

serTA Workshop – Sunday 16th March 2025

“Feet and dancing”

Presenter – Laura Brown, Exeter Branch

Following on from her article in the Scottish Country Dancer no 38, April 2025, Laura started her session with details of her background from childhood dancing to 25 years working with the NHS.

The presentation was split into 5 parts:

- 1) Anatomy and Physiology
- 2) Scottish dancing and the lower limbs
- 3) Common foot problems and injuries
- 4) Preventing problems
- 5) When to seek help

- 1) **Anatomy and Physiology:** The complex nature of the foot was emphasised with 28 bones, 33 joints and 112 ligaments. The foot has to adapt to other issues going on further up the body with knees, hips and the person’s gait. Laura detailed the problems caused by over Pronation) and Supination explained the cycle of foot movements in walking.
- 2) **Scottish dancing and the lower limbs:** Scottish dancing, with its repetitive movements and high loading causes more stress through the leg and foot. Scottish dancing shoes with minimal cushioning and support, can increase problems. The calf muscles and Achilles work together during take-off and landing. Turn-out from the hips was stressed and the need to keep the foot knees and hips in alignment. Equally important was good posture with a neutral pelvis and shoulders over the hips.
- 3) **Common injuries were listed including:**
 - Achilles Tendonitis. The Achilles has a poor blood supply and was slow in healing. The need for a good warm-up was stressed.
 - Calf-strain caused by overuse and poor technique.
 - Plantar Fasciitis: Problems with the sole of the foot can be intensely painful, exacerbated by poor technique, overuse and unsupportive or cushioned footwear. Steroid injections may help if other exercises fail to improve the condition. Self-help could include cold therapy (rolling the foot over a cold can of beans kept in the fridge for the purpose) or using a towel stretch.
 - Metatarsalagia: This is pain in the ball of the foot across the metatarsal joints.
 - Morton’s Neuroma: This is painful condition caused by inflamed nerve between the 3rd and 4th toe joint. This can be exacerbated by shoes that are too narrow. Better supportive footwear helps.
 - Osteoarthritis, resulting in reduced joint space causing bone on bone contact. If this starts then encourage flexibility in all joints.
 - Ingrowing toenails can be a problem exacerbated by ill-fitting shoes and incorrect cutting of toenails.
 - Toe deformities, including bunions and calluses.
 - Blisters: Caused by rubbing and ill-fitting shoes.

The risks of injury were highlighted and increased by some medical conditions including diabetes and arthritis. Older age was also a factor in increased risks and poor technique as was dancing on harder floors or slippery floors or sticky floors. Diabetes creates a reduced nerve supply to the foot and therefore reduced sensations. It changes the foot shapes, causes dry skin and also gives a reduced blood supply and a slower healing rate.

- 4) **Preventing problems:** The key was good foot-care and good use of warm-up and cool-down times. Other tips included straight cutting of the big-toe-nail and wearing the correct size of shoes that did not construct the foot. There should be a 1 to 1.5mm gap at the toe-end of the shoe and a good width. There should be good cushioning and not too flexible. The correct socks were also important. It was suggested standing on a piece of paper, drawing around the foot and then seeing if the cut-out would fit into the shoe. The choice of dance footwear was important. The laced ghillie gives more support and should ideally accommodate a cushioned insole. The difference between a full and split sole was mentioned; the split sole providing greater ability to point, but less support. There were also options for footwear between straight or left/right last. Other options were Jazz shoes, Greek sandals and dance trainers. All had pros and cons depending on your health, age and style of dance you were doing. Laura stressed the need to try different styles, try different hosiery, choose the most cushioning and wear-in new shoes gradually.

It was pointed out that the RSCDS were currently updating its recommendations for warming-up and cooling down correctly to avoid injury and to prepare the joints and muscles for dancing activity. Always consider the age and fitness of the dancers, the time of year and temperature in the hall, injuries among participants and what is to be taught. When warming-up pay attention to correct alignment and posture, be methodical, avoid tilting the head back, avoid stress on the lower back and avoid static stretches in a warm-up.

There was a break in the presentation for those present to do a couple of dances by Duncan Brown. The Dunnington Strathspey S3x32 Dunnington1 and Ruth's Jig J8x32 Dunnington 2

- 5) **Seeking help for problems:** For minor strains then rest at home helps. If there is no improvement in a couple of weeks then seek professional help. For foot problems, see a podiatrist and check out the Royal College of Podiatry website. Always turn up in time for the warm-up, choose dance shoes that are appropriate for your feet and the type of dancing, declare any health conditions and take good care of your feet.

Cindy Clarke