

SET DANCING FOR PEOPLE WITH PARKINSON'S DISEASE:

an information resource for
Irish set dancing teachers

*"Set dancing...
it gets into
your feet, mind
and body"*



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Purpose of booklet

This booklet, version 1 (2016), was created to provide a rich source of information to support teaching set dancing to people with Parkinson's disease. It was developed for use by set dancing teachers. It is important to note that information provided in this booklet does not constitute training; instead, it is intended to act purely as an information source. It is up to each individual teacher to ensure they have adequate skills and knowledge before engaging in teaching set dancing to people with Parkinson's disease.

The information in this booklet was informed by set dancing teachers, people with Parkinson's disease, research evidence and professionals with expertise in this area. Great care has been taken to ensure the information provided is accurate and in accordance with best current evidence at the time of production. However, the developers and authors cannot guarantee the information provided is completely error free, especially since best practice guidelines are constantly changing. Therefore, the developers and authors accept no responsibility or liability for harm, damage or injury resulting from use of any information provided in this booklet. Users of this booklet are advised to seek assistance from other personal or health care professionals if needed.

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Section 1

Introduction to Parkinson's disease

“Health-related knowledge”¹

1.1 What is Parkinson's Disease?

Parkinson's disease is a neurological disorder affecting movement, cognition and balance.² The cause of Parkinson's disease is loss of cells that produce a brain chemical called dopamine in part of the brain called the basal ganglia. There are many movement (motor) and non-movement (non-motor) symptoms associated with Parkinson's disease.² Symptoms can be variable from person to person and progress over time.²⁻⁵

1.2 Symptoms of Parkinson's Disease

Table 1 and **Table 2** describe some of the motor and non-motor symptoms associated with Parkinson's disease. The potential effect each symptom may have on set dancing performance is also presented. Teaching methods to minimise the effect of symptoms on dancing performance and increase safety are discussed in Section 3 of this resource.

Motor symptoms

- The main motor symptoms of Parkinson's disease are tremor, bradykinesia and rigidity, affecting over 77% of those diagnosed.⁵ Postural instability and speech difficulties are also common and can negatively impact functioning.^{2,3}
- The severity of postural instability,⁵ mobility difficulties including slowness, shuffling walking pattern and freezing of gait² increases with disease progression. As a result falls can become more prevalent,^{2,6} occurring in 40-60% of those with Parkinson's disease.^{3,7}

Non-motor symptoms

- Approximately 70% of those with Parkinson's disease experience non-motor symptoms. In the early stages of this condition, depression, impaired memory and sleep disturbances are common.⁵ Anxiety, apathy and pain are also frequently reported.^{2,5}
- Urinary incontinence and dementia become may become more common with disease progression.⁵

Table 1 Motor Related Symptoms

Symptom	Description of Symptom	Potential Effect on Set Dancing Performance
Bradykinesia:	Slow movement which may affect any body part	Difficulty moving fast or taking longer steps
Festinating of gait:	Progressive reduction in the size of steps when walking	Steps may become shorter during longer movements. For example lead around
Freezing:	Difficulty walking, feet appear stuck to the floor	Can occur when turning Increased risk of falls
Rigidity:	Stiffness or resistance to movement	Slower to lift arms Slower to move at a faster pace
Resting tremor:	Rhythmic shake-like movement that can appear in the arms, legs, lips or neck when at rest	Usually does not affect dance performance Appears during rest
Micrographia:	Small writing	Reluctant to fill out forms
Postural instability:	Balance problems. For example falling backward	At risk of falls
Postural deformities:	Forward bent neck, trunk, elbows or knees	Difficulty lifting arms high
Dual task difficulties:	Difficulty completing two tasks at once	Difficulty completing set movements and steps together
Dyskinesia:	Involuntary jerky movements that cannot be controlled like by the person. These movements can occur as a side effect of medication used to treat Parkinson's disease	Increased risk of falls
Speech difficulties:	Slurred speech or low pitched tone when speaking	Unable to speak at high pitches and /or reluctant to engage in conversation

For further information please see supporting references ²⁻⁴

Table 2 Non-Motor Related Symptoms

Symptom	Description of Symptom	Potential Effect on Set Dancing Performance
Fatigue:	Excessive tiredness during the day	Frequent rests may be needed during class.
Pain:	Pain can affect any part stuck to the floor	May negatively impact on dancing ability
Urinary dysfunction:	Urinary urgency or incontinence	Increased risk of soiling.
Orthostatic hypotension:	Drop in blood pressure with changing postures. For example when moving from sit to stand.	Can cause symptoms such as ight headedness or fainting
Psychiatric symptoms:	For example impulsive control disorders, apathy or depression	Sudden behavioural changes, low motivation, lack of interest, reluctant to engage in conversion
Cognitive disorders:	For example dementia, bradyphrenia (slowness of thought) or impaired memory	Difficulty following instructions or remembering dance material Slow to Slow to respond to instructions
Sleep disturbances:	For example nightmares or difficulty sleeping	Excessive tiredness Increased irritability

For further information please see supporting references ^{2, 3, 5}

Note: The influence of medication on motor symptoms

The response of motor symptoms to Parkinson medication is commonly described by two transient phases called the “On” phase and “Off” phase. The “On” phase is a period of time where medication is working and movement ability is optimised. The “Off” phase is a period of time where movement ability decreases due to the wearing off of medication.⁴

*On/Off medication phases need to be considered when dancing. To optimise dancing ability, classes should be scheduled during the **On phase**. The time of each individual’s **On phase** will differ but mid-morning and afternoon correspond to the most frequent **On times**.*

1.3 Individuals Suitable to Participate in Set Dancing

The progression of symptoms associated with Parkinson’s disease is variable for every individual and may be defined by stages, described using the modified Hoeln and Yahr scale in Figure 1.⁸

Figure 1 Modified Hoeln and Yahr Stages of Parkinson’s Disease Progression

Adapted from Goetz et al.⁸

Set dancing is suitable for people at stages 1-2.5 on the modified Hoeln and Yahr Scale.^{9, 10} Those at higher stages can have slower movement, greater balance instability and a higher risk of falls. A healthcare professional assesses the stage of Parkinson’s disease and an individual may need an assessment before starting dance classes. Observing dancers’ movement on entring class may indicate an individual’s suitability for set dancing participation.

