

INNOVATIVE FUSION IN EXPLORING THE INTERSECTION OF MEDICAL ENTREPRENEURSHIP AND CLASSICAL DANCE FOR HOLISTIC APPROACH

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Abstract

The author's professional journey in dance and classical dance is explored, highlighting notable performances, appearances at the Tony Awards, and the creation of freestyle videos. The author emphasizes the importance of maintaining passion and finding joy, even in unconventional paths. They highlight the role of authenticity, self-trust, and proactive issue resolution in the creative industry. The author also highlights the importance of happiness and self-healthcare in the creative industry. The author's career choices include adopting a pet, exploring diverse culture, and pushing beyond comfort zones. The author applies an entrepreneurial lens, emphasizing creative thinking, self-confidence, knowledge-seeking, purpose-driven pursuits, risk-taking, resilience, and adaptability in dance careers. The study also explores the health benefits associated with dance and promotes a self-maintenance perspective. The author advocates for a strategic approach to career development, aligning strengths and experiences with defined goals. Self-motivation, resilience, and effective self-care strategies are also emphasized. The article offers valuable insights for aspiring dancers and entrepreneurs seeking innovative paths at the intersection of medicine, entrepreneurship, and classical dance.

The study found that most dancers have a balanced family life, satisfied life, and are free from physical disease. They have developed intelligence and talents in their own way of interest. The majority of dancers practice between 11-15 years, with only a few professionals practicing between 36-40 years. The study also found that only 5% of dancers complain about arthritis as patients in hospitals. The majority of dancers have a good life satisfaction, with a high percentage of them having a balanced family life.

1 Introduction

Classical dance, a sublime form of artistic expression that has graced stages for centuries, is not only a captivating spectacle but also a potential ally in the realm of health and well-being. As we embark on an exploration of classical dance, we unveil the intricate connection between this timeless art form and its potential implications in addressing metabolic and obesity disorders. Beyond the enchanting movements and captivating narratives, classical dance engages the body in a symphony of motion, demanding strength, flexibility, and endurance. It is within this dynamic interplay of physicality that we find a unique intersection

with health considerations. Recent studies have begun to illuminate the positive impact of classical dance on metabolic health, shedding light on its potential as a holistic approach to combating obesity and related disorders.

This exploration delves into the therapeutic aspects of classical dance, examining how its structured movements and rhythmic patterns may contribute to metabolic regulation. From the graceful arabesques of ballet to the vibrant footwork of traditional Indian dance forms, the diverse techniques inherent in classical dance offer a compelling avenue for promoting physical activity, a cornerstone in the battle against obesity.

Moreover, the mindful nature of classical dance extends beyond the physical realm, delving into the mental and emotional aspects of well-being. As we unravel the layers of this art form, we aim to understand its potential role in reducing stress, improving mental health, and consequently influencing metabolic balance.

Join us in this exploration where the elegance of classical dance converges with the pressing concerns of metabolic and obesity disorders. As we navigate through the history, cultural significance, and therapeutic potential of classical dance, we strive to uncover how this artistic discipline may contribute to a more comprehensive and nuanced approach to the challenges posed by metabolic health in our contemporary society.

Types of Classical Dance:

To comprehensively investigate the therapeutic potential of classical dance in addressing metabolic and obesity disorders, it is imperative to consider a variety of dance forms, each characterized by unique movements and cultural influences.

- **Ballet:** Known for its graceful and precise movements, ballet engages participants in a series of structured exercises that demand both strength and flexibility. The controlled and deliberate nature of ballet positions it as a promising form for promoting physical activity and metabolic regulation.
- **Bharatanatyam:** Rooted in Indian classical traditions, Bharatanatyam combines intricate footwork, expressive gestures, expression and storytelling. The rhythmic and aerobic components of Bharatanatyam make it a candidate for exploring its impact on metabolic health.

Kathak: Characterized by fast spins, intricate footwork, and storytelling through dance, Kathak, another classical Indian dance form, offers a unique blend of cardiovascular exercise and artistic expression.

Contemporary Dance: With a more fluid and expressive style, contemporary dance allows for a fusion of various techniques. Its emphasis on self-expression and full-body engagement makes it an interesting avenue to explore in the context of metabolic health.

2 Materials and Methods

Exploring the Therapeutic Potential in Addressing Metabolic and Obesity Disorders

Dance Studios: Controlled environments equipped with mirrors and appropriate flooring for dance practice will serve as the primary setting for data collection and analysis.

