

SCENE

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APRIL 23, 2008

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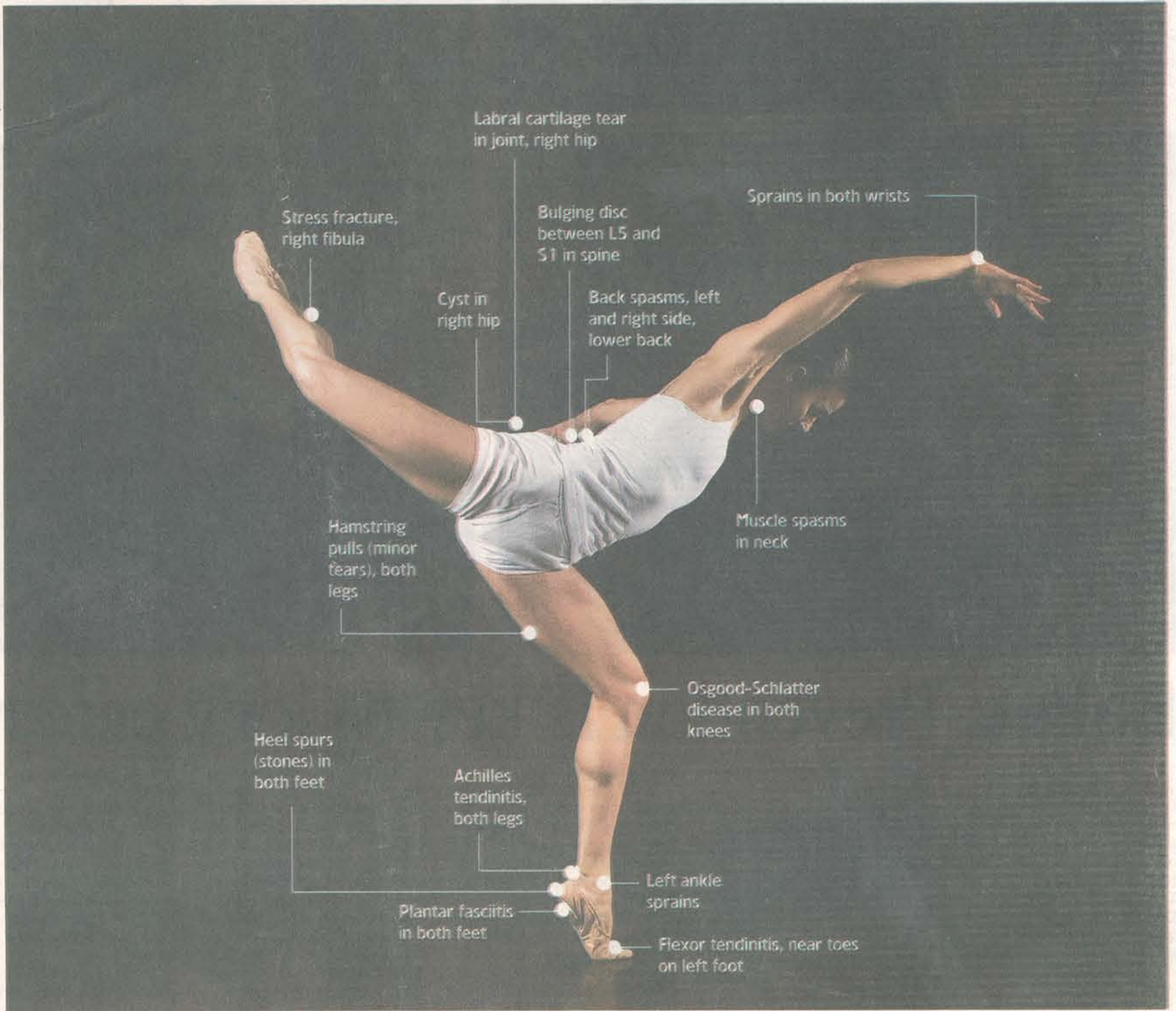


Photo illustration by Susan Ballenger/sballenger@sacbee.com; from photograph by Jay Mather/Sacramento Bee file photo, 2007
At 30, Sacramento Ballet dancer Ilana Goldman has experienced a lifetime of dance-related injuries that would sideline many athletes.

PLIÉ-ING WITH PAIN

Ballet dancers often have to perform
— and gracefully — with
an assortment of injuries

By Sam McManis
smcmanis@sacbee.com

She looked down at her feet. Not out of embarrassment, really. Merely because it was a convenient place to start.

But, yeah, Ilana Goldman does appear slightly abashed when asked to recite her litany of injuries, feet to neck, experienced during a ballet career that began with the Maryland Youth Ballet, continued at the Juilliard School and includes tenures with the Oakland and Sacramento companies.