Those who are visual impaired or unable to follow instructions due to reduced cognition may also be unsuitable to partake in set dancing.⁹

1.4 Communicating with Individuals Who May Be Unsuitable for Set Dancing

If you have any concerns about an individual's ability to join or continue set dancing:

- Speak to the individual privately (before and after the class)
- Seek their opinion on the class, for example expectations, prior experience and needs
- Communicate your concerns, for example balance instability when dancing, concerned about falls or injury. Discuss any measures that could be taken to ensure safe participation at their level of ability
- Advise the individual to seek advice from their General Practitioner or Physiotherapist to ensure they are suitable to take part
- After initial participation ascertain if the class was too difficult or fast paced

1.5 Disease Progression: Cautions for Set Dancing

As the progression of Parkinson's disease can negatively affect movement ability, activity levels, quality of life and increase the risk of falls^{2, 5-7} caution needs to be taken with the complexity of dance material to prevent falls. Feedback from dancers will help guide the intensity of the class. In the event of a fall, the procedures in Table 3 should be followed.

Table 3 Procedure to Follow if a Fall Occurs

Check the person is conscious and aware of their location and name

Make sure there are no obvious signs of injuries including:

- No broken bones. Pain when attempting to move or weight bear may indicate a broken bone
- Heavy bleeding
- Seizures

If you do not suspect a serious injury:

- Allow the person adequate time to recover
- Gradually, bring the person into a seated position. Give a drink of water and a sugary snack if the person feels weak
- Once the person is ready, allow them to stand
- If any symptoms remain, seek medical assistance

If you suspect an injury or the person complains of pain on movement:

- Do not move the individual unless in immediate danger. Keep them warm and as comfortable as possible
- Ask the person to keep still
- Call an ambulance for assistance
- Apply pressure to wounds that are bleeding
- Do not restrain a person during a seizure

If the person is unconscious, breathing and has a pulse

- Call the ambulance and role in the recovery position if trained

Also call an ambulance if there are signs of:

- Difficulty breathing
- Drowsiness
- Concussion including dizziness, disorientation, vomiting or visual disturbance.
- Excessive sleepiness
- Abnormal walking pattern: -for example balance problems
- Unusual symptoms or behaviour

If a person is unconscious, has no pulse or is not breathing

- Get someone to call an ambulance
- If trained start cardiopulmonary resuscitation and call someone to get the nearest defibrillator
- If anyone experiences chest pain, sit them down and call an ambulance

Adapted from the Health Service Executive and American Heart Association and American Red Cross First Aid Guidelines^{11, 12}

1.6 Sudden Deterioration

If you have any concerns about an individual's ability to join or continue set dancing:

- People with Parkinson's disease may also experience a sudden deterioration i.e. from one week to the next in movement or balance
- Those with a sudden deterioration in symptoms may have a high risk of falls
- Therefore, caution needs to be taken in a dance class and the complexity of the dance material or the tempo of music may have to be modified to ensure safety
- Those with a sudden deterioration may fatigue quicker and require more frequent rests
- Individuals with a sudden deterioration in health should consult their doctor

1.5 Disease Progression: Cautions for Set Dancing

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Table 4 outlines some factors that may cause a sudden deterioration in symptoms.¹³

Table 4 Potential Causes of Sudden Deterioration

Constipation

Illness/infection

Stress

Dehydration

Change in medication regime

Use of contra-indicated drugs?

Depression

Pain

Section 2

The Benefits of Set Dancing for People with Parkinson's Disease

"To be active and to be connected to people"¹⁴

"It gave me hope again"¹⁵

"Dancing makes you feel alive again"¹⁶

2.1 Potential Benefits of Irish Set Dancing for Individuals with Parkinson's Disease

Exercise is important for maintaining and improving muscle strength, balance, walking ability and everyday independence in people with Parkinson's disease.¹⁷⁻²¹

As a form of exercise Irish set dancing has many potential benefits for people with Parkinson's disease:

- Set dancing steps such as the reel step are similar to the pattern of walking and may improve mobility in people with Parkinson's disease.¹⁰
- The cultural and social aspect of set dancing facilitates an energetic atmosphere and may improve quality of life, reduce social isolation, improve mood and motivate regular participation in set dancing classes.^{9, 15, 22, 23}
- The social aspect of set dancing also allows participants to form friendships. These friendships can offer peer support and help improve social confidence.¹⁵
- Set dancing can provide a distraction from anxieties or worries.¹⁵
- Partnering set dancing provides a sense of safety and may reduce fear of falling.²⁴
- The multi-directional movements in set dancing may improve balance.^{10, 24}
- Irish dance music provides a predictable rhythmic beat. This may act as an external cue to synchronise the timing of movements helping to faster and larger.^{24, 25}
- Music may complement the beneficial effects of dancing by stimulating brain chemicals dopamine and serotonin. This may help improve mood, alleviate anxiety and evoke a sense of satisfaction and enjoyment.^{9, 24}
- Set dancing can afford benefits for spouses and caregivers by providing an opportunity to socially interact, improve physical health and gain support and advice from other people affected by Parkinson's disease.¹⁶

“ It's not just yourself and not even a couple. There is solidarity in a set...that you'll...help each other out, a feeling of accomplishment”¹⁴

Section 3

Key Considerations for Teaching Set Dancing to People with Parkinson's Disease

“It does not matter who you are, everybody talks to everybody”

“The primary motive is just the craic that goes on”¹⁴

“It made us feel stronger and better able to cope”¹⁴

3.1 Class Structure: Part 1 (Warm-Up)

It is recommended that a warm-up is performed at the start of class. The purpose of a warm-up is to prepare the body for dancing.²⁶ Warm-up exercises should include a range of different exercise types. For set dancing a warm up should include:^{9, 10, 27-29}

- Joint movement exercises
- Cardiovascular exercises
- Muscle endurance exercises
- Balance exercises

For people with Parkinson's disease a warm-up is particularly important because of:

- Increased muscle stiffness (rigidity)²
- Increased muscle stiffness (rigidity)²

Table 5 displays sample warm-up exercises.^{9, 27, 31, 32} This list provides examples of exercises to illustrate the principles of a warm-up. Many other exercise possibilities are available.

Table 5 Sample Warm-Up Exercises

Exercise Type 1: Joint Movement Exercises

Aim: To promote joint movement and posture

- Gently lift both arms out to the side and overhead. Go as far as is comfortable and painfree

Hint: Sit up tall on a chair for these exercises. Good posture facilitates shoulder movement.



Warning: A chair can be used for support during these exercises.

- Swing one leg gently back and forward with big movements and



Exercise Type 2: Cardiovascular, Muscular and Balance Exercises

Aim: 1) To prepare the cardiovascular system, muscles for set dancing.
2) To promote muscular and balance ability required for set dancing

- Side step to one side 5 times. Take large steps. Repeat in the other direction
- Walk up and down the hall, taking long steps. Swing arms as you walk

Hint: To increase the difficulty of these exercises, increase the speed of music in line with dancers' ability.