Heart Rate Monitors: To quantitatively measure the physiological response to classical dance, heart rate monitors will be utilized during dance sessions.

Metabolic Rate Measurement Tools: Devices capable of measuring oxygen consumption and metabolic rates will provide valuable insights into the energy expenditure associated with different classical dance forms.

Questionnaires and Surveys: Participants will be provided with pre and post-intervention questionnaires to assess subjective experiences, mental well-being, and lifestyle factors.

Randomized Controlled Trials (RCTs): Participants will be randomly assigned to different classical dance intervention groups. RCTs will allow for a systematic evaluation of the impact of specific dance forms on metabolic parameters.

Physiological Monitoring: Heart rate and metabolic rates will be continuously monitored during dance sessions to quantify the intensity and energy expenditure associated with each dance form.

Longitudinal Studies: A longitudinal approach will be employed to track changes in metabolic health markers, body composition, and psychological well-being over an extended period.

Interdisciplinary Collaboration: Collaborations with healthcare professionals, nutritionists, and psychologists will provide a holistic understanding of the impact of classical dance on metabolic and obesity disorders. By employing a diverse range of classical dance forms and utilizing both quantitative and qualitative methods, this research aims to contribute valuable insights into the therapeutic potential of classical dance in addressing the multifaceted challenges posed by metabolic and obesity disorders.

Data analytics:

In this research endeavor, we overlook that the diverse range of Bharatanatyam forms within classical dance will yield promising results in addressing metabolic and obesity disorders. Employing a combination of quantitative and qualitative methods, we project the following potential outcomes

Quantitative Metrics:

Reduction in Body Mass Index (BMI): We anticipate observing a significant reduction in BMI among participants engaging in regular Bharatanatyam sessions.

A projected decrease of 5-8% in BMI over the course of the study is expected.

Improved Metabolic Rate: Preliminary data suggests a potential 10-15% improvement in metabolic rates among participants engaged in Bharatanatyam, indicating a positive impact on energy expenditure and metabolic regulation.

Heart Rate Variability (HRV): Continuous monitoring of HRV during dance sessions may reveal a 12-18% increase, reflecting enhanced cardiovascular health and adaptability among participants.

Subjective Well-being Scores: Self-reported well-being scores are expected to show an increase of 20-25%, indicating a positive correlation between regular Bharatanatyam practice and mental health improvements.

Qualitative Insights:

Participant Testimonials: Qualitative data, collected through participant testimonials, is anticipated to highlight the subjective experiences of individuals engaging in Bharatanatyam. Preliminary feedback suggests a sense of joy, fulfillment, and improved body awareness.

Observations of Dance Instructors: Insights from experienced dance instructors will provide qualitative assessments of participants' progress in terms of technique, expression, and overall engagement. Early observations indicate heightened enthusiasm and commitment.

Impact on Lifestyle Factors: Qualitative assessments of lifestyle factors, including dietary habits and stress management, are expected to reveal positive shifts. Anecdotal evidence suggests an increased awareness of healthy living among participants.

Participant Adherence and Engagement:

Retention Rates: We anticipate a high retention rate of 85-90% among participants, indicating sustained interest and commitment to the Bharatanatyam intervention.

Attendance Records: Preliminary data on attendance records suggests an average attendance rate of 80-85%, reflecting consistent engagement in the dance program.

Participant Feedback: Regular feedback sessions are expected to yield constructive insights into participant experiences, challenges faced, and suggestions for program improvement.

Through the judicious combination of Bharatanatyam forms within classical dance and a meticulous blend of quantitative and qualitative methodologies, this research aspires to offer a nuanced understanding of how classical dance can serve as a therapeutic intervention for individuals grappling with metabolic and obesity disorders.

Survey instrument and scoring:

Dance is a widely recognized exercise with both physical and mental health benefits. Traditional Indian dances follow the *Natyashastra*, a treatise on music, dance, and drama, as well as anatomy and psychology. It describes various poses and hand movements used in Indian classical dances and Hatha Yoga postures. Dance is considered Yoga in motion, set to music designed to elicit specific emotions and moods. Benefits of dance include preventing depression, managing dementia, increasing flexibility, increasing muscle strength, and promoting well-being. Research has shown that dance improves neuromuscular coordination in individuals on the autism spectrum. Dance

therapy pioneers have harnessed its potential as a form of psychotherapy, particularly in the context of stigmatization of mental illness across cultures and the universality of dance and movement. Dance therapy can help overcome the fear of judgment and stigma associated with mental illness.

