

Letter to the Editor

Performing Artists and Self-Care

To the Editor—The Arts Medicine Master Class case discussion on “Myofascial Pain in a Guitarist” (MPPA December 2005)¹ reinforced some of the take-home points from an earlier article entitled “An Innovative Patient-centered Approach to Common Playing-related Pain Conditions in Musicians” (MPPA December 2004)² and the more recent abstract presentation and workshop at the 2005 Aspen Conference entitled “The Trigger Point: Where Different Traditions of Medicine Meet”³: 1) myofascial trigger points are a common component of pain syndromes; 2) the short-term solution to myofascial pain is addressing trigger points, and the long-term solution is managing potentiators of pain (practice habits, posture, ligament laxity, psychological stress, etc.); and 3) self-care can contribute to the short-term and long-term solutions to myofascial pain.

How can this dialogue on myofascial pain be translated into self-care competencies for performing artists, so they can prevent pain and other functional symptoms from becoming chronic conditions that are often refractory to professional medical care? Self-care is a concept central to the practice of good medicine and is especially important to this population whose occupational-related problems are often due to a combination of psychological, physical, social, and environmental factors. Performing artists can potentially serve as their own first-line of defense for the prevention and treatment of discomfort and injury from repetitive microtrauma (overuse, exposure to high decibel noise, psychological stress, etc.), while being aware of the physical and emotional signs and symptoms that should be evaluated by medical professionals.

Through the collective experience and ideas of PAMA members, some sort of self-care product (course curriculum, book, video, poster, etc.) could be designed for performing artists with the aim of improving their occupational health and sense of well-being. For instance, any or all of the recommendations in the Arts Medicine Master Class case discussion regarding the guitarist with myofascial pain could be packaged into such a product: 1) skills in stretching techniques to treat myofascial trigger points (as described by Simmons and Travell⁴ in the “suggested readings” citation at the end of the case discussion); 2) knowledge and adherence to proper practice techniques (warm up, gradual return to a demanding practice routine after a hiatus in playing, etc.); 3) insights to achieve a better fit with an oversized or undersized instrument relative to body habitus (different sized instrument, instrument modification, etc.); 4) recognition of joint laxity, its potential role in pain conditions, and awareness of treatment options; and 5) information on proper posture (an article on “Fundamental Positions for Instrumental Musicians,”⁵ published in MPPA December 2005, could be used as a source for instruction).

As leaders in performing arts medicine, we should embrace, advocate, and advance a culture among performing artists that they can, want to, and do participate as partners in their healthcare. Perhaps a workshop at a future PAMA conference with the theme of self-care could aid in bringing performing arts medicine to the performing artists.

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2. Brodsky M, Hui K-K: An innovative patient-centered approach to common playing-related pain conditions in musicians. *Med Probl Perform Art* 2004; 19(4):170-173.
3. Brodsky M, et al: The trigger point: where different traditions of medicine meet. Presented at the 2005 Medical Problems of Musicians & Dancers, Aspen, June 2005.
4. Simmons DG, Travell JG, Simons LS: *Myofascial Pain and Dysfunction—The Trigger Point Manual*, 2nd ed. Philadelphia, Lippincott Williams & Wilkins, 1999.
5. Tubiana R, Chamagne P, Brockman R: Fundamental positions for instrumental musicians. *Med Probl Perform Art* 2005; 20(4):192-194. [Reprinted from MPPA, June 1989; 4(4):83-86.]

A New Method for Quantification of Musician's Dystonia

To the Editor—Recognizing that the goal of Drs. Spector and Brandfonbrener's article, in the December 2005 issue of MPPA,¹ was to develop a useful neurologic rating scale, it would be helpful to the reader to better understand the measure in relation to what the musician appreciates. The comparisons of the scales allow for some understanding of response to change; however, in applying this scale in practice, it would be helpful to know if the musicians appreciated any change? Further, is this a more exact tool for measurement of such change, or in considering the application of this approach, should we think of it as a measure of subclinical change to identify a response to treatment that is not otherwise being observed?

It would be appreciated if the authors could comment on how they envision the scale being utilized, considering the limited therapeutic responses that may occur during the management of dystonia.

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REFERENCE

1. Spector JT, Brandfonbrener AG: A new method for quantification of musician's dystonia: the frequency of abnormal movements scale. *Med Probl Perform Art* 2005;20:157-162.

In reply—The reader raises an important point. The primary aim of this study was to develop an objective and quantitative method for clinically evaluating musician's dystonia: the Frequency of Abnormal Movements (FAM) scale. As discussed in the article, the FAM scale provides an objective approach, but subjective symptoms play a significant role in musician's dys-

tonia. Subjective changes were not addressed in the study, but we hope in future studies to compare the FAM scale to reliable and valid subjective scales. It is our ultimate goal to combine the FAM scale with an appropriate subjective scale to form an optimally useful clinical tool for assessing the natural history of musician's dystonia and responses to interventions.

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PAMA International Exchange and Tours *New for 2007*



New for 2007, this program is designed for arts medicine professionals who have an interest in meeting colleagues in other countries. Its concept is being developed, and input is welcomed from those who would like to be part of the program in one way or another—here and there.

The objective is to provide a solid educational experience combined with enjoyable social times and the opportunity to tour the sights of a region. Optional touring will be arranged for spouse, family and friends while you are in conference.

Germany will be the first destination, and PAMA physician members in four different arts medicine settings will provide continuing education seminars, discuss research, and have meetings with patients.

Dates for this first Exchange and Tour will be announced at the 2006 Symposium and in the September issue of *MPPA*.

For more information and to offer comments, please contact:

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