General guidelines for a warm-up

- Cues can help people with Parkinson's disease maintain normal movement patterns^{33, 34} Table 6 presents a list of some cues that may be used during a dance class

Table 6 Cueing Techniques

Aim of cues	To facilitate normal movement through the provision of an external cue and prevent: 1. Festinating gait 2. Freezing episodes 3. Balance instability
Type of cues:	Examples of cueing technique:
1. Visual cues	■ Verbally sing rhythmic beats ■ Place a ruler on the ground and instruct an individual experiencing episode of freezing to step over it when ready
2. Verbal cues	■ Place a ruler on the ground and ■ Give instruction to take "big or long steps" ■ Give instruction to place one foot in front of the other when walking and dancing movements Note: This is very important during advance and retire and turning movements to reduce the risk of falling backwards
3. Auditory cues	■ Music ■ Metronome
For additional information, please see supporting references ^{3, 33}	

- Perform simpler exercises first and progress in line with dancers' abilities⁹
- Pace exercises in line with the dancers' severity of Parkinson's disease and current exercise involvement³⁵
- Get feedback from dancers regarding the complexity of exercises. This will inform the selection of exercises for the class³⁵
- Instruct dancers to move at their own pace³⁶
- Repeat exercises on both right and left sides of the body
- Repeat each exercise 10 times
- Demonstrate new exercises. To optimise learning, demonstrate exercises in two positions, facing dancers and turned sideways
- Position chairs beside each dancer to use for support or to practice exercises sitting down^{37, 38}

3.2 Class Structure: Part 2 (Set Dancing)

This section provides information that will help implementation of a set dancing class for people with Parkinson's disease

Safety Tips before you start a class for people with Parkinson's disease

- Space should be sufficient. Remove extra furniture as clutter and obstacles can cause freezing and trips³⁹
- Don't dance on slippery floors such as tiles
- Lighting must be sufficient to see properly³⁹
- Partner those with Parkinson's disease with those without Parkinson's disease
- Give breaks to minimise fatigue. Get feedback regarding the number and length of breaks^{35, 40, 41}
- Ensure all participants keep hydrated
- Toilet breaks are important due to incontinence issues² (jumping can increase stress on bladder muscles)

- Do not try to move or push an individual experiencing festinating (progressive reduction in step size) or freezing (feet appear stuck to the ground) of gait. Stand close to the individual to protect against falls. Advise the individual to take a long step when ready. Other visual cues described in Table 6 can also be used

Note: If anyone becomes dizzy or feels faint:

- Lay the person down with their legs raised and supported
- Sit the individual up once recovered
- Give a drink of water
- Give a sugary snack if symptoms have not passed
- Gradually allow the person to stand as able
- If symptoms do not pass, seek medical advice immediately

If anyone complains of any other adverse effects advise them to seek medical advice

Adapted from the American Heart Association and American Red Cross First Aid Guidelines and the National Health Service Fainting Treatment Guideline^{12, 42}

Teaching tips

- Break down steps and set movements into small components. This facilitates learning and prevents abnormal movement patterns⁹
- Verbal and visual cues help overcome freezing, increase speed of movement and facilitate learning.^{3, 25} Please see Table 6 for some cueing techniques that may be used
- Timing the music correctly is important to prevent festinating gait and freezing^{25, 43}
- Smaller square size in set dancing may increase freezing symptoms due to space constriction.⁴ A larger square size is preferable and dancers may move half way across the set when dancing or as far as are able

- Smaller square size in set dancing may increase freezing symptoms due to space constriction.⁴ A larger square size is preferable and dancers may move half way across the set when dancing or as far as are able

- Examples of beneficial and simpler dance movements for people with Parkinson's disease include:

- Lead around
- Pass through
- Circle
- House at home
- Ladies chain
- Advance and retire movements

- Examples of harder dance movements for people with Parkinson's disease include

- Swing
- Round the house
- Other movements that are fast paced or involve repeatedly turning⁴⁴

- Simplify difficult or fast paced movements to increase safety. For example:

- Only do one turn in a dance at home
- Complete a movement in 8 bars of music instead of four bars

- Begin with simpler sets. Harder parts/movements may be temporally omitted if needed and included at a later date in line with dancers ability.³² Appendix A gives an example of how you might introduce people with Parkinson's disease to simpler set movements³⁵

- More complex movements may be taught if dancers are comfortable with easier material and have the balance stability to perform movements safely^{1, 9, 45}

- If a dancer show signs of loss of balance, starts to take shorter steps or freezes, the tempo may be too fast or the movement too hard⁴⁴

- If a dancer show signs of loss of balance, starts to take shorter steps or freezes, the tempo may be too fast or the movement too hard⁴⁴
- Consider the age of dancers when deciding on dance material.³⁵ Older individuals may have more balance difficulties or move slower⁴⁰
- If dancers wish to formally assess the beneficial effects of set dancing consider using Activities Balance Confidence Questionnaire⁵ (Appendix B). This questionnaire provides a self-assessment of balance confidence during daily activities
- Tempo of music:
 - Slow tempo initially in line with dancers' ability and knowledge of steps/sets⁴⁵
 - Prevent injury and falls by keeping music tempo in line with dancers' abilities⁴⁵
 - Increase tempo gradually as tolerated
 - People with Parkinson's disease may need longer to learn and retain steps/sets⁴⁶
 - Get feedback regarding the complexity of dance material and tempo of music³⁵

Making the class enjoyable

Enjoyment is one of the most beneficial effects of set dancing and it is important to create a relaxing and sociable environment at classes.^{14, 24, 35} Remember to:

- Allow time for conversation³⁵
- Motivate and give encouragement
- Repeated practice can facilitate learning new movements^{35, 47}
- Work individually with people who are having difficulty³⁵
- Experienced dancers at the class can increase the social aspect. People with Parkinson's disease may learn from experienced dancers by observing their dancing³⁵
- For individuals with speech difficulties, listen attentively during conversions and ensure they are involved in the social aspect of class

3.3 Class Structure: Part 3 (Cool Down)

Muscle stretches are at the end of class to help prevent muscle stiffness and soreness.⁴⁸ Table 7 displays examples of seated stretches³¹ but there are many other possibilities available.

Table 7 Stretches

Note: Stretches should be comfortable and pain free. Do not push in to pain when stretching.

