

Abstracts

Stephen A. Mitchell, M.D., F.A.C.S.

Dancers

Orava S, Osterbach L, Hurme M:
Surgical treatment of patellar tendon pain in athletes.
Br J Sports Med 20(4):167-169, 1986

Patellar tendon pains are among the most common over-use injuries seen in competitive sports. "Jumper's knee" is a local degeneration of the proximal patellar tendon near the lower pole of the patella and leads to pain at the insertion of the patellar and the quadriceps tendon. The authors diagnosed 150 cases of jumper's knee over a five-year period. Medical and physical therapy failed in 17%, so surgery was performed which involved excision of any necrotic focuses in the patellar tendon, dividing thickened retinaculum, and excising any bony exostosis. After a mean follow-up of four years, 68% were asymptomatic, 26% still had some pain while exercising, and 6% had no benefit, although none had pain with normal activity.

Steele VA, White JA:
Injury prediction in female gymnasts.
Br J Sports Med 20(1):31-33, 1986

This study tried to predict proneness to injury in gymnasts by scoring measurable parameters. Forty competitive female gymnasts had 20 different measurements of flexibility, hypermobility, posture, and anthropometry taken. Their previous gymnastic injuries were analyzed and scored. Five variables—age, height, weight, muscularity, and lumbar curvature—permitted the prediction of injury risk as low, medium, or high, with an accuracy of 79%, 46%, and 70%, respectively. The authors feel that this assessment could help when trying to advise a gymnast of the nature and degree of involvement in certain forms of gymnastics in order to reduce the risk of injury.

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Comment

It would be instructive to repeat this study in the various dance disciplines to see if some children might fare better in one form of dance than another. The numbers are soft enough that I might use them to advise instructors rather than to exclude students.

Singers

Bloothooff G, Plomp P:
The sound level of the singer's format in professional singers.
J Acoust Soc Am 79(6):2028-2033, 1986

The relative sound level of the "singer's format" was measured in a $\frac{1}{3}$ octave band and a center frequency of 3.16 KHz for females and 2.5 KHz for males. The 14 professional singers used 9 different modes of singing, 9 different vowels, different fundamental frequencies of 98-880 Hz, and different sound-pressure levels. The most sound level variation was found with different females, with different modes of singing, and with different sound-pressure level. The males demonstrated less overall variation of sound level of the singer's format, but both groups had a remarkably constant level up to a fundamental frequency of 392 Hz, due to adaptation of vocal effort.

Sataloff RT (ed):
Care of the professional voice, Parts I and II.
Ear, Nose and Throat Journal 66(7,8):1987

These two issues are required reading for anyone dealing with professional voice users. Part I covers the evaluation, diagnosis, and treatments of the professional singer as well as use of the videostroboscope in laryngeal evaluation, a tool I find very helpful in my practice. Part II discusses objective measurements, speech pathology, effects of medications, neurology, and surgery. These clear and concise articles are written by authorities in the field of voice.

Strauss A, Trujillo M:
Lithium-induced goiter and voice changes.
J Clin Psychopharmacol 6:120-121, 1986

This is a fascinating case report of a 32-year-old man with long-standing bipolar disorder. Lithium so improved his voice quality that he could work as a professional tenor. Unfortunately, while trying to make his voice better, he took so much lithium that he became toxic and was taken off the medication. His voice worsened and he lost his job. Years later, after various other medications failed, he was restarted on lithium and his voice improved. Thyroid work-up showed normal function and a small bilateral goiter that might have been responsible for the voice change.

Comment

Hopefully we won't be inundated with requests for lithium from mediocre tenors.

Instrumentalists

Harman SE:
Occupational diseases of instrumental musicians:
Literature review.
Maryland State Med J 31(6):39-42, 1982

The author divides musicians' occupational diseases into six basic categories: dermatitis, nerve compression syndromes, occupational cramps, intraoral pressure problems, cardiac abnormalities, and miscellaneous. Although few data substantiate that musicians have an inordinate health-related risks, one survey from a national musicians' union showed life expectancy to be 22% below the national average.

Comment

This article is an excellent literature review of the medical problems of instrumental musicians and is well worth the effort to obtain a copy, even though it is somewhat out of date.

Bird HA:
Development of Garrod's pads in the fingers of a professional violinist.
Ann Rheumatic Dis 46:169-170, 1987

Garrod's pads are a thickening of the skin and subcutaneous tissue over the interphalangeal joints and may resemble Heberden's or Bouchard's nodes. This report discusses the probable origin of these asymptomatic pads on the PIP joints of the left index and middle fingers of a professional violinist. The author suggests that they were caused by

extensive motion and force while holding the fingers in an unnatural, cramped, flexed position. The resulting intermittent relaxation and contraction of the tensed extensor tendon over the flexed interphalangeal joint may result in the formation of the pads as a protective mechanism.

Comment

Although it is important not to confuse these pads with a more serious condition, they may be an indicator of faulty technique.

General

Anthony J:
Courtside munchies: Eat with caution.
Tennis 23(4):61, 1987

Eating the wrong food before a tennis match can adversely affect your performance. Eat well four hours before playing. Stick to complex carbohydrates such as fruit, bran muffins, bagels, salads with light dressing, and raisins. Avoid simple carbohydrates such as honey, candy bars, and ice cream, which will give quick energy but decrease endurance. Avoid fats and proteins, which may take 9 hours to digest and may lead to an upset stomach on the court. Drink lots of water or a mixture of $\frac{2}{3}$ water and $\frac{1}{3}$ tomato juice to replenish potassium, sodium, magnesium and water.

Comment

Those who have tried to dance, sing, or play with a lead weight in their belly will know how appropriate this advice is.

Taylor SL:
Food allergies and the athlete.
Physician Sportsmed 15(3):209-214, 1987

Athletes with food allergies may suffer a variety of symptoms from eating what would otherwise appear to be nutritious food. Since less than 1% of the adult population suffers from food allergies, the diagnosis may be overlooked. Symptoms include nausea, vomiting, hives, asthma, laryngeal edema, headache, and shock. Even a mild reaction can adversely affect an athlete's performance. The article outlines the symptoms, diagnosis, and types of treatment for food allergies.

Comment

The artistic performance of a dancer, instrumentalist, or vocalist may be adversely affected by a food allergy. Allergies may be underdiagnosed or diagnosed as a neurotic problem.