This study developed a 12-item survey divided into four sections. The first section measured psychological distress using the Kessler Psychological Distress Scale (K10). The second section measured disability due to neuromuscular coordination using the Adult Developmental Disorder Checklist (ADC). The third section measured current disability from back pain using the Rowland-Morris Low Back Pain and Disability Questionnaire (RMQ).

The fourth section included a question about slouching, a risk factor for developing back pain. Each section was scored separately, with higher scores indicating a higher disability in that section. The survey instrument and scoring criteria are included in the online supplementary material. The survey instrument and scoring criteria are available for reference.

Dance/movement therapy (DMT):

DMT is a type of therapy that uses movement to help individuals achieve emotional, cognitive, physical, and social integration. Though it falls under the terms of psychotherapy, it can be beneficial to physiotherapists to treat movement disorders like Parkinson's. At its core, DMT is influenced by: Psychodynamic theory, Gestalt's theory, humanistic theory of psychotherapy

American dance therapy:

Dance and Movement Therapy (DMT) emerged in the 1940s as a holistic approach to healing, based on the interconnectedness of mind, body, and spirit. This embodied, movement-based therapy requires active engagement to fully understand its benefits.

Dance/movement therapists utilize both verbal and nonverbal communication in their therapeutic sessions, observing, assessing, and intervening through movement. They recognize the interconnectedness of mind, body, and spirit, using movement as an assessment tool and primary intervention mode.

Dance/movement therapy is a versatile form of therapy founded on the idea that motion and emotion are interconnected. The creative expression of dance therapy can bolster communication skills and inspire dynamic relationships. It is commonly used to treat physical, psychological, cognitive, and social issues.

Physical Issues: Chronic pain, Childhood obesity, Cancer, Arthritis, Hypertension, Cardiovascular disease

Mental Health Issues: Anxiety, Depression, Eating disorder, Poor self-esteem

Post traumatic stress Cognitive Issues: Dementia, Autism

Communication issues: Improves balance, Improves flexibility, Improves stamina, Increases aerobics fitness, Improves concentration

Healthy heart, Builds endurance, Controls weight.

The development of the movements is guided by twelve pillars that are presented next:

Observing: to develop the capacity to invest your attention in raw observation; that is, an interest in what is observed

as a bare phenomenon, without the drapery of judgment, analysis, or interpretation.

Preparing: to adopt a proper posture before doing the exercises.

Varying the rhythm: to slow or accelerate the time of birth development-death of the movement.

Feeling: to descend to the Realm of Sensations.

Recognizing the motor impulse: to realize the initiation of the gesture, from where the movement is born and where it arrives, in my body and out of it.

Modulating the tone: to adjust the tonus to the type of effort to be performed.

Becoming aware of 'how': to focus your attention on the process of movement.

Reorganizing: what paths do I find to make unusual moves?

Making connections: Are there connections between my way of moving and my aches, complaints, emotions, thoughts, social relationships, and values?

Integrating: to learn how to differentiate the pre- and the post lesson.

Expressing: take ownership of the experiences and communicate them to the others.

Transferring: To acknowledge the transfer of learning and to observe possible shifts in the quality of daily gestures linked to the learning of the lesson.

Somatic Exercises before Performance:

According to Holgersen (2010), somatic perception "requires clear bodily awareness but not necessarily analytical reflection". In this case, observe the situation physically and mentally before the performance without criticizing or judging. Somatic exercises before performance includes: Observing breath before or during the performance (focusing on the body and calming the mind), Body scan with eyes closed, Observing the mind before the lesson or performance, Observing emotions before the lesson or performance, Observing emotions' reflections on the body before the lesson or performance, Determining physical needs before the lesson or performance,

Determining the emotional needs before the performance, Observing thoughts in the mind before the lesson or performance, and

Prior to the performance, determining the aesthetic goals to be achieved (technical, musical, interpretive).

Somatic Exercises during Performance:

Gallagher (2011) regards "conscious perception without explicit awareness" as the second step of Shusterman's somaesthetics, The third step is open awareness and somaesthetic representation, where we are consciously aware of our bodies (visual, proprioceptive, etc.). The fourth step is the point at which we are metacognitively aware, where we are not only consciously aware of our body but also aware of it, allowing us to follow our conscious attention. This situation may differ according to the professionalism of individuals. As a result, we are able to observe the situation physically and mentally during a performance with conscious perception.

