
From the Editor

As the number of medical facilities dedicated to the care of performing artists expands, it is appropriate to consider the necessary components of such clinics. Although there is clearly room for diversity in the details of establishing Performing Arts Clinics, the premise on which they are founded is the same—that there are special medical problems of performers that lend themselves to individualized medical solutions based on an understanding of the nature of the performing art involved.

Four separate areas need to be considered before making a decision to embark on the founding of a Performing Arts Clinic: (1) staffing, (2) the potential patient population, (3) available facilities, and (4) funding. The issue of staffing is addressed here, and the other areas are addressed in subsequent issues of MPPA.

The professional staffing of a Performing Arts Clinic presupposes a high level of interest among the involved physicians and professionals, but it is requisite that this enthusiasm be shared by all the participants. Although this elan is probably the single most important ingredient, at least initially, it is far from sufficient. One needs physicians with special expertise over and above the assumed proficiency in their medical specialty. The success or failure in caring for performers is tied not only to the level of communication that comes from sharing the language of the performer but to the depth of understanding of the actual physical requirements of playing a particular instrument or executing a specific dance maneuver. This knowledge may derive from having had training in the performing art in question or by having treated large numbers of performers and by making the effort to become familiar with the mechanical and other aspects of the art. When this type of understanding is lacking, it is difficult to assess the problem properly in terms of

diagnosis, therapy, and prophylactic measures. Much of the care, it might be pointed out, simply consists of practicing good medicine. However, special problems arise when faced with a performer who may function normally except in regard to his or her art. It takes a trained observer to take a proper history (questions regarding repertoire in relation to the development of an injury), to know which technical factors to examine (e.g., are the symptoms of a violinist present only when executing certain hand positions in relation to the instrument), and to recommend rehabilitative measures that are compatible with the life-style of the performer.

Many of the medical problems seen in performing artists are complicated and there may be, as in any patient, multiple etiologic factors for a single diagnosis, or there may be more than one diagnostic entity to be addressed. A multidisciplinary approach is essential, especially if one sees different types of musicians and disciplines within dancing and acting. The type of medical specialists required varies with different patients but may run the gamut from internist, to neurologist, to orthopedist, to otolaryngologist, to psychiatrist and on through the full array of medical specialties and subspecialties. Each of these consultants needs to have the aforementioned expertise in what it takes to be a performing artist of whatever type is at hand, as well as the essential interest and empathy. Because many patients do not fit the traditional diagnostic molds, it is especially helpful for the patient to be examined by the various medical specialists involved at the same time. When this is impractical, it is imperative that there be full communication between all members of the team if they have performed separate examinations so that there can be an integrated approach to managing the patient's problem(s).

Those involved in the care of performing artists must be aware that because many of the medical problems arise from the occupation itself, they will frequently occur at less than convenient times. Although these problems are rarely life-threatening, they frequently jeopardize a career. Thus the practitioner who assumes the medical responsibility for performers must optimally be available for emergencies.

Finally, performing artists are often not the most financially secure of occupational groups. The medical care of musicians, dancers, and actors yields professional and personal satisfaction that is difficult to quantify but which, of necessity, may be a large part of the compensation received. Performing Arts Medicine is not a "get rich quick" branch of medicine, and a problem to be discussed in a future issue of MPPA is appropriate funding of Performing Arts Clinics. There are many similarities between performing arts medicine and sports medicine but the financial resources available to professional athletes, including their medical care, is not one of them.

Perhaps a by-product of our interest in maintaining the health of performing artists can be a reexamination of some of our values and priorities in this country. On a more pragmatic and less idealistic level, we must help in the education of the organizations and foundations already involved in the arts so that they understand that the health care of performing artists is a responsibility they share.

In the next issue of MPPA we will continue to examine the necessary ingredients in the establishment of performing arts medical facilities.

Alice G. Brandfonbrener, M.D.