Goldman, 30, now is blissfully injury-free. But she, like her fellow dancers at the Sacramento Ballet, is nearing the end of a six-month season, so the cumulative effect is taking a toll. Not that you'll see it on the stage this weekend, when the "Modern Masters" begins its run at the Community Center Theater. Ballet dancers are expert at making the painful seem graceful.

So, Ilana, tell us where it hurts ...

"OK, well, this is going to be depressing," she says, smiling. "It's absolutely ridiculous."

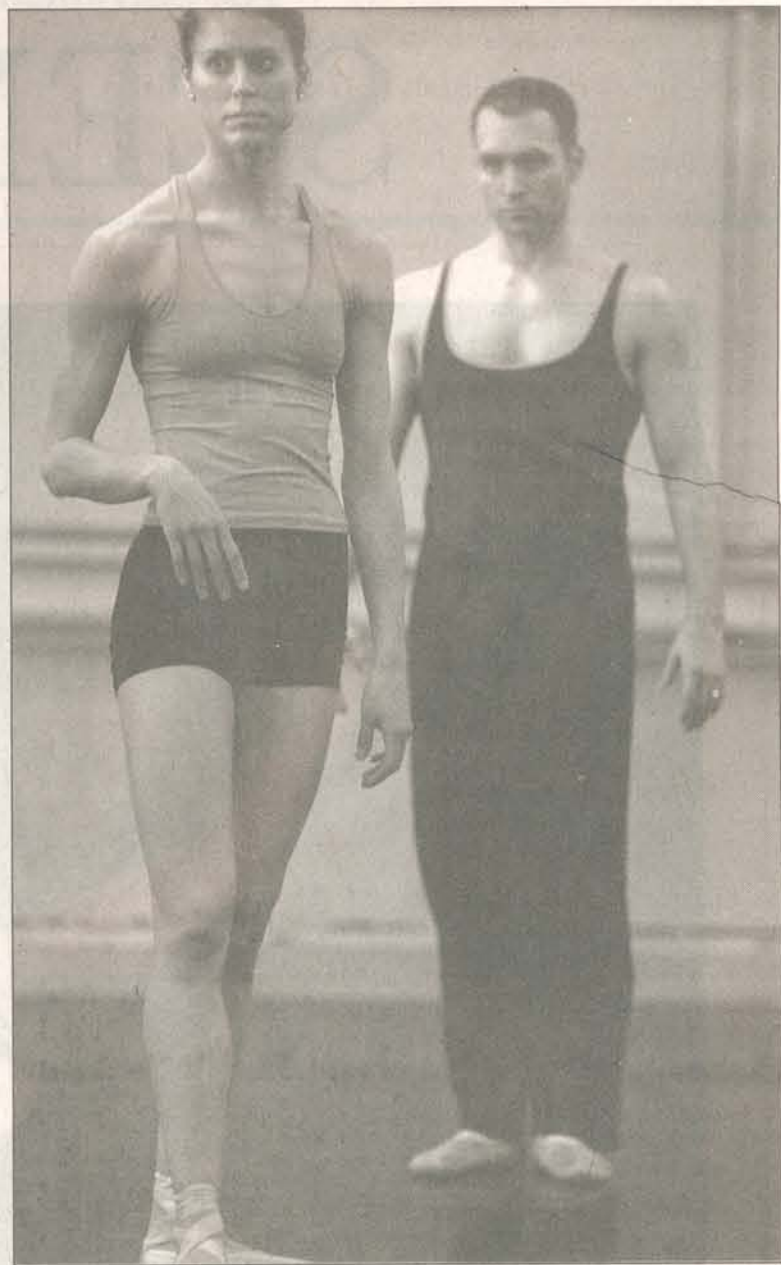
Then she took a deep breath and plunged ahead.

"I've sprained my left ankle nine times. I've had Achilles tendinitis and flexor tendinitis in my left foot.

► BALLET, page E2

Heidi Zolker's feet, right, show the wear of 15 years of ballet. Below, Sacramento Ballet physical therapist Eve Martinez tends Nicole Trerise's strained tendon. Dancers Ilana Goldman and Jack Hansen, far right, have sustained numerous injuries during their careers.

Carl Costas/ccostas@sacbee.com



MODERN M

WHAT: Six dances by visiting choreographer premiere performance at the Sacramento Ballet. SATURDAY, 8 p.m. SUNDAY, 7:30 p.m. MAY 3 and 2 p.m. Sacramento

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For female dancers, fitted pointe shoes increase the chance of injury.

