

Medical Problems and the Young Music Student

As we have become more familiar with treating performing artists, many of us have become convinced that the majority of their medical problems have their roots in the early learning and performing years. It is usually during the conservatory and pre-conservatory years that skills are perfected and practice and performance habits become ingrained. Now, more investigators are turning their attention to this period in the lives of performing artists to help to identify what may lie behind the problems that are becoming so frequent.

Serendipitously, but also a sign of the times, several articles in this issue of MPPA address problems in young musicians. In addition, a paper on performance anxiety analyzes its origins in certain students in relation to their career choices.

The statistics generated by the studies of high-school-aged musicians in separate papers by Fry and Lockwood are remarkably consistent both as to the total incidence of injury (in excess of 50%) and in the higher incidence among female instrumentalists. This preponderance of pain syndromes in female musicians is in agreement with Manchester's study of the incidence of hand problems in Eastman Conservatory students (MPPA 3:1, March 1988), as well as with the ICSOM study of professionals (*ibid.*).

These data are both disturbing and reassuring. Disturbing because of the high incidence of pain in our young musicians, whose talents we are attempting to foster while preparing them for productive adult lives. The reassurance is less direct, but there appears to be reason to believe that there are generic risks of playing musical instruments at any age which should be iden-

tifiable and modifiable. Although the precise etiologic factors are unclear, youth is no protection from music-related injuries. In young people as in adults, it is likely that there will prove to be multiple, interacting risk factors, such as length and frequency of practice, as well as physical variables, including hand size and, perhaps, joint laxity. All potential risk factors and causes need to be carefully investigated so that preventive measures can be developed.

Meanwhile, concluding that sufficient data exist to make assumptions concerning risk factors in instrumental performance, Spaulding and associates in Norway have boldly suggested some creative departures from traditional conservatory training methods. Although we must await a subsequent paper for the details of this program, as well as its preliminary results, this first installment merits our attention as well as our plaudits for a hands-on, positive approach to prevention. The ultimate test of the program's success will be the long-term statistics concerning both numbers and kinds of injuries in students exposed to this type of instruction. However, gaining the cooperation of conservatory administration and faculty in instituting this educational innovation is commendable in itself.

The basic hypothesis of this program is that many if not most injuries encountered in musicians are not inevitable; however, it will require multiple, carefully executed studies of a variety of populations to substantiate this impression. Studies of youthful groups such as these allow study of injuries in a relatively pure state, uncomplicated by other diseases that may accompany age or longer occupational exposure. It is also a population in which indi-

cated behavior modification can be most readily accomplished and with potentially the most gratifying results. Although, as confirmed by Fry, most injuries or painful states even in high-school-aged musicians exceed 6 months in duration, chronic pain syndromes so common in older persons, musicians and non-musicians alike, are less likely in younger patients. Therefore, treatment is less complicated and the prognosis for recovery is more predictable and better in younger musicians.

If Spaulding's work and similar studies substantiate the premise that injuries related to playing a musical instrument indeed are preventable, this will provide a more emphatic basis for altering the curriculum at the conservatory and preparatory levels, and will also have an impact on teacher training programs. A survey of instrumental teachers soon to be undertaken by the National Association of Music Teachers may provide helpful information regarding this important group: their concerns and their knowledge of and interest in the medical problems of their students.

Although we must await unequivocal evidence, it is already evident that early training grounded in scientifically as well as musically sound principles will produce musicians with techniques and habits that will reduce the risk of injury. A committed partnership of musicians, physicians and other concerned parties is requisite for the continued accumulation of data and their applications in the search for the most effective methods of prevention of injuries in musicians.

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