

Healthier Music Students: Can Medicine and Music Prescribe in Concert?

Understanding which musicians are most at risk for injury, how frequently injuries occur as well as why and when, and how to treat and prevent musicians' symptoms is the bailiwick of so-called "music medicine." Data to provide answers to these questions are limited, although they are gradually growing in quantity, quality, and scope. As a result, there is a modest but increasing volume of data in scientific publications, along with a wider array of material in nonmedical publications. Much of the latter is written by musicians who themselves have a history of playing-induced injuries.

Many of the articles in medical journals are reports of surveys on the frequency and nature of playing-related medical problems among different types of musical populations, including students and professionals. Each year, a significant number of young conservatory musicians are injured, and we now know that young musicians are every bit as much at risk for musically induced medical problems as are their older, professional peers. That is, in the world of music-induced injuries, youth is no protector, nor is advanced age an additional risk factor.

While none of the injuries suffered by musicians are life-threatening and the majority are not career-threatening, virtually all are, at the very least, inconvenient and painful, and all have the potential for interfering, even if briefly, with the long, expensive, and arduous process of learning to be a professional musician.

There is no evidence that the actual occurrence rate of injuries among conservatory students is necessarily greater today than in the past, but the

problems they bring have attracted more notice for a number of reasons:

1. Musicians, including students, are more aware that having symptoms is not the norm, and they are more open about having problems.
2. "No pain, no gain" is no longer a widely accepted maxim, or at least it is not admitted to in public.
3. Consumers (i.e., patients) are more sophisticated and vocal about seeing that their medical needs are taken seriously.
4. Specialized care is now available, albeit in limited geographic areas, thanks in part to the existence of PAMA.
5. The popular media has explored and, to an extent, exploited issues of artistic health; stories about injuries of famous musicians sell newspapers and attract viewers.

Historically, there was little if any interest in the occupational health problems of musicians until the 1980s, at which time physicians in this country and Europe, perhaps in part stimulated by sports medicine, became aware that a host of occupational health hazards were associated with being a musician. Music schools in the past regarded their role as making available the best possible training for their students, so that these students could become skilled, competitive, and successful in their musical careers. However, music schools have come to recognize that their institutions have injured students in large numbers, leading these schools to confront the necessity of redefining their roles to include a responsibility for students' health.

This, then, is the basis for the National Association of Schools of

Music's proposal that the health of music students is of sufficient concern that schools should now address the specifics of how to respond. Dr. Kris Chesky, originally trained as a brass player and now a fulltime music educator, researcher, and director of the Texas Center for Music and Medicine at the University of North Texas School of Music, has picked up the gauntlet. With enthusiasm, he is spearheading efforts to convene a major conference to be held September 30 to October 2, 2004, in Fort Worth, dedicated to exploring the entire scope of health issues that affect music students and how music schools can effectively meet the ongoing challenge of maintaining music students' health.

Dr. Chesky and the Texas Center have raised significant amounts of money as well as ideological support from an impressive list of music education, music industry, and health-based organizations. Our own organization, PAMA, is part of this base, and we are committed to providing professional support to and participation in this event.

Conferences in general are daunting to run, especially ones that are as innovative and ambitious as this one. This conference, by its nature, will face particular risks. To ensure a successful venture, it is important to squarely face the uncertainties of such a large and complex project as this well in advance, including evaluating the stated objectives to ensure that they are both appropriate and attainable and examining the planned program to ensure that it will be consistent with these objectives.

The conference's stated goal, simply put, is that "health promotion concepts and materials are integrated into

all schools of music.” These are broad and undefined goals but invite a multidisciplinary participation in designing them. In order to determine just what would best be included in these “concepts and materials,” the conference will hear about the epidemiology of health problems; the definition, diagnosis, and treatment of musculoskeletal, auditory, and psychological risk factors and problems; the biomechanics of music-making; and perhaps most importantly, what can be done to reduce the frequency and severity of medical problems in music students. In addition, participants will be encouraged to examine a variety of traditional teaching techniques and curriculums to determine how these might contribute to the health risks or enhancement of students and in what ways these might be amended to meet the goal of improved health.

The game plan for this program is to engage representatives from as many music schools as possible in dialogue with experienced medical practitioners and researchers (including all allied branches of medicine, biomechanics, psychology, and therapeutic disciplines) to formulate plans to instigate constructive changes in music education. It is anticipated that an enhanced learning environment will contribute to the good health of students while in the conservatory, but also it will positively influence their long-term careers in music. These goals are laudable ones with which no one can argue.

The critical question is, do we on the medical side of this dialogue have sufficient scientific data on which music educators can base changes in curriculum and teaching methods, or is the information largely conjectural? The short answer is both “yes” and “no.” There are some good data concerning both epidemiology and risk factors. On the other hand, there are very little hard data concerning prevention or preventive strategies or even treatment. The problem is that the criteria

for hard data are infinitely variable, and the data are collected under situations that tend to be highly variable or with many constituent variables.

Also, the information needed on which to base treatment decisions for an individual patient is quite different from what is needed to set broad educational and/or medical policy. In the treatment of individual patients presenting with the often vague pain syndrome that constitutes the typical presentation of our musician-patients, years of experience in treating similar patients is quite acceptable for reaching management decisions and usually provides us clinicians with a successful *modus operandi*. But is this the kind of information on which music educators in the world’s conservatories want to base fundamental educational changes, or should they?

I think it is very difficult sometimes for non-medically trained persons, whether musicians, educators, or certain types of researchers, to grasp that medical practice, more often than not, does not lend itself to generalizations. As a very crude example, consider whether all injured musicians should be put at rest. The answer is: some should, some should not. Good medicine is as often based on savvy clinical judgment and even experience-based hunches as it is on rules and generalizations.

It is very likely that some papers by physicians, describing their clinical practices which are based on experiential rather than scientific observations, have led to misperceptions by those without clinical training. These papers are different from the kind of hard scientific data derived from carefully designed studies that meet rigid standards and yield scientifically credible data.

I am also perfectly willing to observe that often times we clinicians are guilty of not being scrupulously careful to make this distinction when we address audiences of our nonclinician colleagues. This miscommunication is one of the hazards of organizations such as

PAMA, in which the membership comes from vastly different disciplines, no matter how much their interests are shared. Moreover, if this has been a factor in misleading educators and others about what is or is not known, it is an unfortunate complication inherent in the nature of the specialty and we must set the record straight. If we appreciate the existence of such previous misconceptions, then they need not prove fatal either to performing arts medicine or to this upcoming conference.

What stands to jeopardize the success of this conference will be a plethora of unmet expectations. Thus, the music educators must not expect the medical/biological experts to provide information that they do not have. If there is dialogue and an acceptance that much of the discussion is based on theory and on logical but scientifically unsubstantiated information, then the representatives at the conference could forge exciting and productive projects and future changes in music education.

The conference is more likely to be the start of an important process than the conclusion. It is entirely understandable and acceptable that the planners and participants of this conference be enthusiastic, so long as they also remain vigilant about its limitations. It is an exciting goal to help in reshaping music education for the 21st century and in implementing new teaching techniques and curriculums, based on a less parochial view of the process and with a new awareness of how good health and good musicianship go hand in hand.

Alice G. Brandfonbrener, M.D.

The conference, entitled *Health Promotion in Schools of Music*, will be held at the Doral Tesoro Resort, Fort Worth, Texas, from September 30–October 2, 2004. Information is available on the web at www.unt.edu/hpsm.