Don't let a become a doctor ad

What can do to prevent treatment in

"Many dance injuries are avoided with improved strength and better technique," writes Dr. Nancy Kadel, a prevention guide for the American Orthopedic and Ankle Society.

Once a young dancer is injured, immediate treatment is needed.

"It's important for dancers to listen to their bodies," Kadel recommends. "If an injury should be treated early, it can prevent further damage. Injuries that happen when a dancer returns from vacation or creates their rehearsal schedule can be prevented by seeing a physician who specializes in dance movement and show them the signs of creating the pain."

The organization has a list of preventive measures:

- Follow good technique to allow for proper healing.

- Rest when possible.
- Stay hydrated.
- Stretch daily.
- Don't plunge into new techniques, but rehearse movements gradually.

- Understand that aches and pains are normal. There are times when attention is necessary. If an injury affects performance, such as tingling, weakness, or swelling exists, or more than three days of pain.

Another important tip for dancers beginning pointe (usually a properly fitted pointe shoe), Kadel's recommendation is that a dancer should first experience pointe and let her teacher fit before sewing. Different brands of shoes and what a dancer may not wear.

Ballet: Prevention is key to long career

► FROM PAGE E1

When I was younger, I had Osgood-Schlatter (disease) in my knees. Hamstring knots and pulled hamstrings. Not major tears, just smaller ones. A labral (cartilage) tear in my right hip. There was a cyst in my right hip. I don't know if it's still there, but when they did the MRI, it showed a cyst in the socket ..."

She paused a beat, then continued.

"I've had numerous back spasms, a disc bulge behind L5 and S1 (in her lower back). And I've sprained my wrists, both of them. And I've had a lot of small injuries I don't need to mention, but those are the big ones."

Gee, is that all?

"Well, I've also had plantar fasciitis and heel (stones) that made it hurt to stand. ... Oh, and I had stress fracture in my fibula. Right leg. That was around the same time as the hip thing."

Goldman didn't mention a spate of neck spasms earlier this year that rendered her temporarily unable to turn her head. But Dr. David Gunther, the on-call chiropractor for the Sacramento Ballet, certainly remembers it.

"She came into my office spasmed up, totally locked up, a day before she had to perform choreography for Trey McIntyre, who was flying in to work specifically with her," Gunther recalls. "I did all I could. I said, 'Ilana, is there any way to reschedule?' But she worked through the pain."

"Later, when I saw the performance (of Goldman in McIntyre's 'Wild Sweet Love'), I couldn't believe what she had to do. She was throwing her head and neck around in extreme ways."

From Gunther's view, anyone who doesn't consider ballet dancing a grueling test of physical prowess just isn't paying attention.

"I've worked with lots of athletes in my career," he says, "and these guys deal with injury as well as anyone. I can't tell you how many times a dancer comes to me Monday morning for injuries they've worked through all weekend."

"Onstage, you can't tell anything's amiss. But I'm thinking,

'Man, how did you do that in the state you're in?'"

As brutal as football

Ballet deals in the illusion of control and ease of movement. But the leaps and lifts, the hip turnouts and grand pliés, and sheer repetition of steps and stretches places ballet near the top of a list of physically demanding activities, according to a landmark 1975 Journal of Sports Medicine survey.

So step off, football jocks. The ballerina needs the physical therapy table more than you do.

And the Sacramento Ballet's battle wounds during the 2007, though hardly more severe than any other company, reads like a sports injury list.

Dancer Sebastian Rousseau ruptured his Achilles tendon in January while rehearsing for "A Streetcar Named Desire" and was lost for the season. He's had two surgeries and may not be ready for next season.

And did you know that lead performer Jack Hansen has danced through painful plantar fasciitis in both feet? Or that Gabriel Williams' back seizes up sometimes during partnering? Or that Nicole Trerise was so hobbled by a strained tendon in her foot at a matinee of "The Sleeping Beauty" that she wasn't sure if she could do the second show? (She did it, by the way.)

According to a recent study in the Journal of Orthopaedic Sports Physical Therapy, the annual injury rate at classical ballet companies ranges from 67 percent to 95 percent.

"And those are just the injuries in which (dancers) had to take a day off," says Dr. Nancy Kadel, an orthopedic surgeon at the University of California, San Francisco and a former ballet dancer. "That's not counting the pain they dance through daily."

Kadel says that, unlike professional sports teams, many classical ballet companies don't have the money for on-site doctors and physical therapists. The Sacramento Ballet does employ a physical therapist, Eve Martinez, who has her own practice in Sacramento and Elk Grove. Gunther is the on-call chiropractor, and the company's health insurance covers visits to an

orthopedic specialist.

