Voice care of the young performer is a relatively new area of focus in medicine. Three major factors drive this emerging emphasis on the young voice: a public fascination with and demand for ever-younger talent, changing audience expectations of live performance, and advances in medical (especially ENT) technology. It is critical that ENT physicians, speech-language pathologists, choral directors, singing coaches, theater directors, and acting/vocal coaches develop an interdisciplinary approach to the care and prevention of voice disorders in children. The authors, a voice care team working together for 15 years, present “A Doctor’s Dozen” recommendations, directed toward the young performer, voice teacher, parents, choral director, ENT physicians, stage directors and conductors, and the general public. Physical and psychological/emotional/interpersonal areas each are provided with their own recommendations, with a strong emphasis placed on the athletic nature of singing and the need for proper and unstressed maturation and growth of the performer and his or her voice. The medical voice care team (ENT specialist, speech pathologist, and pediatrician) can provide three areas of expertise and care to the young performer: helping achieve an accurate diagnosis, supporting the efforts of the school team, and educating the parents and performers while prescribing many of the “doctor’s dozen” recommendations. I recommend this article to all who are involved with the young singer; it is thorough, clear, and forthright in its content and presentation.


No genetic cause of musician’s dystonia, a type of focal task-specific dystonia (FTSD), has been mapped or identified, and little is known about the genetics of other forms of focal dystonia that represent the most common form of dystonia. The authors present results of a pilot study of three families with the index patient affected by musician’s dystonia, but with other forms of upper extremity FTSD, principally writer’s cramp, found in seven relatives. The index patients, a pianist and two guitarists, each had two or three first-degree relatives with other forms of FTSD. Two of these relatives also were professional pianists but showed exclusively writer’s cramp. The authors note that these findings indicate that at least some cases of musician’s dystonia and other forms of FTSD may have a shared underlying genetic cause. Secondly, they feel their study confirms previous findings of an autosomal dominant transmission pattern for the presence of dystonic signs in a considerable number of relatives of index patients with focal dystonia. Finally, they speculate that families collected through an index patient with musician’s dystonia would represent a more homogeneous patient group than patients obtained consecutively from a dystonia clinic. Blood tests showed that no patient in the current study carried the DYT1 gene mutation that has only occasionally been linked to focal dystonia. Modern methods of genome-wide linkage in large numbers of families with FTSD may lead to the identification of the genetic factors that cause or contribute to focal dystonia.


This article presents a concise, clear, and useful review of common foot and ankle problems seen in dancers, as well as some basic strategies for diagnosis and treatment. The list of etiologies is brief, but it is pertinent to the great majority of foot and ankle dance injuries and rightly places proper emphasis on the problem of technical errors in dancing. The technique, physiology, and difficulties encountered from dancing en pointe and in performing turnout are well presented, especially to the target readership of physical medicine/rehabilitation specialists who might not be familiar with ballet terminology and technique. Dr. Kadel covers a broad spectrum of injuries and conditions, including those affecting the hallux metatarsophalangeal joint, hallux rigidus, sesamoid injuries, metatarsal fractures (especially the various types affecting the fifth metatarsal), midfoot injuries, cuboid subluxation, the extremely common ankle sprains, both anterior and posterior ankle impingement syndromes, flexor hallucis longus tendinitis, and Achilles tendon problems. She describes diagnostic and differential diagnostic points and basic treatment protocols, emphasizing rehabilitative and preventive exercise programs, and proper sur-
A high incidence of allergic rhinitis is seen in singers. The authors report on this incidence in a group of singers with nonspecific laryngeal examination findings and correlate the incidence of allergic rhinitis with vocal symptoms when present. They reviewed the records of 45 singers who presented to a specialty voice center for either vocal training or therapy during a 40-month period. All subjects completed a standardized questionnaire for evaluation of allergic rhinitis. Twenty-five subjects had vocal symptoms, while 20 had none. The total prevalence of allergic rhinitis was 87%. Singers with vocal symptoms were approximately 15% more likely to have allergic rhinitis than those with no symptoms (92% vs. 84%). Singers with more than two vocal symptoms had a 25% higher likelihood of having allergic rhinitis. Singing is an occupation that may expose its performers to non-allergic triggers, such as smoke, perfumes, cosmetics, and cold air. Findings in singers with allergic rhinitis are similar to those seen in patients with laryngopharyngeal reflux. The lack of specific symptoms and/or laryngoscopic findings presents a challenge to both patients and practitioners. As a result, the question of whether allergic rhinitis along with laryngopharyngeal reflux is circumstantially present in most cases of organic and functional vocal dysfunction or whether they are true etiologic factors has not been answered.


Reflex of gastric juices into the base of the throat is a common source of laryngeal complaints. Singers are particularly predisposed to reflux through sustained diaphragmatic compression of the stomach during “supported” singing, frequent late night eating, and physiologic manifestation of performance stress. The author, a voice pathologist and former professional singer, notes that gastroesophageal reflux disease and laryngopharyngeal reflux (LPR) are separate diagnostic entities, but treatment modalities for both processes are similar. Patients may have LPR without heartburn, since reflux may selectively affect relatively delicate throat tissue to the exclusion of tougher esophageal tissue. Mr. Spencer presents an 11-point program for reflux reduction, the final point being physician prescription of medications to suppress the production of stomach acid. Both proton pump inhibitors and H₂ blockers are mentioned, as well as a description of long-term reflux control programs. The latter should include both a proton pump inhibitor and a behavioral change regimen and be used for a minimum of 3 months before evaluating progress. A short section follows on antireflux surgical procedures. This article was designed to promote greater awareness in the singing community of up-to-date reflux prevention protocols. The author stresses that antirefluxogenic behavioral and dietary controls should minimize the need for medications and maximize the intended effect of such medications. Readers with atypical throat or voice problems persisting for more than several weeks are advised to seek medical evaluation through interview and endoscopy.


