Performing arts medicine

Performing arts medicine is where sports and exercise medicine was 25 years ago. People involved in performing arts form a community with special medical needs which are not being met by conventional medicine. Many health care providers of varying skill provide services which range from excellent to dangerous, and there is no parent body responsible for standards, assessment, or accreditation of specialists. Like sportsmen and women, performers, be they dancers, singers, actors, or musicians, often suffer minor injuries that are career threatening but are often minimised, misunderstood, and mistreated by primary care doctors.

The pattern of morbidity is very similar to sports injuries. The biggest group are overuse and misuse of soft tissue injuries. The misuse injuries almost always occur in the amateur or the rising professional. They result from faults in technique, and a performer with these faults is very unlikely to rise to the ranks of the successful professional. On occasion, male singers can cover up faulty technique by strength, but they always hit what is called the “40” barrier. It is not uncommon for male singers with this problem to have lack of control and what is called “ring” in the voice when muscle strength diminishes and poor basic technique is uncovered. As in sports medicine, to misdiagnose misuse and overuse is to do the performer no favours. While rest is the cure for overuse, rest applied to misuse does nothing other than land the performer with a reputation for unreliability and recurring problems that will affect future bookings, because when the rest period is over and activity recommenced, the faulty technique will merely result in a “recurrence” of the problem.

Psychological problems can manifest in the form of drug abuse, eating disorders, and dystonia. A recent survey of 56 orchestras world wide with 1639 responses showed that 6% of musicians used alcohol before a performance and 20% took β blockers for stress at least once a year. Some 48% had tried at least one method of relaxation therapy, such as Alexander, Feldenkries, or psychological counselling. In orchestras there was found to be no gender difference with respect to stress, but in the ballet world, the incidence of eating disorders in female dancers is around 10%. In reality, it is probably much higher than this, but because of the normally low body weight of female dancers, the identified cases of eating disorder are fairly gross. Dancers thus suffer the same problems as female long distance runners, namely osteoporosis and fertility problems.

Dystonia manifests in musicians in various forms. Basically it is due to a failure of relaxation of the antagonist muscle group which stops a smooth movement being performed. In string players, the common one is known as “purling”, namely the inability to draw a bow across a string slowly and smoothly. French horn players are most often affected with problems of lip control which manifests as a “cracking” of the note; perhaps it is the “high profile” parts that are allotted to the French horn that makes this group of musicians more prone to the problem. It is thought that Schuman’s hand problem, basically “writers’ cramp”, is not unlike the “yips” that can affect golfers when

putting. Those with enormous psychological strength, such as Bernard Langer, can overcome it with a new technique, but for the majority, a dystonia signals the end of a career.

With advancing age, neuromuscular control diminishes. A singer’s vibrato, which is a 5 cycles/second feedback mechanism from the laryngeal muscles and is uncontrollable in the well trained singer, loses the regularity and so becomes a “wobble”. This is the difference between the voice of Maria Callas in the 1950s and the 1960s. The technique of a wind instrument player deteriorates more quickly than that of a string player because of the great control over lip muscle position that is required. This is not unlike the disappearance from the TV screens of once famous snooker players when they can no longer basically stand “still”.

Specific problems affect some specific tasks. For example, a clarinet’s weight is borne almost totally on the player’s right thumb. If there is chronic pain, the clarinet can be placed on a rest. Bad posture is usually the cause of arm and shoulder pain in string players. This can often be helped by the use of different chin rests.

Dancers are the most health conscious of the different groups of performers and are the only group that has any health education in their training syllabus. Most dance companies employ a physiotherapist, and some shows, such as “Cats”, have a measurable morbidity of strains and even fractures because of the staging.

Just over 10 years ago, the British Association of Performing Arts Medicine was established. It has had a fairly stormy passage, but has succeeded in attaching doctors to the main British orchestras and, through funding from the Musicians’ Union and the Musicians’ Benevolent Fund, it runs a performing arts clinic from its headquarters in Ogle Street in London. Provision of medical care outside London is, however, very variable. Some enthusiasts run clinics, and, in Edinburgh, we had at one time a team that staffed a performing arts medicine clinic, but that withered with the health service reforms.

What is needed now is a stronger parent body and a syllabus that leads to a diploma for medical specialists; this would have to contain a core section and a specialist component for the orthopaedic doctor, the laryngologist, and the psychologist. It is also essential to certify non-medical groups such as speech therapists, physiotherapists, and counsellors.

The similarities to sports and exercise medicine are clear. You are a long way down the road to solving your problems and act as an excellent template for ourselves. The client group needs better delivery of specifically useful health care and the market needs to be rid of enthusiastic amateurs. Furthermore the profession will not take it seriously until there is proper training, assessment, and accreditation.

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