

Playing With Pain—Strategies for the Developing Instrumentalist

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The Midwest Clinic – December 2004

Medical problems affecting musical practice and performance are common in the young instrumentalist
Involve members of marching and concert bands, orchestras, jazz bands, and other ensembles

Causes and contributing factors

Related to making music – usually referred to as *overuse*

Factor #1: Exceeding the body's physiological limits for time x intensity of playing

Examples: Marching band camp, esp. on different instrument or role

New school/instructor/repertoire/instrument/private teacher

Factor #2: Technical factors (Some would call this *misuse*)

Examples: Using excessive muscle force; using additional/unneeded muscles

Factor #3: Genetic factors such as *hypermobility* (“double-jointedness”)

Abnormally great sound intensity, esp. in closed rooms

Not related to making music

Injury/trauma

School and club sports and other activities – esp. ball sports as cause of hand/wrist trauma

Falls, motor vehicle accidents, household injury

Overuse activities from part-time employment

Types of medical problems produced

Music-related – from playing, marching, transporting instruments

Muscle strains – muscle can't keep adapting to heavy use; worst is microscopic tear of fibers

Tendinitis – inflammation of tendons, especially in hands, wrists, elbows

Miscellaneous

Nerve compression: in neck, upper extremity (uncommon, but wrist is primary location)

Foot problems related to marching: blisters, calluses, muscle strain

Skin problems: contact allergy to environmental substances, sunburn, heat exhaustion

Noise-induced hearing loss (nerve deafness; accumulative, permanent)

Non-music-related

A broad spectrum of fractures, joint dislocations, lacerations, contusions, strains, sprains, and damage to tendons/nerves

Nature and location usually depends on site and type of injury

Examples: Sprained or fractured fingers from playing many ball sports

Wrist fracture from fall on outstretched hand (running, slippery surfaces)

Symptoms

Music-related problems

#1 – PAIN

Varies in nature and how it's manifested/perceived by the musician

Also: weakness, tightness, fatigue, warmth, stiffness, tenderness, ache, heaviness, cramping, warmth

Nerve symptoms a *very* distant second

Numbness, tingling – decrease in sensation

Weakness, clumsiness, coordination problems – changes in motor function

Tinnitus (ringing in ears)

Non-music-related problems

Depends on the problem; examples:

Fracture or joint injury: Pain, swelling, (often) deformity

Skin: Redness rash, hives, limp from painful blisters

(OVER)

Diagnosis

- Made by health professional, esp. one who is trained and knowledgeable in musician's special needs
 - Painful areas identified and localized by the physician
 - Functional losses or limitations
- Exam with instrument most useful, esp. when musical overuse suspected as the cause
- History, physical examination are crucial to a correct and complete diagnosis
- Laboratory tests, including X-rays, when indicated

Basics of treatment – music-related problems

- First, recognize that a problem exists and seek some kind of help for it
- Second, try to recognize the cause
- Primary treatment is rest – several variables
 - Avoiding or modifying the causative activity
 - Duration: At least long enough to relieve the pain
 - Sometime splinting or other assistive devices may be useful; physician can help here
- Medication occasionally needed, and should be prescribed by a physician

Basics of treatment – non-music-related problems

- Trauma: Fix fracture, repair wounds, etc.
- Other problems: Specific for the medical condition
- Usually requires skilled evaluation and care by a physician

For both types:

- Try to preserve some opportunities to play during treatment, if possible
- Early therapy to restore lost functions and prepare for return to music
 - Regain lost movement, strength, endurance, coordination
 - “Musical therapy” from teacher to regain playing skills
- Return to playing
 - When pain is gone
 - Prevent recurrence or new problems – gradual re-entry, avoid pain
 - When musician has regained muscle strength, endurance, and coordination which may have been lost or decreased during time of treatment
 - Modify practice routines or techniques if needed

Basics of prevention

- Remember the causes of music-related problems and work to avoid them
- Application of logic and common sense, not always adequately present in students
- Practice modifications
 - Play 25, rest 5 minutes of every half-hour; leave the instrument during breaks
 - Decrease intensity of practice when practicable
 - Vary the practice schedule, repertoire
 - Practice techniques should minimize stressful repetition of passages
- Instrument modifications to minimize physical stress
 - Neck straps for clarinet, oboe
 - Floor pegs for low clarinets
 - Harness/ body support for low saxes and brass (marching)
- Environmental adaptations
 - Marching: Frequent breaks: adequate and appropriate fluids to replace losses in heat, humidity
 - Proper footwear, correctly sized; measure feet yearly
 - Loud, continuous music: Hearing protection (ear plugs, attenuators) for both indoor and outdoor use
 - Conductors, too!
 - Proper seating; seat should be level, not tilting backward
 - Use of sunscreen, head/body coverings and insect repellent for outdoor musical activities