- Sit, with one leg straight out as shown. Keep knee straight. Pull toes gently toward head. A comfortable stretch in the lower leg should be felt. Hold for 7 seconds. Repeat on both legs 3 times.
- Sit, with one leg straight out as shown. Keep knee straight. Pull toes gently toward head. Reach hand down toward toes as far as able. Do not over reach and cause pain. A comfortable stretch in the back of the leg should be felt. Hold for 7 seconds. Repeat on both legs 3 times.



Hint: Hold onto the chair with the free hand for support of needed

- Sit half way forward on a chair. Hold the back of the chair with both hands. Keep back straight. A gentle stretch should be felt in the front of the chest. Hold for 7 seconds and repeat 3 times.



3.4 How Long to Dance for?

- Research has found that classes of 1-1.5 hours long, twice per week can be beneficial.⁴⁵ Longer classes may exacerbate fatigue.
- For safety and to maximise learning, the intensity of the dance class s should start low.
- Increased intensity as dancers become familiar with the material^{9, 27}
- Get feedback regarding the appropriate tempo of music and complexity of material taught.
- Classes should be at least 10-13 weeks but longer durations may be more beneficial⁴⁵

“The classes were fun and exciting and we looked forward to the classes every week”¹⁶

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Glossary of Set Dancing Terms

Gent: The male partner of the dancing couple. The gent is positioned to the left of his dancing partner.⁴⁹

Lady: The female partner of the dancing couple. The lady stands to the right of her dancing partner.⁴⁹

Tops: Two dancing couples that stand opposite each other in a set. One top couple will stand facing the musicians. The other top couple will have their back to the music.⁴⁹

Side: Two opposite facing couples that are positioned to the right and left of the top couples.⁴⁹

Square size in set dancing: Distance between four couples, positioned to form a square with all dancers facing inwards.

Lead around: All couples dance anticlockwise around the set. Gents are on the inside.⁵⁰

Pass through: Two facing couples dance across the set, turn, and dance back to place. Gents pass through on the outside of the ladies with their right shoulder.⁵⁰

Circle: All eight dancers hold hands and advance and retire twice.⁵⁰

House at home (dance at home): In the waltz hold, partners dance in an anticlockwise direction in their own place, turning twice.⁵⁰

Ladies chain: Two ladies take right hands in the centre of the set. Ladies drop hands. Give left hand to opposite gent and dance around anticlockwise to the opposite ladies place. Drop hands and cross home passing right shoulders with the opposite lady.⁵⁰

Advance and retire movements Partners take crossed hands (right hands on top). Dance towards the centre of the set (4 bars) and back to place without turning (4 bars).⁵⁰

Swing: In the waltz hold, partners complete four turns in their own place (8 bars). To complete this movement, right feet are positioned in front with the gent's foot on the inside. The left heel is raised off the ground. Place weight through the right foot on the 1st and 3rd beat of each bar. Place weight through the left foot on the 2nd beat of every bar.⁵¹

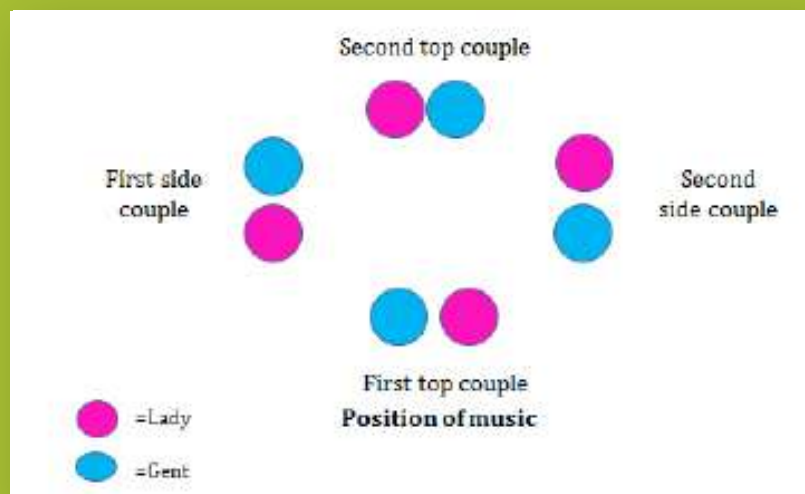
Round the house: In the waltz hold, partners dance in an anticlockwise direction around the set, turning four times.⁵⁰

Appendices

Appendix A

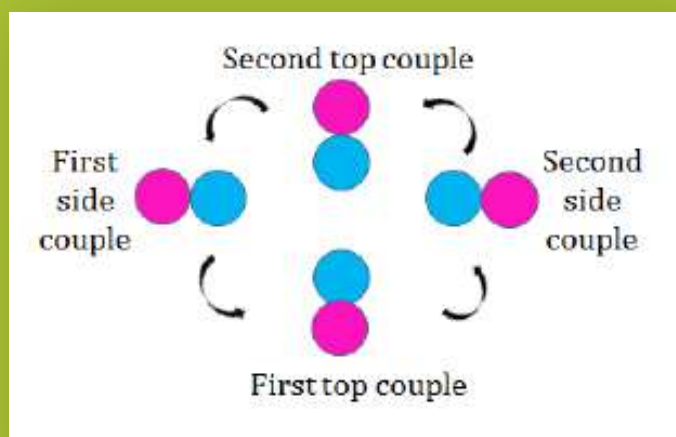
The following is an example of a simplified set for those with Parkinson's disease which was based on the Connemara Set.

Starting Positions in a Set

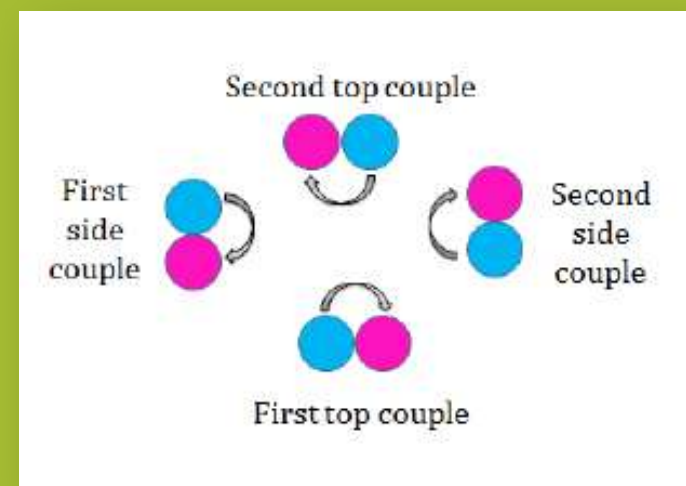


First Figure (160 bars)

