

# Rose's CORNER

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Medical Problems of Performing Artists  
**Maximizing Performance**

July 20 - 23, 2013

Snowmass, Colorado USA - Viceroy Resort & Hotel

Dear Friends,

Did you know that harps and violins are the most "dangerous" instruments to play? That they have the highest incidents of musculoskeletal injuries? I would have never believed it if I had not seen the research involved. (And the harp injuries were not from moving the instrument either!)

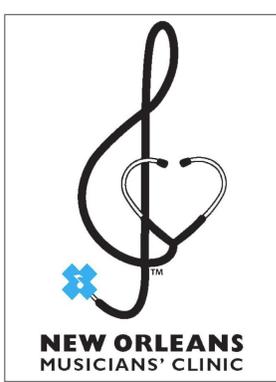
**Dystonia is involuntary muscle contractions that lead to abnormal movements and/or posture of the part affected which can impact performance.**

Singers can have dystonia of the laryngeal muscles which impacts their singing and careers. The dystonia may only affect their singing voice but may progress to include the speaking voice as well. Dr. Lucinda Halstead presented her work in this area of diagnosis and treatment. The correct diagnosis is a main issue (and not the assumption that problem was due to singing technique problems). She stressed that the problem is under-diagnosed and that singer is often blamed. She successfully treated some with Botox, while others only received partial relief from the injections. Others were able to change their repertoire so they could continue to sing.

Pianists, violinists, and guitarists seem to be at high risk for this but anyone can develop dystonia. There does seem to be a generic component in developing dystonia. Usually a finger curls under or slides under another finger. Naturally, this interferes with playing music.



Catherine Lasperches, FNP, Johann and Bethany Bultman and I just had the great privilege of attending the 30th annual International Performing Arts and Medicine Association (PAMA) Conference in Colorado. The majority of the attendees were doctors, physical therapists, music educators, dancers and musicians. Some fit more than one category. Academic research presented included performance anxiety, injuries and focal dystonia.



Dr. Naotaka Sakai uses Slow Down Exercise (SDE) to treat dystonia. He found that the involuntary movements started with a specific hand movement also called a trigger movement. He had his patients reduce the speed of playing a piece of music until the dystonia disappeared. He then had the person play the music at the slow speed using a metronome. They practiced this for a ½ hour per day for two weeks. Then they would increase the speed from 10% to 20%. If they could do this without the dystonia, they practiced at this speed for 2 weeks. If they were successful at 20% they could gradually increase the speed. If they were not successful they resumed a slow speed practice.

Another part of his treatment was for a player to find the trigger position (TPE) just before dystonia appears and hold that position. If the person could not hold the position on the instrument he/she would try it on a board or soft cushion.

The therapies did require time for improvement to be achieved: 19.0+8.9 months (+standard deviation) for the SDE group and 15.4+5.6 months for the TPE group.

Patrice Berque reported that task-specific retraining may be effective and have lasting results even four years out. Their study used constraint-induced therapy and motor control retraining via SDE.

## **New Orleans Musicians' Clinic**

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