

Abstracts

Susan B. Arjmand, M.D.

Performing Arts Medicine

Ostwald PF, Baron BC, Byl NM, Wilson FR: Performing arts medicine. *West J Med* 160:48-52, 1994

This article discusses the coming of age of arts medicine and the associated increased general awareness of the special problems encountered by artists as a result of their occupations and lifestyles. Attention is given to the specific musculoskeletal injuries of dancers, the frequency of eating disorders within that population, and the stress of enforced early retirement. Among actors and singers, conditions that can adversely affect the vocal cords, such as allergies and respiratory infections, are reviewed. Instrumentalists are known to have skin ailments resulting from chronic friction and the materials used to make their instruments. Their musculoskeletal injuries vary widely depending on instrument, technique, and individual factors. Neurologic complications as well as psychosocial issues are also discussed. The authors suggest management options for treatment of these syndromes and emphasize that injury prevention and collaboration with teachers and coaches are desirable features in caring for artists. Awareness of the need for specialized health care services for performing artists is growing, as evidenced by the existence of arts medicine programs in a number of major cities.

For an associated informative commentary, see Lederman R: *The coming of age*

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of performing arts medicine. *West J Med*, Jan 1994.

Dancers

Milan KR: Injury in ballet: a review of relevant topics for the physical therapist. *J Orthop Sports Phys Ther* 19:121-129, 1994

This review is directed to the physical therapist whose role in helping ballet dancers is apparent in the increasing numbers of dancers consulting them and in the development of physical therapy programs specifically for dancers. The author provides a thorough review of the literature on the epidemiology and mechanisms of dance injury. The roles of environmental factors and of footwear are also discussed. Sixty-five to 80% of ballet injuries are in the lower extremities, 10-17% are in the spine, and the remaining 5-15% are in the upper limb. It is emphasized that dance injuries have multifactorial etiologies and that the physical therapist must address not only the anatomic areas of involvement and their vulnerabilities to injury but also the dancer's technique, footwear, and practicing/performing environment and habits.

LeGrange D, Tibbs J, Noakes TD: Implications of the diagnosis of anorexia nervosa in a ballet school. *Int J Eat Disord* 15:369-379, 1994

This article reviews a study of the presence of anorexia-nervosa-like symptoms in a group of 49 female ballet students. All the students were evaluated for certain physical and psychosocial

indices at the start of the academic training year. All the subjects who presented with anorexia-nervosa-like symptoms at the initial assessment underwent an interview to determine their diagnostic status. The study also sought to assess the prognostic implications of a follow-up assessment ten months later. Two students were diagnosed as having anorexia nervosa, while another four presented with "partial syndrome" anorexia nervosa. All of them completed the academic training year. The authors compare their results with those of previous studies and conclude that it remains difficult to accurately diagnose anorexia nervosa in a nonclinical environment such as a ballet school, where the pressures to be slim may encourage an anorexia-nervosa-like picture. This may result in inaccurate incidence reports. Many more students present with anorexia-like symptoms than fulfill the diagnostic criteria for the disease. It is also noted that some discrepancy in diagnosing anorexia nervosa appears when case detection is done via questionnaire vs clinical interview. An increase of anorexia nervosa cases has been identified in other environments with higher performance expectations. The authors conclude that further investigation of these issues is needed.

Quirk R: Common foot and ankle injuries in dance. *Orthop Clin N Am* 25(1):123-133, 1994

The author reviews the basic types of foot and ankle injuries associated with dance. He emphasizes that there are four main causes of injury in classical ballet and that the dancer's physique, as well as technique, overuse, and individual mishaps, needs to be

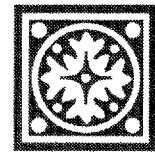
considered in the evaluation of injuries. Minor injuries become increasingly common and may develop into major complications as the dancer encounters the greater workload of professional

dancing. The doctor must have a basic knowledge of ballet technique and an understanding of the mental approaches of dancers to effectively treat them for their injuries. Dancing en

pointe, exaggerated turnout, and extreme skeletal flexibility all lead to unusual injuries. Conservative treatment is advocated, although surgery is sometimes required.



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