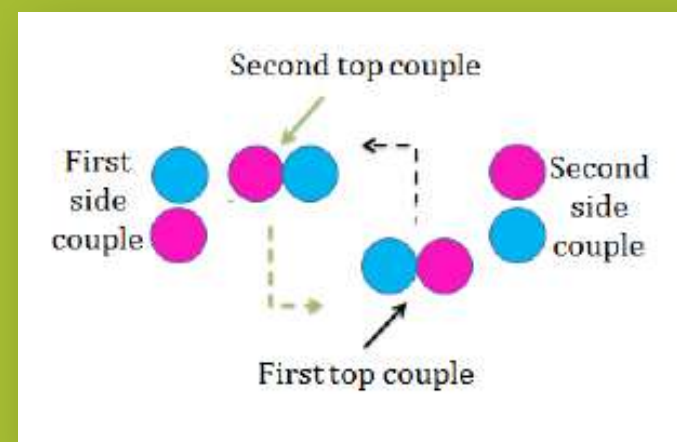
1. All couples take crossed hands. Dance anticlockwise around the set and back to place. All couples turn in place and lead back around the set in a clockwise direction. Finish in place. (16 bars)



2. All swing or dance at home with one turn. (8 bars)

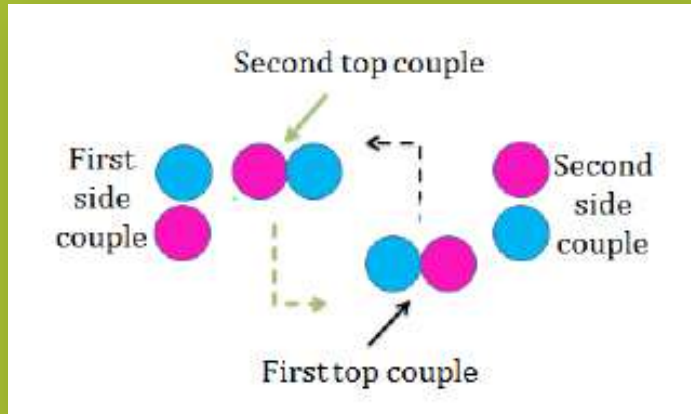


3. Top couples: Take crossed hands and advance and retire twice. (8 bars)

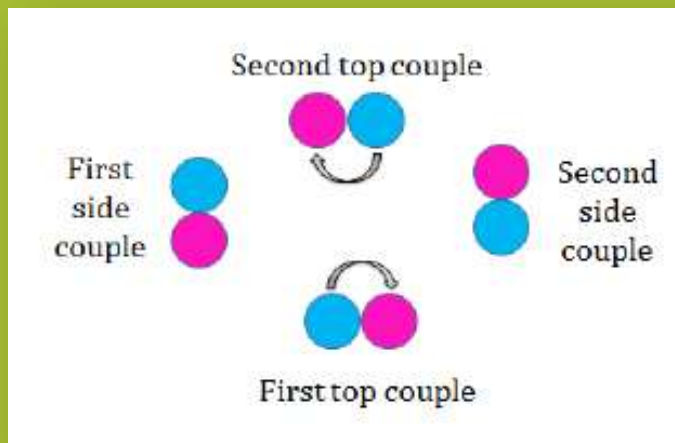


Starting Positions in a Set (*continued*)

4. Top couples: Lead around with crossed hands. Finish in place. (8 bars)

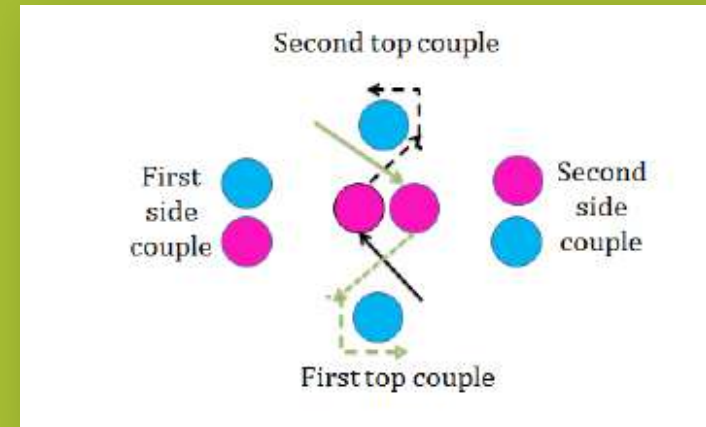


5. Top couples: Swing or dance at home with one turn. (8 bars)



6. Side couples dance step 3 to 5. (24 bars)

7. Top couples: Ladies chain with ladies crossing right shoulders in the middle of set, around the opposite gent and back to place. Swing or dance at home with one turn. (16 bars)

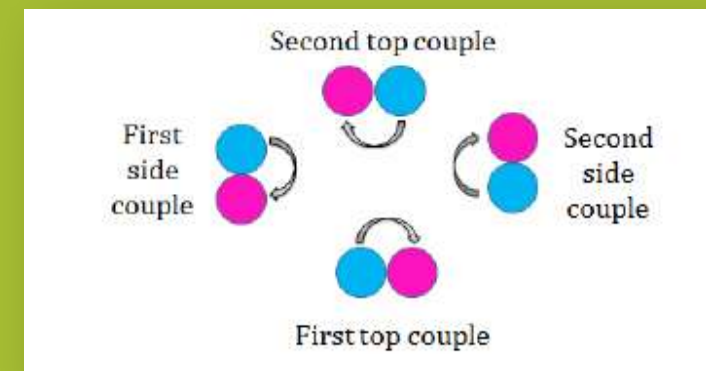


8. Side couples: Dance step 7. (16 bars)

9. Top couples: Repeat step 3 to 5. (24 bars)

10. Side couples: Repeat step 3 to 5. (24 bars)

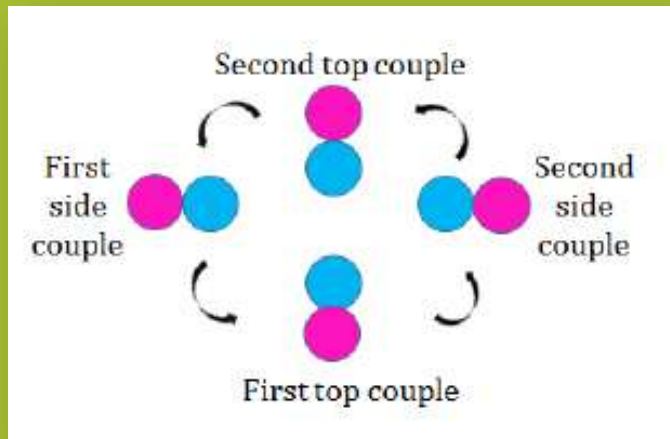
11. All swing or dance at home with one turn. (8 bars)



