplo, la coreografía) hasta preguntarse si podrán volver a bailar y si seguían siendo bailarines en el caso de no bailar o incluso, si valía la

¹³ *I was afraid of being fired.*

¹⁴ *I wanted to be taken seriously and many teachers talk proudly about dancing through injuries.*

¹⁵ *Do they trust me? Do they think I'm a weak dancer?*

¹⁶ *certain teachers were skeptical at first.*

¹⁷ *They tend to pressure people to perform when injured*

¹⁸ *Thought I would be forced to stop dancing.*

¹⁹ *Didn't want to be labeled as slacker.*

²⁰ *Don't want to disappoint.*

²¹ *feel like they wouldn't believe me.*

²² *I don't want to lose my current status.*

²³ *Terrified.*

pena continuar bailando. En la *tabla 3* presentamos algunos de los comentarios de los bailarines.

Tabla 3. Ejemplos de comentarios de los bailarines que se replanteaban su vida y o su identidad a raíz de la lesión

- Sí, pero no me gusta afrontar el hecho²⁴.
- Estoy preocupado por si no podré hacer lo que me gusta al más alto nivel²⁵.
- Quiero estar sano, feliz y libre de dolor²⁶.
- No quiero vivir con dolor constante²⁷.
- Pienso si me recuperaré totalmente y qué haré si no puedo bailar profesionalmente²⁸.
- Dudo si me promocionarán o si tendré buenos papeles otra vez²⁹.
- Soy una persona fuera de la danza³⁰.
- No se puede bailar para siempre³¹.
- Inmediatamente tuve que hacer frente a cómo ganar dinero y si aún estaba considerado un bailarín a pesar de que no bailaba³².
- ¿Realmente vale la pena la danza?³³
- Dudo si continuar bailando o no³⁴.
- Me hace plantearme un plan B y verme en otras situaciones en la vida.³⁵
- Si no soy un bailarín, entonces ¿qué soy?³⁶
- Pensar por qué a mí³⁷.
- Necesito cuidar mejor de mí mismo³⁸.
- Me hallé a mí mismo pensando en ir a la universidad pero no me veo dedicándome a nada a parte de la danza³⁹.
- No sé qué hacer conmigo mismo o hacia donde se dirige mi vida.⁴⁰

²⁴ Yes, but I don't like facing the fact

²⁵ Worried that I won't be able to continue to do what I love at the highest level

²⁶ Want to be healthy, happy and pain-free

²⁷ Don't want to live with constant pain

²⁸ Wonder if I'll ever recover fully and what I will do if I can't dance professionally.

²⁹ If I will get promoted or get good parts again.

³⁰ I am a person outside dance

³¹ Can't dance forever

³² I was immediately faced with how to make money and if whether or not I was still considered a dancer even if I were not practicing.

³³ Is dance really worth it?

³⁴ To continue dance or not

³⁵ It makes me think about a plan B and see me in other "positions" in life.

³⁶ If I am not a dancer, then what am I?

³⁷ Wonder why me.

³⁸ I need to take better care of myself

³⁹ I found myself thinking about going to college but I can't see myself pursuing anything besides dance.

⁴⁰ I don't know what to do with myself or where my life is headed.

A la pregunta sobre si los participantes cambiaron su actitud hacia la danza como consecuencia de estar lesionado, los bailarines que contestaron afirmativamente aludieron a aspectos como valorar la salud, no depender tanto de la danza y apreciar aún más la danza.

En la *tabla 4*, mostramos algunos de los comentarios.

Tabla 4. Ejemplos de comentarios de los bailarines que cambiaron de actitud hacia la danza

- Pienso que un entrenamiento saludable es importante y no siento que todo mi entrenamiento haya sido saludable⁴¹.
- No lo necesito de la misma manera, ahora es algo que simplemente puedo escoger⁴².
- Ahora estoy más en contacto con mi cuerpo⁴³.
- Me hace depender menos en la danza para mi identidad y mis valores⁴⁴.
- No puedo esperar a volver, bailar será enormemente apreciado ahora⁴⁵.
- Ahora soy más mayor y no me quedan muchos más años. Lo echo terriblemente de menos⁴⁶.
- Intensificada- me hace más agradecida⁴⁷.
- He perdido algo o mucha confianza en bailar⁴⁸.
- Re-evaluar cómo funciona el cuerpo- aprender más...⁴⁹
- Hacer lo que te gusta y aún así, sufrir las consecuencias...⁵⁰
- ¿Es tan malo para el cuerpo humano?⁵¹
- Ser más consciente del problema inicial y siendo proactivo⁵².

⁴¹ I think healthy training is important. I don't feel that all my training was healthy.

⁴² I don't need it the way I used to, now it's something I just may choose to do.

⁴³ I am more in touch in my body now.

⁴⁴ makes me depend on it less for identity/self-worth.

