

Texas A&M University Dance Program
Return to Dance Form

Name: _____ Date: _____

UIN: _____ Classification : _____

Phone: _____ Email: _____

Dance Program Classification (check one):

BS in KINE: Dance Science

Dance Concentration

Dance Minor

Date of Injury: _____ How long have you been off? _____

What was your injury?

Have you had physical therapy to rehabilitate your injury? Yes No

Have you done your physical therapy according to your doctor's instructions? (be honest)

Yes No

You need a plan on how to return to dance in a safe way. If you have been out for several weeks, it is not a good idea to start full fledge back into dance. Describe your plan to return to dance in a progressive and safe way. Talk this out with your doctor and/or other professional. (Attach additional information as needed)