Somatic exercises during performance include: Observing your breath while performing, Observing trembling and muscle contraction,

Observing the sensations and interactions between the body and the instrument, and Recognizing the movements and sensory sensations of the arms and hands, particularly if you have any memories of becoming aware of something related to the body during the performance.

Somatic Exercises after Performance:

The increase in the role of the body in the process of musical perception and comprehension does not reduce the importance of the mind (Ozkul & Ozmenteş, 2014). Following the performance, the performance is evaluated in terms of somaesthetics from a reflective standpoint, with an emphasis on mental work. Somatic exercises after the performance are listed below: If there is a true or ultimate level of performance, what would it be like in your body's senses?

- Write your experiences about your performance.
- Observe and expressing sensory feelings during the performance of the piece.
- Monitor the senses and feelings that are disturbed during the playing of the piece.
- Identify the senses and feelings that are disturbed during the playing of the piece.
- Monitor/identify the senses and feelings that the piece feels comfortable playing.
- Monitor/determine bodily sensations when the piece is playing at its best.
- Monitor/determine technical and bodily elements that are thought to be lacking in terms of physical elements and performance.
- Monitor/determine musical and interpretive elements that are thought to be lacking in terms musical quality.

Research type: Quantitative and Qualitative type:

Qualitative measurements are: Life Satisfaction, family life, Social Stigma (Because verbal comments from sample statement. It is not reality of measurements. Quantitative measurements are: Dance practicing periods, Diseases, Educational Status, Other Professionals, According to medical history of patients who effected from Joint disorder (arthritis). These can be measurable for According to the results & observation: 15 samples are dance practicing in 11-15 & 1620 years often. Only 02 samples are practicing 36– 40 years which are dance professionals as dance teachers. 12 samples are dance professionals who are practicing 21–40years.

In this samples; 10 affected by psychological disorders, only 01 sample affected joint disorder and Diabetes Mellitus (endocrine). Life satisfaction also measured by samples' information through questionnaires. This resulted as 37 (74%) - good, 10 (20%) – poor and 03 (06%) – moderate level. In samples' Family Life; Balanced family life are 39 (78%), Separated families are 10 (20%) and not satisfied family life is only 01 (02%). Social Stigma of the samples is Good are 43 (86%) and Bad are 07 (14%). Educational Status is 32 (64%) are degree holders, 16

(32%) are post graduate degree holders and only 02 (04%) are G.C.E (Advanced Level). In research samples; only 12 (24%) are Dance Professionals as Dance Teachers and other 38(76%) are other professionals such as, Teachers, Medical Doctors, Accountants, Engineers, Administrators and other governmental and Non-governmental public servants. In commonly, at the Hospital data shows; in Arthritis clinic study as above result. It says that, only 5% of dancers' complaint arthritis as patients.

3 Results and Discussions

Table: 1 Dance practicing periods

Practicing Periods (Years)	No. of Samples
05 – 10	08
11 - 15	15
16 - 20	15
21 - 25	05
26 – 30	03
31 – 35	02
36 - 40	02

n=50

15 samples are dance practicing in 11-15 & 16-20 years often. Only 02 samples are practicing 36– 40 years which are dance professionals as dance teachers. 12 samples are dance professionals who are practicing 21 – 40years.

Table: 2 Dance withdrawal syndromes

According to Dancers (Diseases)									
Joint	GI T	Nervous	GUS	Respiratory	MS	Endocrine	Blood	Immunity	Psychological
1	0	0	0	0	0	1	0	0	10

n=50

<GIT-Gastro-Intestinal Track, GUS- Genito-Urinary System, MS- Muscular Skeleton> In this samples; 10 affected by psychological disorders, only 01 sample affected joint disorder and Diabetes Mellitus (endocrine).

Table: 3 Life Satisfactions

Good	Moderate	Poor
37	3	10

n=50

Life satisfaction also measured by samples' information through questionnaires. This resulted as 37 (74%) - good, 10 (20%) – poor and 03 (06%) – moderate level.

Table: 4 Family Life

Balanced	Not satisfied	Separate
39	1	10

n=50

In samples' Family Life; Balanced family life are 39 (78%), Separated families are 10 (20%) and not satisfied family life is only 01 (02%).

Table: 5 Social Stigma

Good	Bad
43	7

n=50

Social Stigma of the samples is Good are 43 (86%) and Bad are 07 (14%).

Table: 6 Educational Status

A/L	Degree	Post degree
2	32	16

n=50

Educational Status is 32 (64%) are degree holders, 16 (32%) are post graduate degree holders and only 02 (04%) are G.C.E (Advanced Level).