Fifty percent of the dancer-patients seen at the authors’ clinic during the past 3 years presented for assessment and treatment of hip pain. Tearing of the acetabular labrum was the most common diagnosis made, accounting for 40% of all hip injuries and 20% of injuries generally in this population. This study looks for the first time at outcomes of arthroscopic hip surgeries in dancers. The subjects were 30 dancers aged 14 to 38 years (mean, 20.1 yrs), each of whom had undergone arthroscopic debridement of a hip labral tear at least 5 months prior to follow-up (range, 5-51 mos) and completed two questionnaires, a modified Harris Hip Score (HHS) and a Dance Questionnaire (DQ) devised specifically for this study. The questionnaire responses demonstrated a significant average increase in HHS scores, from a preoperative mean of 52.7 to a postoperative mean of 91.5; this indicated marked reduction of pain and restoration of function. Responses to the DQ verified significant pain reduction (preoperative 7.49 to postoperative 2.47) and showed that 15 patients had at follow-up returned to full functionality. Evaluation of the cases of the other 15 suggests that most of them would also have been dancing at full capacity but for factors extraneous to the surgery or those related to the extreme demands of the dance discipline. The authors conclude that while labral tears are particularly debilitating in this special population, most dancers afflicted with this injury can anticipate an acceptable outcome from surgical intervention, with decreased pain, increased function, and return to their art.


This study was designed to evaluate the hearing and subjective auditory symptoms in a group of nonprofessional pop/rock musicians who had experienced repeated exposures to intense sound levels during at least 5 years of musical activity. Audiometry and evaluations of uncomfortable loudness levels, hyperacusis, and tinnitus were performed on 42 such musicians, as well as on a control group of 20 otologically normal young people with no history of excessive noise exposure. Results showed a mean hearing threshold in the frequency range of 3 to 8 kHz of 6 dB in the musicians and 1.5 dB in the control group. This difference was statistically significant. Hearing loss was minimal
in musician subjects who always used hearing protection, but was statistically significantly greater (6.7 dB average) in those who never used ear protection. The authors found tinnitus in 17% of the study group and hyper-sensitivity to sound in 26% of those who had been exposed repeatedly to intense sound levels over a period of 13 years. These symptoms had little impact on their lives since they did not produce clinically important psychological dis-tress or other forms of interference. The authors recommend continued education about the risk of excessive sound exposure to hearing and the benefits of persistent use of hearing protection to musicians who are exposed frequently to intense sound levels.


The author presents a very thorough examination and discussion of many important issues in this developing field, which includes the disciplines of sport psychology, organizational con-sulting, and performing arts psychology. All disciplines deal with the achievement of competence in a particular activity, in which performance before others is a central defining feature. The field is in the process of development, and psychologists enter this type of practice from a variety of paths; ethical issues, therefore, require careful attention. This article reviews the primary ethical issues involved. The first is preparation for diversified practice, including both formal and informal training. Performing arts consulting is the newest member of this field, and much of the preparation for those entering it must of necessity involve extrapolation from other areas of expertise. The second issue, competent practice, involves three levels of knowledge and skills: foundational knowledge, issue-specific knowledge, and tar-geted tacit knowledge. The author discusses the boundaries of knowledge in the context of the American Psychological Association’s standards. Other topics include informed consent, confidentiality, multiple role relationships, and fee setting. The third major issue is how the performance consultant presents him- or herself to the public; under this heading come the topics of advertising, marketing, and professional title. The final section is devoted to emerging issues in practice, including discussions of rapidly changing technology (espe-cially electronic), diversity, and risk management. The author closes with six implications and recommendations for performance practice, designed to underscore the most vital elements for developing and maintaining a practice in performance psychology.


Medical treatment of performing artists must include addressing the needs of the performer as well as caring for the injured tissues. Their injuries most commonly are acute or chronic musculoskeletal difficulties related to overuse. Early return to performance assists with treatment, improving patient compliance and minimizing their use of nonstandard remedies. Orthotics can aid the overall therapeutic approach to these problems, which includes medications, activity modification, rehabilitation modalities and therapies, as well as training in proper practice and performance techniques. Properly designed and manufactured orthoses are designed to restrict movement of an injured part to an appropriate range, helping to decrease recurrent overuse and injury and allow lax ligaments and joint capsules to shorten and approach a normal distensibility. Limiting movement will allow some degree of resting the joint and can decrease inflammation, as well as inhibiting the tendency for deconditioning and disuse wasting that often occurs with total rest. Orthoses also can help correct abnormal joint postures, such as contracture or subluxation, and can assist with movement in a desired range of motion. The author discusses other basic orthotic principles, including various types of splints and their uses, composition and construction of common upper extremity splints, some of the negative side effects of their use, and additional pre-scribing information.