

Abstracts

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Musicians

Lederman RJ: AAEM minimonograph #43: Neuromuscular problems in the performing arts. *Muscle Nerve* 17(6):569-577, 1994

This is a general review of the neuromuscular problems encountered by instrumentalists seen by the author. A group of 672 instrumentalists was evaluated and the major diagnoses identified included musculoskeletal disorders in 64%, peripheral nerve disorders in 22.5%, and focal dystonias in 7%. Among the musculoskeletal disorders, approximately half are considered overuse syndromes. Compression neuropathies were the most common disorders of the peripheral nervous system; and among these, thoracic outlet syndrome and ulnar neuropathies were the most frequently seen. The distribution of symptoms and signs show instrument-specific patterns in both musculoskeletal and peripheral nerve disorders. Electrodiagnostic studies are important tools in their evaluation. Focal dystonias were seen among a diverse group of instrumental musicians. Unlike those with other playing-related disorders, the majority of those affected by neuromuscular problems were male. Treatment for neuromuscular problems includes relative rest and diligent evaluation of technique, practice habits, and unusual psychological stress. Some patients require and respond to physical therapy. A judicious approach to more invasive treatment is advocated. The treat-

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ment for focal dystonia has been much less successful, with at best only modest gains seen from the use of medications (including Botox), retraining, relaxation techniques, physical therapy, and psychotherapy.

Dancers

Ramel E, Moritz U: Self-reported musculoskeletal pain and discomfort in professional ballet dancers in Sweden. *Scand J Rehabil Med* 26(1):11-16, 1994

This study centers on the self-reported prevalence of injuries among dancers in ballet companies. Of 128 dancers, 121 reported trouble within the preceding 12 months. Of these, 70% complained of low back pain, 65% of ankle/feet problems, and 54% of neck pain. Pain from the ankles/feet was reported as keeping dancers from their daily work in 35%, while the low back and knees were responsible in 25% and 19% of the cases, respectively. There was no difference between male and female subjects with regard to the incidence of dancers with trouble or the locations of their complaints. Factors believed to increase or decrease problems were reported by the dancers and categorized as physical, social, or environmental. The majority of the medical problems were related to physical factors. Those said to cause increased trouble were related to active involvement by dancers (training, self-treatment), and none were passive (massage, ultrasonography, etc.). On the other hand, active ways to decrease problems were fewer than passive. The psychosocial (time management, scheduling, mental stress) and environmental (floors, temperature) fac-

tors were also reported by dancers in their evaluation of factors that increase or decrease their performance-related pain.

Holderness CC, Brooks-Gunn J, Warren MP: Eating disorders and substance use: a dancing vs. a non-dancing population. *Med Sci Sports Exerc* 26(3):297-302, 1994

This study reviews whether dancers, known to be at risk for eating disorders, are also at risk for other psychological disorders commonly seen among nondancers who suffer from anorexia and bulimia nervosa. The co-occurrence of eating disorders, substance use, and emotional distress in a group of 50 dancers was examined and compared with that in a group of 56 nondancers. The groups were recruited as part of a longitudinal study focusing on skeletal problems. Participants completed questionnaires about eating habits, substance use, and emotional functioning. DSM-III guidelines, the Hopkins Symptom Check List (HSCL), and physiological data were collected and used with the questionnaires to make assessments. The dancers and nondancers did not differ significantly with regard to the frequency of diagnosis of anorexia nervosa and bulimia nervosa based on the results of the clinical interviews and questionnaires. The major finding of this study is that no statistically significant correlation between eating disorders and substance use was found among the dancers, while ten such correlations were found among the nondancers. Also, although the dancers and nondancers obtained almost identical scores on the HSCL (the level of emotional

functioning), more correlations between psychological symptoms and disordered eating were found among the nondancers than among the dancers. The authors conclude that

since the world of professional dance promotes thinness, it may therefore support the types of eating patterns that most clinicians and researchers consider disordered. The dancers

therefore do not show the same degree of emotional distress and symptoms of psychopathology (e.g., substance abuse) that often accompany eating disorders in the general population.