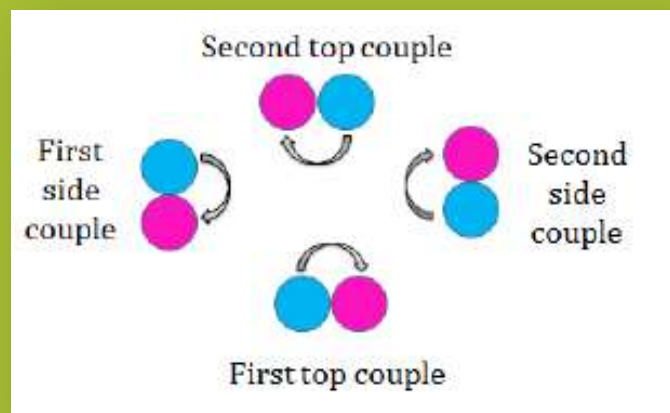
Starting Positions in a Set (*continued*)

Second Figure (192 bars)

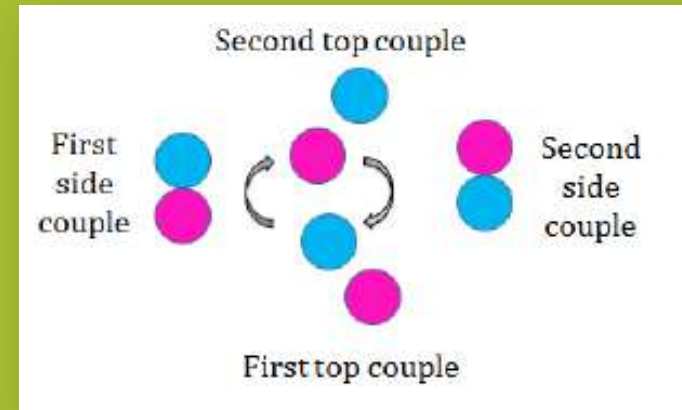
1. All couples take crossed hands. Dance anticlockwise around the set and back to place. All couples turn in place and lead back around the set in a clockwise direction. Finish in place. (16 bars)



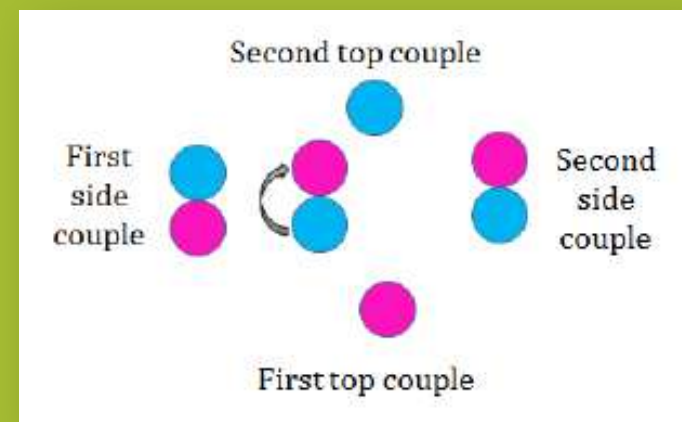
2. All swing or dance at home with one turn. (8 bars)



3. Top couples dance back-to-back: 1st gent and opposite lady dance a circle around the centre of the set, right shoulder to right. (8 bars)

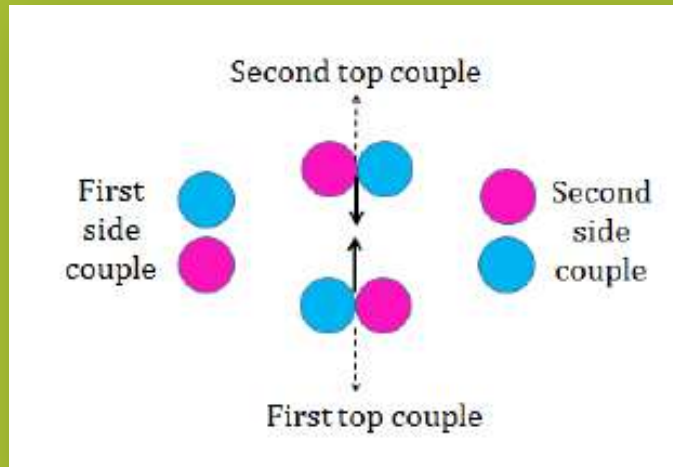


4. Swing or dance around in the waltz hold turning once in the centre of the set. Reverse back to place for the last 2 bars. (8 bars)

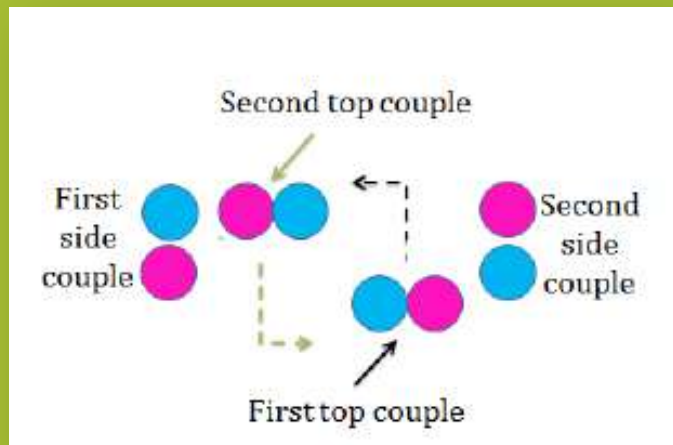


Starting Positions in a Set (*continued*)

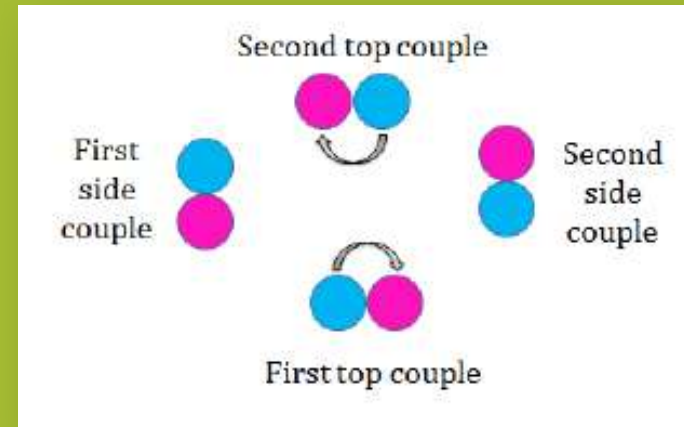
5. Top couples: Advance and retire twice, holding crossed hands with your partner. (8 bars)