⁴⁵ I can't wait to get back, dancing will be greatly appreciated now

⁴⁶ I'm older now & don't have many more years left. I miss it terribly.

⁴⁷ Intensified- makes me more grateful

⁴⁸ I have loosed some or a lot of my confidence in dancing

⁴⁹ Re-evaluate how the body works- learn more...

⁵⁰ To do what you love yet suffer consequences

⁵¹ Is it so bad for the human body?

⁵² Being more aware of the initial problem and being proactive.

Algunos bailarines se animaron a asumir otros roles dentro de campo de la danza, como coreografía, enseñanza, u otros como mostramos en la *tabla 5*.

Tabla 5. *Algunos de los roles que los bailarines estaban inspirados a asumir*

- Quiero ayudar a entrenar a bailarines, a saber más sobre sus cuerpos: técnica correcta, dieta adecuada y una competencia de salud general⁵³.
- También quiero trabajar como coreógrafo o productor, asumiendo un rol de mayor liderazgo que antes⁵⁴.
- Es necesario asumir otros roles⁵⁵.
- Estoy pensando en una nueva carrera en gestión de artes⁵⁶.
- Interesado en aprender más anatomía⁵⁷.
- Absolutamente. Bailar es una carrera corta por las lesiones⁵⁸.
- Acabo de empezar a pensar en ello porque veo que tardo más en curarme de lo que había pensado⁵⁹.
- Más coreografías, más instrucción, que bailar⁶⁰.
- Masaje terapéutico quizás⁶¹.
- ¿Convertirse en profesor?⁶²
- No solamente pienso en la danza, pienso también en el entretenimiento en general⁶³.

⁵³ *I want to help train dancers to know more about their bodies: proper technique, proper diet & overall health competency*

⁵⁴ *I also want to work as a choreographer & producer- taking on a more leadership role than before.*

⁵⁵ *It's necessary to assume other roles*

⁵⁶ *I'm thinking of getting a new career in arts management.*

⁵⁷ *interested in learning more anatomy.*

⁵⁸ *Absolutely. Dancing is a short career because of injury.*

⁵⁹ *I just start thinking about it because I see that to get cured it takes longer than I thought.*

⁶⁰ *More choreographies, more instruction, than dancing.*

⁶¹ *massage therapy maybe.*

⁶² *become a teacher?*

⁶³ *Not solely dance, but entertainment in general.*

Anexo 10. Tablas de Resultados

Tabla 1. Comparación de medias en bailarinas femeninas.

Variables Dependientes	Estadístico	P	Medias PD	
			Clínica	Universidad
Instrumental	U=433	0,010	30,79	25,66

Tabla 2. Comparación de medias entre bailarines que tenían más de 3 horas de clase diarias.

Variables Dependientes	GI	Estadístico	P	Medias PD	
				Clínica	Universidad
Fatiga	27	t=2,800	0,009	6,29	13,14

Tabla 3. Comparación de medias en bailarines en función de si realizaban otro tipo de ejercicio físico a parte de danza.

Variables Dependientes	Estadístico	P	Medias PD	
			Sí	No
Desesperanza	U=545	0,007	3,13	4,81

Tabla 4. Comparación de medias en bailarines en función de si tenían experiencia profesional.

Variables Dependientes	Estadístico	P	Medias PD	
			Sí	No
Confusión	U=604,5	0,036	8,83	10,75

Tabla 5. Comparación de medias en bailarines en función del inicio de la lesión

Variables Dependientes	Estadístico	P	Medias PD	
			Agudo	Sobrecarga
Instrumental	U=124	0,033	31,46	26,84

Tabla 6. Comparación de medias entre bailarines con lesiones crónicas.

Variables Dependientes	Gl	Estadístico	P	Medias PD	
				Clínica	Universidad
BDI-II	39	t=2,304	0,027	13,74	8,28

Tabla 7. Comparación de medias en función de si los bailarines empleaban un soporte físico adicional.

Variables Dependientes	Gl	Estadístico	P	Medias PD	
				Sí	No
P. Emocional	84	t=2,094	0,039	27,58	24,13

Tabla 8. Comparación de medias entre bailarines que no comunicaron la lesión al profesor

Variables Dependientes	Gl	Estadístico	P	Medias PD	
				Clínica	Universidad
Instrumental	35	t=3,179	0,033	30	21,71

Tabla 9. Comparación de medias entre bailarines que no continuaron bailando al estar lesionados.

Variables Dependientes	Gl	Estadístico	P	Medias PD	
				Clínica	Universidad
Depresión POMS	28	t=2,849	0,008	8,25	17,14

Tabla 10. Comparación de medias entre bailarines que continuaron bailando al estar lesionados.

Variables Dependientes	Gl	Estadístico	P	Medias PD	
				Clínica	Universidad
Depresión POMS	55	t=2,330	0,024	18,44	11,53