

### PERFORMING ARTS MEDICINE: A CHECKUP

Although we are told that the annual physical examination is of limited value and not necessarily cost-effective, it has been over a year since we evaluated the health of Performing Arts Medicine in this space. Being a traditionalist, I intuitively feel it is time for an annual checkup. We will attend to this by a review of systems, examining the clinical practice of arts medicine from a number of perspectives: the quality and quantity of clinical work, the status of education, the current state of research, and the relationships among the various interested parties whose orientations are medical, artistic, educational, and combinations of all three.

The presence of Arts Medicine as a medical discipline is an accepted reality today, which it was not as recently as four years ago when this journal was founded. As evidence I would cite the increasing numbers of clinics throughout the United States and Canada (from approximately six in 1984 to close to 20 in 1989) and the increasing number and variety of meetings concerned with arts medicine. A number of these meetings are primarily clinical, such as the annual symposium in Aspen. Others, such as the "Playing Hurt" meeting in Minneapolis, are medical but oriented to interested performers and educators. Dance festivals have incorporated sessions in dance medicine, as have large teachers' and performers' organizations. An increasing number of professional orchestras have sponsored day-long seminars for their players. Recently in Chicago, a program for arts managers on health issues in their workplaces was jointly produced by the medical and arts communities.

Professional journals—artistic, educational, and medical—have featured articles on Performing Arts Medicine. Especially important for those

of us who are physicians was the recent publication in the *New England Journal of Medicine* of the review article by Dr. Alan Lockwood and related editorial by Richard Lederman, both of which underscored the arrival of performance arts medicine (*N Engl J Med* 320:221–227, 246–247). Also notable was the formation of the Performing Arts Medicine Association. (PAMA), the first medical professional organization in this field. Because quantity is not a guarantee of quality, the role of PAMA will be to provide guidelines for the practice of arts medicine, to encourage much-needed medical research in this field, and to further education in Performing Arts Medicine, both in the arts and the medical communities.

Quantity does guarantee an increased opportunity for artists to receive care closer to home. Inevitably some facilities have more to offer both in experience and services than others. An important corollary to this is the need to think of the patient first and not to let medical egos interfere with that process. This includes the sharing of data by the relative few that have any, and the appropriate referral of patients to colleagues, artistic as well as medical. A core role of PAMA will be to encourage these practices by providing guidelines for clinical services as well as by sponsoring meetings for the exchange of research and clinical information.

All of us involved in Performing Arts Medicine face the daily frustrations of practice by clinical experience and instinct, often without the support of scientifically documented data. Research is not for everyone, nor need it be. However, those who are able and willing should be presented with opportunities. With the dearth of support money for investigation of life-threat-

ening illnesses, it is especially difficult to interest funders in injuries that are only career threatening. This does not reduce the importance of research in the performing arts; however, it is another factor that mandates cooperation and sharing in the investigational process.

Currently research is as diverse in subject matter as it is in technique and site. It ranges from the laboratory to the clinic to practice rooms and rehearsal halls. Subjects are as varied as the mechanics and style of instrumental performance. A challenge of understanding the etiology of injuries in performers is the confounding complication that they are usually caused by multiple, yet interacting factors; however, it is also one of the rewards of research in Performing Arts Medicine, in that designing a study can be a truly creative process and a learning experience shared by many disciplines. Research must also be encouraged within the institutions that both teach performing arts and train teachers.

I can attest from my own mail, from material submitted to MPPA, from telephone calls from concerned physicians and other medical personnel, including therapists from many schools of thought, people at institutions of learning at all levels, and artists themselves, that all of this is beginning to happen. I also know from talking with colleagues that my experience is shared by them. However, turning this interest and commitment into sustained action requires maximum effort and persistence by all concerned.

In large part, generating and sustaining this interest and commitment depends on education—education of educators, performers, managers, funding organizations and individuals, and medical personnel. Although we

will discuss all of these in due time, it is the latter that I will address here and now. A natural by-product of the acceptance in the medical arena of Performing Arts Medicine is the interest being shown by medical students, post-graduate trainees, and even those who have not yet commenced scientific training in pursuing some aspect of the field. Although it is true that we do not yet have much dogma to teach, we do have some insights into both the practice of Performing Arts Medicine and the directions that research must take. The opportunity for more minds and bodies to participate in this endeavor is one that cannot be missed. As all who have had the experience of teaching know, the process of engaging students is itself an educational one, as we attempt to articulate our ideas and understanding and pass them on.

We are at the point in the development of this specialty where we must formulate some basic elements of a curriculum for those who show interest in participating and expanding the various dimensions of Performing Arts Medicine. This presents an exciting opportunity for which PAMA, along with other interested organizations, must provide guidance.

Again, there is evidence that the process has begun. Many colleges and conservatories that are showing concern about their students' health and understanding their responsibility in this regard have incorporated courses and lectures that reflect this insight. Teachers' organizations, specialty journals, and arts-advocacy groups are devoting more attention to these problems and to determining their roles. Medical schools and hospitals are also rec-

ognizing that Performing Arts Medicine is not a passing fancy and that their students and their communities deserve to be informed.

Although it is indeed gratifying to those who have recognized the need for this special field for some time, this is not the time to relax in self-congratulatory passivity. The prognosis is excellent but now is the time to formulate and share new ideas. If we sit back and do not take active roles in shaping the specialty, we will have only ourselves to blame when it then fails to achieve its full potential. Let us continue to be as attentive and involved as any good parents must be throughout an offspring's potentially difficult adolescence in order to assure a healthy maturation.

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