6. Top couples: Lead around holding crossed hands with your partner. (8 bars)



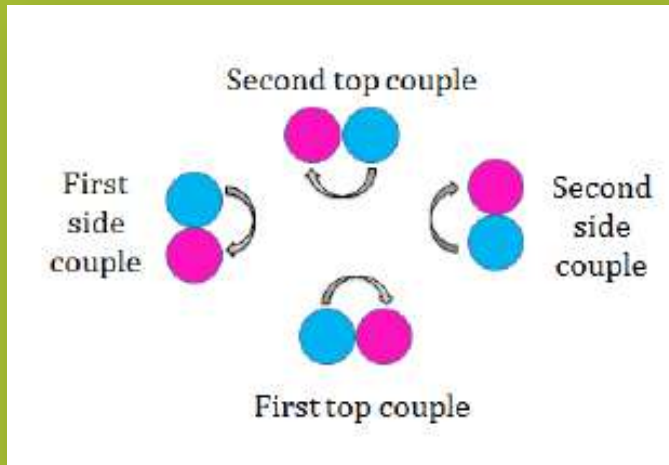
7. Top couples: Swing or dance at home with one turn. (8 bars)



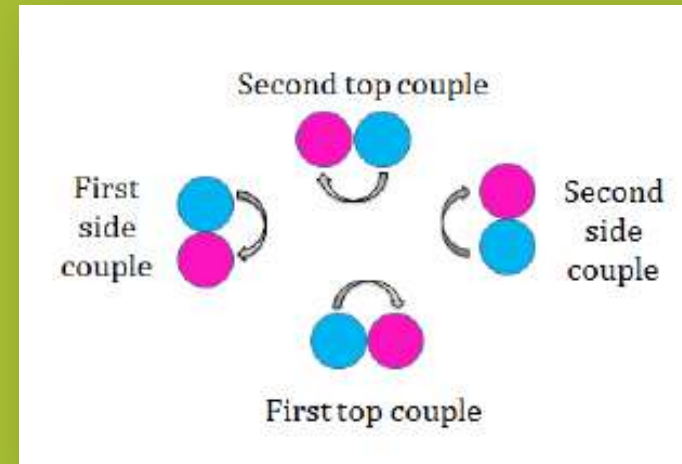
8. Side couples: Repeat step 3 and 4 with 1st side gent and opposite lady. (16 bars)
9. Side couples: Repeat step 5 to 7. (24 bars)
10. Top couples: Repeat step 3 and 4 with 2nd top gent and opposite lady. (16 bars)
11. Top couples: Repeat step 5 to 7. (24 bars)
12. Side couples: Repeat step 3 and 4 with 2nd side gent and opposite lady. (16 bars)
13. Side couples: Repeat step 5 to 6. (16 bars)

Starting Positions in a Set *(continued)*

14. All swing or dance at home with one turn to finish. (8 bars)

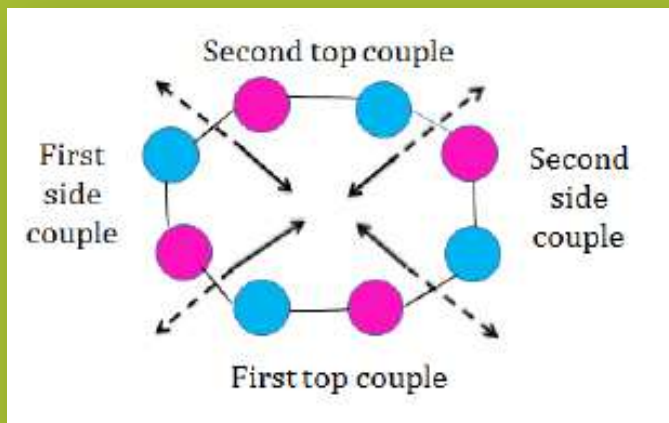


2. All circle, advancing and retiring twice. (8 bars)

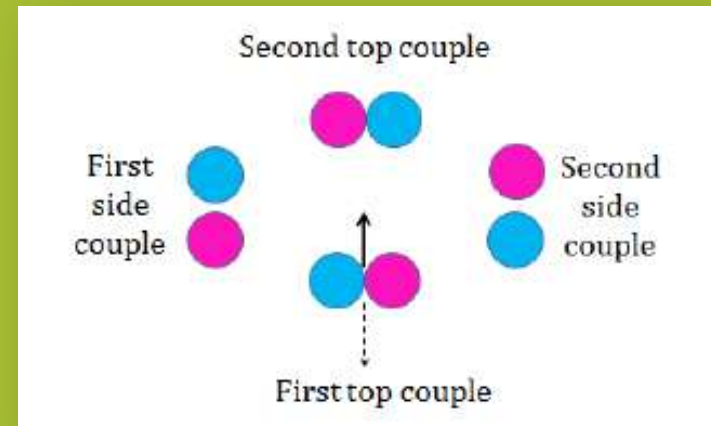


Third Figure (184 bars)

1. All circle, advancing and retiring twice. (8 bars)

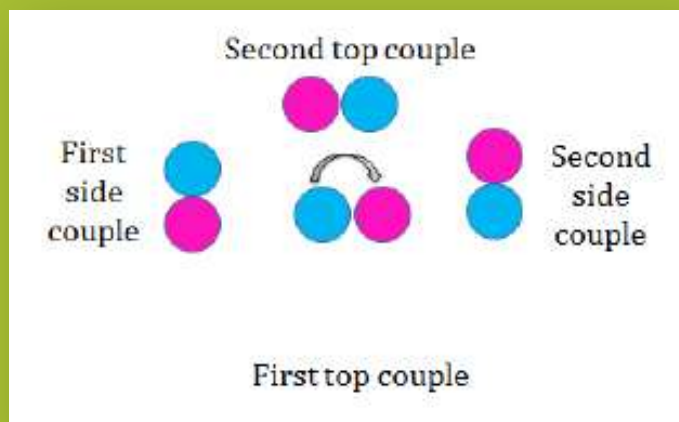


3. 1st top couple: Gent's place right hand on ladies back, lady's place left hand on gent's right shoulder. Advance towards the centre of the set, retire and advance again to finish in the middle of the set. (8 bars)