"I think companies are realizing now that if they want to have dancers perform for a long time, they need to be proactive," says Hansen, assistant ballet master and lead performer for Sacramento Ballet since 2000.

Martinez, who has worked for the ballet since 2006, says her role is different than at her private practice. There, she wants to get people healthy and restore full range of motion. With dancers, she says, it's "maintenance."

Try telling a dancer with a chronic injury that she really needs to rest for three weeks to be pain-free. Not gonna happen.

"So I'm giving them practical things to do to minimize the condition, if possible, and undo the damage, if possible," Martinez says. "I want to get to them before they get to the point where they can't get out of bed."

Dancing through the pain

Such is the mind-set of a dancer that not performing usually is not an option unless an injury renders you immobile.

Hansen, 36, is a good example of gritting teeth and pushing through. He's had significant plantar fascia pain - tissue inflammation along the foot arch - for more than four years.

His options were surgery or a stopgap measure of ice, anti-inflammatory medicine and tightly taped arches. He chose the latter because, well, he was in his early 30s when the condition took hold, and he wasn't sure he could come back from surgery.

"The reality is, you will be replaced if you can't dance," Hansen says. "That's why we dance through injuries. For me, all I care about is being onstage and performing for people. I'd work through anything to keep dancing."

Hansen is retiring from dancing in leading roles after this season because of the lingering injury. It's finally become too much.

Out of sight, out of mind

Kadel, from the perspective of an ex-dancer and orthopedic surgeon, knows a performer's mind-set.

"A lot of dancers are wary to see an M.D.," she says. "I mean, after my name it says 'surgeon,' so they don't want to come see me. They don't understand that I rarely operate on dancers. The whole goal is to get them back with physical therapy."

But if surgery is required? "It's usually at least six months before you get back to performance level," Kadel said. "In that time, someone takes your spot and you get forgotten about."

And because a dancer's career window is small - generally from ages 18 to 35 - many say prevention is the key to a long career.

That involves more than just the standard morning class to stretch and work muscle groups before the hours of rehearsal. Many dancers have turned to cross-training such as yoga, Pilates and weight lifting to increase core muscle strength.

Williams' back spasms come, he says with a smile, "from throwing girls around and trying to move at the same time." So he practices a regimen of push-ups, pull-ups and weight lifting.

Cross-training or not?

"It's important to do, but it's still not a guarantee I won't get hurt," says Williams, 28. "The thing about dancers is, we're asked to do things that are outside the norm."

Not going to the gym has apparently hurt the company's newcomer, John Speed Orr, 20. "This is the first year I haven't been going to the gym and (back spasms) happened," he says.

A big proponent of outside work is Merrett Miller, who joined the Sacramento Ballet in 2004. She's a certified Pilates and Gyrotonics (machines that hasten flexion) instructor, but all the cross-training in the world wouldn't help what Miller, 26, calls "terrible tendinitis" in her ankle three years ago that severely limited her range of motion doing pliés, relevés and jumps.

Eventually, a chiropractor placed a strap around Miller's calf and ankle and, well, pulled on it until "the talus bone started sliding. Before then, the bones were hitting." After retraining

her ankle muscles, she's been pain-free.

As is Goldman, the dancer with the lengthy injury history. Except for the acute neck pain, she says she's never been healthier. And that's unusual, she says, because this is the first year she hasn't undergone a strict fitness regimen. She wonders if there's a correlation.

"In the past, I've done a lot of physical therapy and conditioning exercises, Pilates-type of things," Goldman said. "I used to be very religious about it. But maybe with my body type - tight and more muscular - it might create an imbalance by doing exercises that causes more problems than it prevents."

"Still, stretching is critical for me. Some people can just walk in the door for rehearsal and do it. I have to warm up 45 minutes every morning before class, which is supposed to be our warmup."

Even with her bulging medical file - the fractured fibula, torn hip cartilage, sprained ankles and nausea - Goldman's longest stretch without dancing has been less than six months.

And as for long-term effects - several notable ballerinas have had hip replacements in their 50s - Goldman is optimistic.

"I think about it sometimes," she says. "But, actually, I feel so fortunate to be able to use my body all day actively. I feel maybe I'm at an advantage to a normal person who sits at a desk all day. The toll that dancing's taken on my body is worth it compared to the positives."

Call The Bee's Sam McManis, (916) 321-1145.

SETTING IT STRAIGHT

It is The Bee's policy to acknowledge errors promptly. Errors in the daily Scene and weekly features sections will be corrected on Page 2 of section A as well as on this page. Errors found in features sections should be called to the attention of Assistant Managing Editor Pam Dinsmore, (916) 321-1024 or pdinsmore@sacbee.com.

Solution to Tuesday

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