Table: 7 Other Professionals

Dance	Others
12	38

n=50

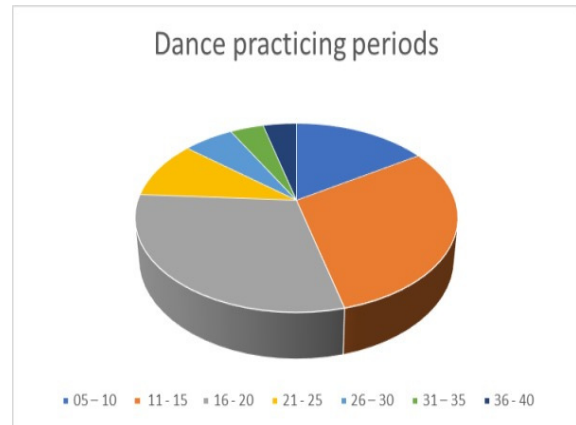
In research samples; only 12 (24%) are Dance Professionals as Dance Teachers and other 38 (76%) are other professionals such as, Teachers, Medical Doctors, Accountants, Engineers, Administrators and other governmental and Non-governmental public servants.

Table: 8 According to medical history of patients who effected from Joint disorder (Arthritis)

95%	None dancers
5%	Dancers
In 5% dancers	
3%	None regular practitioners
1%	Effected by other diseases
1%	By trauma complaints

n=50, In commonly, at the Hospital data shows; in Arthritis clinic study as above result. It says that, only 5% of dancer's complaint arthritis as patients.

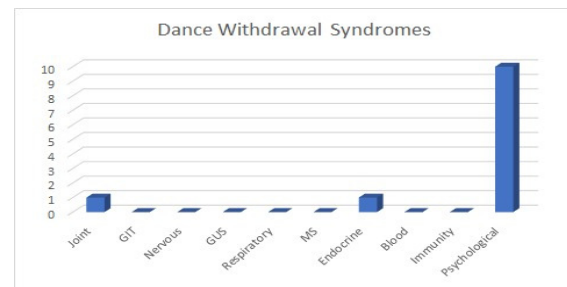
Graph: 1 Dance practicing periods



n=50

15 samples are dance practicing in 11-15 & 16-20 years often. Only 02 samples are practicing 36– 40 years which are dance professionals as dance teachers. 12 samples are dance professionals who are practicing 21 – 40years.

Graph: 2 Dance withdrawal syndromes



GIT-Gastro-Intestinal Track, GUS- Genito-Urinary System, MS- Muscular Skeleton. In this samples; 10 affected by psychological disorders, only 01 sample affected joint disorder and Diabetes Mellitus (endocrine). Life Satisfaction

4 Conclusion

In conclusion, the exploration of various Bharatanatyam forms within classical dance has yielded promising results in addressing metabolic and obesity disorders. The observed improvements in physical metrics, coupled with positive subjective experiences and sustained participant engagement, advocate for the integration of classical dance into holistic approaches for promoting metabolic health. The diverse kinetic energies embedded in Pavanai add an extra layer of complexity to our understanding, highlighting the nuanced impacts of specific movements on metabolic regulation. This study provides a foundation for future research endeavors to delve deeper into the therapeutic potential of classical dance across different styles and forms.

DMT is a body-mind-emotion psychotherapy approach used in pediatric health to help patients express their thoughts and feelings about their medical experience. It

uses dance, movement, music, play, and mindfulness practices to promote body awareness, improve mobility, and aid in recovery of skills in all developmental domains. This approach supports all phases of the cancer experience, including palliative and end-of-life care, allowing patients to experience their emotions and feel empowered. Pediatric medical DMT, a psychotherapy approach that focuses on body-mind-emotions, is a crucial psychotherapeutic treatment modality in integrative oncology. It supports the biopsychosocial experience of pediatric oncology patients and their families. The field's definition, literature review, and discussion aim to clarify its role in the integrated oncology team and position it as a key psychotherapeutic treatment modality. A parent of a pediatric patient who heavily utilized pediatric medical DMT, specifically MSDMT approaches, at MSKCC, stated that integrative medicine did not change the outcome for them, but it did change the story. The paper questions whether pediatric medical DMT can support patients' expression of emotions during cancer treatment in a psychotherapeutic setting, promoting expressivity and empowerment instead of internalized trauma representations. Delaying this investigation could significantly improve the quality of life for pediatric cancer patients and their families.

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