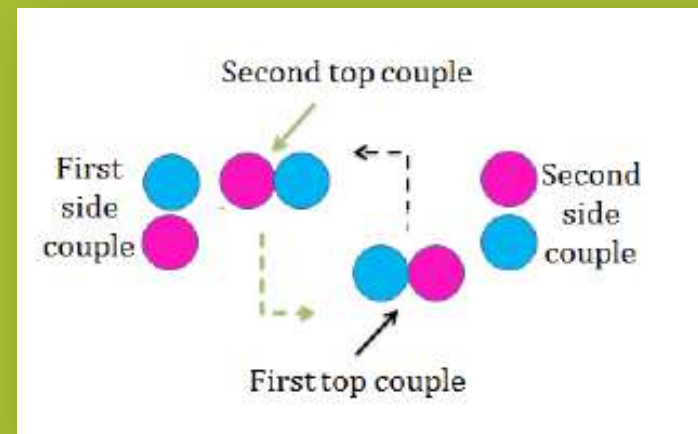


Starting Positions in a Set (*continued*)

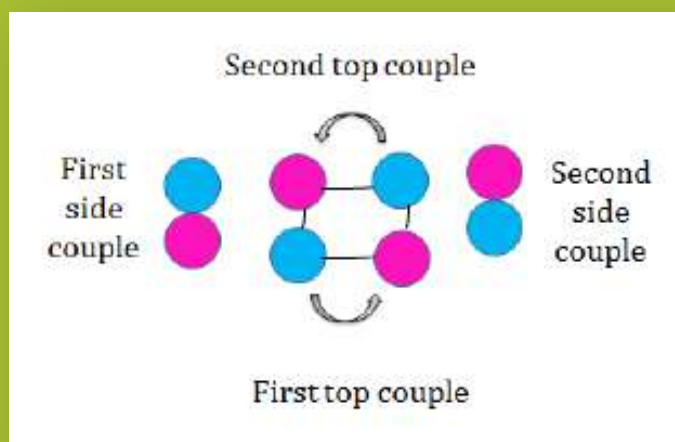
4. In the middle of the set, swing or dance around in the waltz hold turning once. (8 bars)



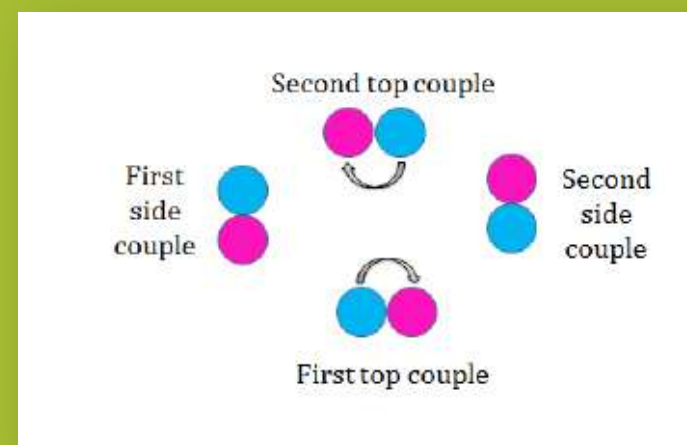
6. Top ladies chain. (8 bars)



5. Both top couples dance in a circle around the centre of the set once, clockwise. Dance back to place. (8 bars)

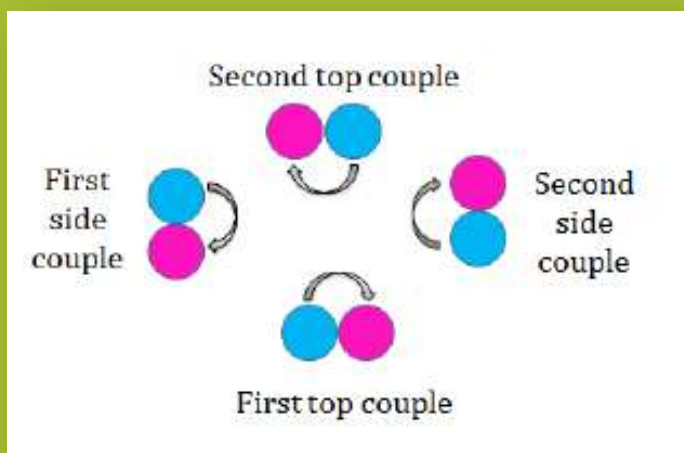


7. Tops swing or dance at home with one turn. (8 bars)



Starting Positions in a Set *(continued)*

8. 1st side couple: Dance step 3 and 4. (16 bars)
9. Side couples: Repeat step 5 to 7. (24 bars)
10. 2nd top couple: Repeat step 3 and 4. (16 bars)
11. Top couples: Repeat step 5 to 7. (24 bars)
12. 2nd side couple: Dance step 3 and 4. (16 bars)
13. Side couples: Repeat step 5 and 6. (16 bars)
14. All swing or dance at home with one turn to finish. (8 bars)



Appendices

Appendix B

Activities Balance Confidence Scale (ABC)

Aim: This questionnaire asks you to rate your balance confidence when performing a range of daily activities.⁵

Instructions: Please indicate, by placing a tick in the appropriate box, how confident you feel you can complete each of the following activities without losing your balance or feeling unsteady. Please use the scale 0%-100% to indicate your level of confidence when performing each activity.

- 0% = No balance confidence when completing this task or you feel very unsteady.
- 100% = Completely confident, no balance issues when completing this activity.

100% = Completely confident, no balance issues when completing this activity.

Scoring the questionnaire when you are finished

Add up the total of your scores and divide by 16

- Re-do the questionnaire in 2-3 months and compare your results for each question or your total score.

Questionnaire Sheet

Questionnaire Sheet

Name: Time:

Date:

How confident are you that you will not lose your balance or become unsteady when you:

	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
1. Walk around the house?											
2. Walk up or down stairs?											
3. Bend over and pick up a slip per from the front of a closet floor?											
4. Reach for a small can off a shelf at eye level?											
5. Stand on your tip toes and reach for something above your head?											
6. Stand on a chair and reach for something?											
7. Sweep the floor?											
8. Walk outside the house to a car parked in the driveway?											
9. Get into and out of a car?											
10. Walk across a parking lot to the mall?											
11. Walk up or down a ramp?											
12. Walk in a crowded mall where people rapidly walk past you?											
13. Are bumped into by people as you walk through the mall?											
14. Step onto or off of an escalator while you are holding a railing?											
15. Step onto or off of an escalator while holding onto parcels such that you cannot hold onto the railing?											
16. Walk outside on icy sideways?											

