Dance/USA
Task Force on Dancer Health

BEHIND THE CURTAIN:
A Dancer's Guide to Workers' Compensation

Professional dancers have very high physical and mental demands due to the nature of their work. Although many dancers do not think of what they do as "work," dancers who are injured while working have the same legal rights as anyone else who is hurt on the job. This guide gives a basic, plain-language overview to help dancers understand how workers' compensation functions in the United States.

Rules and coverage vary by state and employer, so it's important to talk with your company manager or Human Resources (HR) department and review your state's guidelines. Coverage is not universal, particularly for part-time, project-based, or contract work, so dancers should confirm their coverage status directly with their employer. Some terms in this guide may be slightly different depending on where you live, but the main ideas are usually the same.

WHAT IS WORKERS' COMPENSATION?

Workers' compensation is a type of insurance that helps pay for medical care and part of your lost income if you are injured or become ill because of your job.

It began in the United States in the early 1900s to protect workers in physically demanding jobs. While the system has changed over time, it is still considered a "no-fault" system. This means you can receive benefits no matter who caused the injury. You do not need to prove that anyone did something wrong.

For professional dancers, parts of this system may feel confusing or frustrating. Many rules were developed for labor or office workers and not designed with dance in mind. Understanding how the system works can help you know what to expect and reduce stress after an injury.

WHAT TYPES OF PROBLEMS ARE COVERED?

Most work-related injuries fall into one of these categories:

- **Specific Event:** These happen suddenly, such as twisting an ankle during a jump or landing. These claims are often easier to process because the injury has a clear starting point.

- **Occupational Exposure:** These develop over time, such as tendinitis or bony stress injuries. These claims may take longer because the insurance company may look into whether other factors, like past injuries or other jobs, played a role.

If an injury is not work-related, you may still use your regular health insurance or employer-provided resources, such as on-site care. Be aware that health insurance companies often recover payments later if they decide care should have been covered by workers' compensation. If you are unsure whether to open a claim, talk with your physician or medical team early to avoid unexpected bills.

WHAT ABOUT PRE-EXISTING PROBLEMS?

Some injuries are completely new. Others involve an older problem that becomes worse. For example, a dancer may have early joint wear and tear changes with little pain at first. If that area later becomes painful, stiff, or swollen after rehearsals or performances, it may qualify for workers' compensation care as a worsening of a pre-existing condition.

Having a prior injury does not prevent you from getting care. However, it is important to tell your medical team about past injuries early. This allows the correct paperwork to be completed. If older issues are discovered later, care may be delayed or denied.

OPENING A CLAIM

Depending on the state and the insurance, dancers may be able to choose their own clinicians, or the employer may be required to choose the medical path. Either way, any care you receive can only be billed through insurance using the workers' compensation program, not your private insurance. It is important to confirm that each clinician you see has the correct workers' compensation claim information and that they have experience with these types of claims.

To open a claim:

1. **Report the injury to your employer.** All injuries should be reported, even if they seem minor at first. Each company has its own process, but reports are often made to company management. Reporting the injury to your employer is often necessary before treatment can begin. In emergencies, seek medical care first and handle paperwork afterward. In some states, a "record or report only" may be recommended prior to a full report. Your medical team can guide if this is applicable or recommended for you.
2. **Document everything.** Write down when the injury happened, what you were doing, which body parts were affected, any witnesses, and whom you told. Injuries that worsen over time are much easier to manage when early documentation exists.
3. **Get medical care.** Opening a claim usually requires a physician to complete necessary paperwork and provide a medical diagnosis such as a sprain, strain, or contusion. Once a

diagnosis is accepted, all providers must use the same diagnosis in notes and billing. Listing only symptoms like “ankle pain” can delay care approval.

4. **Complete all necessary paperwork.** Assume the person reviewing your claim knows nothing about dance. List all affected body parts and avoid dance jargon. Adding new body parts to a claim later is difficult and not always approved.
5. **Open Communication**. The entire team is working to get a dancer back to dancing as soon as it is safe to do so. Ultimately, it is the dancer’s responsibility to follow up with the team, and this process works best with collaboration and communication.

