Injuries are rife within dance, particularly lower-limb injuries. In an effort to address this, a number of professional companies and dance training institutions employ some form of screening program with the aim of assessing injury susceptibility. Previous injury has been shown to result in decreased proprioceptive abilities to the injured area, which in turn can then result in subsequent injuries. The primary objective of this study was to explore for potential links between ankle proprioception (as assessed by static and dynamic one-legged balance tasks) and dancers’ previous lower-limb injuries and susceptibility to future lower-limb injuries. Furthermore, we were interested to see whether a balance task could be a reliable indicator of injury susceptibility. 102 contemporary dance students were recruited at a UK dance conservatoire. All participants gave signed consent following a verbal and written explanation of the procedure. Necessary ethical clearance was obtained from the relevant body. Information concerning previous injuries was collected by self-report survey. The participants completed two different balance tasks performed on a RS Scan Footscan pressure pad to calculate postural sway while performing the tasks. The first was a static balance task comprised of a one-legged Stork balance test with eyes closed. The second was a dynamic balance task involving a modified Rond de jambe with eyes open. Injuries in the participant cohort are currently being tracked for a 10-month period in order to determine injury susceptibility. This process will be complete in the spring of 2011. A one-way ANOVA revealed that participants who had had a lower-limb injury in the past 12 months exhibited significantly more postural sway on all elements of the balance task than those participants who had not had a lower-limb injury in the past 12 months ($p < 0.05$). As hypothesized, recent lower-limb injuries were found to be linked to poorer balance as assessed by static and dynamic balance tasks. Given this, it would appear that the balance tasks employed in the present study do provide a reliable method for identifying proprioceptive deficits resulting from injuries. If performance on the balance tasks is also found to be linked to injury susceptibility as determined by the injury tracking process, these balance tasks would prove a valuable addition to screening programs. As well, they could be used as a functional assessment tool as part of rehabilitation programs following injury occurrence.