Playing With Pain—Strategies for the Developing Instrumentalist

William J. Dawson, M.D.

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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 repellant for outdoor musical activities