Employers generally have access to medical records related to work injuries, including activity restrictions. While this may be surprising, it should not discourage dancers from seeking care. Best outcomes occur when dancers, clinicians, and employers work collaboratively.

KEY PEOPLE IN A WORKERS’ COMPENSATION CLAIM

Claims Manager: *(sometimes called a claims adjuster or case manager)*
The claims manager oversees your claim. They are not medical providers, but they make decisions about what care is approved and whether you qualify for wage replacement benefits. They may consult nurses or doctors who review records, but the claims manager is usually your main contact. Keep the claims manager’s name and contact information handy so you can reach them if needed and share it with your care team.

They can help explain:

- What treatment has been authorized
- Your official work restrictions
- Whether you qualify for wage replacement benefits
- What paperwork is needed and when

Wage replacement benefits, also known as time-loss payments, may replace a percentage of your average wages, but only when your doctor certifies that you cannot work due to the work injury. The exact amount varies by state and how many dependents you claim on your taxes. Because many dancers have more than one job, incomplete income reporting can lead to payment problems. Completing all necessary paperwork and asking questions early can prevent delays.

Attending Physician: *(sometimes called the physician on record)*
The attending physician is the doctor who manages your injury from a medical standpoint and is responsible for your claim. They:

- Diagnose and treat your injury
- Complete workers’ compensation paperwork
- Set and update activity restrictions
- Communicate with the claims manager

You may have the right to choose your attending physician. It is best to choose someone early who understands dance and can manage the claim from start to finish. Changing doctors multiple times is not always possible and can delay care or complicate your claim.

Dance Medicine Team
All treatment must be ordered by the attending physician and approved by the claims manager. Similar to care received through regular insurance, the dance medicine team may include other medical and rehabilitative professionals, such as:

- Physical Therapists
- Athletic Trainers
- Occupational Therapists
- Chiropractors
- Speech/Language Pathologists
- Acupuncturists
- Massage Therapy Practitioners
- Registered Dietitians *(often not covered)*
- Mental Health Professionals
- Consulting physicians who give opinions but do not manage the claim

Some workers' compensation claims include extra services to help you safely return to work. Availability varies by state and individual circumstances.

- Vocational counselors help with job planning if returning to dance is delayed or not possible.
- Nurse case managers help coordinate communication in complex cases.
- Work hardening or work conditioning programs offer more intense therapy that focuses on helping you get strong enough to return to work.

MAINTAINING A CLAIM

How to Keep Your Claim Open While You Still Need Care
To keep a claim open, you must stay actively involved in care. This usually means seeing your attending physician every 4 to 6 weeks. If too much time passes between visits, the claim may be closed even if you are still injured. Following the treatment plan is critical. Missing approved tests or therapy visits can lead to denial of future care.

At each medical visit, your physician will typically review:

- Work status and restrictions
- Approved treatment
- Needed testing or imaging
- Any paperwork requests

Independent Medical Examinations (IMEs) are one-time exams by a doctor who is not treating you. They are often requested later in a claim. It can help to bring a short summary of your care

and to clearly explain why professional dance requires high strength, stamina, and physical control. Your dance medicine team can also help you create a list of clear, measurable goals for ongoing treatment. IMEs can be stressful, especially if they make recommendations to limit further care. During the exam, it is important to be calm, honest, and professional. If you or your doctor disagrees with the results, there are usually options for review or appeal.

Completing Paperwork Is Important

Workers' compensation claims involve a significant amount of paperwork, and completing required forms on time is essential for care to move forward. Make sure your claims manager has your current mailing address and contact information. Important notices are often sent by mail and have questions with quick deadlines. Failure to respond in a timely fashion can result in a claim being closed, even if treatment is still needed.

