Performing Arts Medicine—Past, Present and Future

As I hope everyone who has an interest in the health of performing artists already knows, the 30th annual “Aspen” symposium will be held in July. I am using the theme of this year’s conference as the title of this issue’s editorial. We have a lot to be proud of as we look back on the last three decades, as we look around at what is happening in the field of performing arts medicine now, and as we look forward to the potential that the future holds. From the early 1980s, when Dr. Brandonbrener decided it was time to focus on improving the health of musicians by organizing the first Aspen meeting, to the first issue of the Journal of Performing Arts Medicine now, and as we look at the growth of the field.3 As the field has evolved, it has been exciting to see the potential that the future holds. From the early 1980s, when Dr. Brandonbrener decided it was time to focus on improving the health of musicians by organizing the first Aspen meeting, to the first issue of this journal and the founding of the Performing Arts Medicine Association over the next few years, the founding of the International Association for Dance Medicine and Science in 1990, and the Health Promotion in Schools of Music initiative1 in the last decade, performing arts medicine has enjoyed steady growth. As we work to design the future of performing artist health, it may be useful to look at a “sister” specialty that got an earlier start—sports medicine.

The modern history of sports medicine goes back to the late 1920s, when Dr. Augustus Thorndike of Massachusetts General Hospital started working with the Harvard Athletic Department.3 (He introduced several of the basic principles of sports medicine: every athlete must have a pre-season physical exam; the team physician decides who is well enough to play, not the coach; a physician should be at all contests that involve physical contact; and a player must stop competing in contact sports after three concussions.) In 1928, the first International Congress of Sports Medicine was held in conjunction with the St. Moritz Winter Olympics; the focus of that conference was on the prevention of injuries.3 The Great Depression and World War II slowed the development of the field for the next two decades, but the American College of Sports Medicine (ACSM) was founded in 1954, splitting off from the American Association for Health, Physical Education, and Recreation (AAHPER).4

Sports medicine grew rapidly during the 1960s and 70s. The Journal of Sports Medicine and Physical Fitness got its start in 1962, sponsored by ACSM. The Canadian Olympic team had a group of physicians accompany them to Mexico City in 1968, and the 1972 Munich Olympics had an official medical team that served all athletes. Massachusetts General Hospital created the first sports medicine clinic in 1976 and the first sports medicine fellowship in 1979. ACSM published the first of its exercise testing guidelines in 1975, and it immediately became the national standard. Certification for Exercise Program Directors was also rolled out in 1975, and the first of several ACSM conferences in Aspen was held that year.

Today the ACSM boasts over 45,000 members worldwide. Its permanent headquarters are in Indianapolis, and there are 12 regional chapters in the US. Over 250 programs offer fellowship training in primary care and orthopedic sports medicine in the US and Canada.5,6 ACSM has certified over 20,000 individuals in 7 specialty areas (personal trainer, group exercise instructor, etc). Now ACSM sponsors several peer-reviewed publications and continues to issue guidelines on a variety of topics related to sports and physical activity. Its foundation, which is supported by both individual and corporate donations, provides $100,000 in grants to support education and research in sports medicine every year.

One of the most interesting features of the ACSM website is the American Fitness Index.7 Created in partnership with the Wellpoint Foundation in 2007, it ranks the 50 largest metropolitan areas in the US from most to least fit. According to the website, “The API data report reflects a composite of preventive health behaviors, levels of chronic disease conditions, health care access, as well as community resources and policies that support physical activity.” Minneapolis got the highest rating based on (among other factors) having a higher percentage of the population who were physically active in the last 30 days, a lower cardiovascular disease death rate, more farmers’ markets per capita, more parks per capita, and higher state requirements for physical education classes. Having fewer swimming pools per capita was cited as a shortcoming, but it was one of only a few. Indianapolis, the home of ACSM, ranked 43rd, cited for having a lower percentage of the population who consumed five or more servings of fruits and vegetables per day, a higher percentage who smoke, a higher cardiovascular death rate, and fewer acres of parkland.

So what might the field of performing arts medicine look like in the future if we evolve the way that sports medicine has evolved? PAMA and other arts-healthcare organizations will have greatly expanded memberships, there will be fellowship training programs in several cities around the world and certification in specific areas for a variety of professionals. We might have access to published guidelines on hearing conservation in schools of music, injury prevention in dance companies, and a required curriculum for university-level students. There might be a performing arts medicine foundation that supports research and professional education around the globe. We could design a website that ranks metropolitan areas on how well they support participation in the performing arts, music and dance schools on how well they support and...
educate their students around performance health issues, and professional dance and music ensembles on their prevention efforts and injury rates.

Given the amount of money spent annually on the performing arts (around $2 billion)\(^8\) vs sports (around $200 billion),\(^9\) it’s unlikely that PAMA will ever have as many members as ACSM. But that doesn’t mean we can’t grow. The expansion of sports medicine has been supported by various corporate entities, and leaders in performing arts medicine organizations will have to think carefully about the pros and cons of pursuing such a strategy. The world has changed over the last few decades in terms of how for-profit organizations can collaborate with not-for-profits, but such collaboration is not prohibited entirely. We have had discussions about fellowship training and certification in performing arts medicine for over a decade—is it time to make a move?

In addition to being a great celebration, the 30th Annual Symposium on the Medical Problems of Performing Artists will provide an opportunity to imagine the future of performing arts medicine and make the strategic decisions that will create it. I hope to see you there.

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