Most claims require:

- An initial form to open or activate the claim
- Ongoing forms that document work or activity restrictions

The names and formats of these forms vary by state, but they serve similar purposes. If you are unsure what a form means or how it affects your care, your attending physician or claims manager can usually explain it. Staying organized, responding promptly to requests from your claims manager, and asking questions early can prevent delays or interruptions in both medical care and income support.

Understanding Treatment Authorization

Workers' compensation usually covers approved medical care without co-pays. However, most treatments need prior authorization before they can begin.

In most cases, two steps are required:

1. A medical referral from your attending physician
2. Approval from the claims manager

Both steps must be completed before starting treatment, even for care that feels routine. Your medical team can help make sure the correct referrals and approvals are in place.

If approval is delayed or denied, some clinics may offer self-pay options so care can start sooner. This can be helpful in certain situations, but it should be discussed carefully with your medical team.

It is usually not allowed to bill regular health insurance for care related to a work injury while a workers' compensation claim is open. In some cases, seeking care outside the claim can create legal or administrative problems, including possible claim closure. Always check with your care team before moving forward.

EMPLOYMENT CONSIDERATIONS

What if I find a new job?
If a dancer changes employers while a workers' compensation claim is still open, the claim follows the injury, not the job. This means the original claim continues to be managed by the workers' compensation insurer from the prior employer. A new claim is not opened with the new company for the same injury if the original claim remains active.

Some dancers choose to close a claim before transitioning to a new position, particularly if symptoms have stabilized. This decision should be discussed carefully with the attending physician and care team, as closing a claim may limit access to future treatment related to that injury.

When should I go back to work?
Decisions about return to work are made in collaboration with the attending physician, based on medical progress and functional readiness.

Depending on the state, the employer, and the nature of the role:

- Some dancers may be allowed to return in a modified capacity (for example, limiting partnering, jumps, or rehearsal hours).
- Other positions may require a dancer to be fully unrestricted before returning to work.

Clear communication among the dancer, medical team, employer, and claims manager is critical to a successful and sustainable return. In situations where a return to the original role is not possible, dancers may need to explore alternative or transitional employment options. Claims managers can often help identify available resources, including vocational services, to support these transitions.

CLOSING AND REOPENING CLAIMS

Maximal Medical Improvement
A claim is usually closed when you reach **maximal medical improvement (MMI)**. This means further active treatment is unlikely to improve your condition. After MMI, maintenance care such as massage is usually not covered.

If a permanent impairment exists, your doctor may complete an impairment rating. These ratings are based on things that can be measured objectively, such as strength or range of motion, and often do not reflect your daily pain levels or the physical demands of dance. It is specific to the area of injury, so if you have multiple injuries, there may be more than one impairment. Some dancers receive limited financial compensation if earning ability is reduced.

Reopening a Claim

Reopening a claim usually requires clear evidence that your condition has worsened, such as:

- Increased swelling or inflammation
- Loss of strength or motion
- New imaging findings

Pain alone can be hard to use as evidence for a worsening condition. Rules vary by state. Your attending physician can help you understand your options. If you have a new injury, it is often better to open a new claim.

FINAL THOUGHTS

It is important to remember that your entire team is working together to get you better and back to dancing as quickly and as safely as possible. Navigating health insurance in the United States is complicated, and workers' compensation is just one type of health insurance - not necessarily better or worse than some others. However, many dancers may not have had to handle complicated approvals, denials, and appointments with their regular insurance and can start feeling negatively about this process. Relying on a good team can help with this stress. Workers' compensation can be challenging, but you can protect yourself by:

- Staying organized
- Keeping track of paperwork and deadlines
- Asking questions early if something is unclear
- Communicating regularly with your medical team, employer, and claims manager. Do not assume everyone knows what is happening.

Most dancers will not need a lawyer to manage a workers' compensation claim. If problems do arise, some performing arts organizations offer free or low-cost support, including resources through the Entertainment Community Fund.

Disclaimer: The information on Workers' Compensation contained in this paper is intended to help guide and inform the dancer. It is not meant to take the place of the advice of a medical professional. This information is provided by the Dance/USA Task Force on Dancer Health.

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