Performing arts medicine has made significant progress over the last three decades, and not infrequently we have looked to the field of sports medicine for inspiration and strategies. It seems that we have looked to occupational medicine less often as a model to emulate, but that may be worth reconsidering. The field of occupational medicine has existed for hundreds of years, perhaps officially starting with Ramazzini’s treatise on workers’ injuries around 1700. Compared to the more “surgical” origins of sports medicine, occupational medicine has strong roots in preventive medicine and is concerned with illness, injury, and disability related to the workplace.

If we look at the broader spectrum of occupations, we can find some reason for optimism in performing arts medicine. For example, work-related deaths in music, dance, and other performing arts are rare compared to other jobs. By contrast, working as a fisherman is very dangerous, with a death rate of 152/100,000/year. While working as a truck driver is less likely to be fatal (23 deaths/100,000/yr), that occupation accounted for 957 of the 5,840 work-related deaths in 2006.

However, the data on non-fatal injuries among performing artists look less rosy. According to the US Bureau of Labor Statistics (BLS), the non-fatal work-related injury/illness rate for all industries in 2010 was 3.8/100 full-time-equivalent employees. Workers in nursing and residential-care facilities operated by state governments had the highest injury rate at 15.1, followed by firefighters (13.9), travel trailer and camper manufacturing (13.2), iron foundries (12.0), and state-operated hospitals (11.8).

Musicians and dancers are in a category called “performing arts compa-
now—as health care costs have risen, states have reduced the payments for lost wages. Over 124 million workers are covered by these programs nationwide.

The article by Chimenti et al.8 in this issue of MPPA found that only a small percentage of injured musicians filed a claim for worker’s compensation, even though most of them had sought medical care. Why would an injured worker choose to forego coverage for the cost of care for his or her injury and lost income? Musicians in the study were all members of the International Congress of Symphony and Orchestra Musicians (ICSOM), so most of them should have been eligible for benefits through worker’s compensation. The authors discuss several possible explanations: many injuries affected the neck and back, but claims were filed only for a few of the arm and hand injuries; the worker’s compensation system was developed to provide care for acute trauma, such as typically occurs in an industrial or construction setting, and it’s often difficult to show that a repetitive motion injury was caused by one’s work; and many musicians considered the injury not severe enough to report, even though they had sought care and, in some cases, lost time from work.

Of course, many professional musicians are self-employed or have part-time jobs with several employers. In the first case, they would not be eligible for coverage through the worker’s compensation program, and in the second, it would be difficult to prove that a repetitive motion injury (without an acute onset related to a specific event) was due to one job rather than another. Thus, even the low percentage of musicians filing a worker’s compensation claim due to a performance-related health problem in the Chimenti study (3%) is probably an overestimate of the percentage of all working musicians who have filed a claim.

As Chimenti et al. point out, a much higher proportion of injured dancers file a worker’s compensation claim when they are injured.9 In some cases, this is because the dancer has suffered a fracture or other acute trauma, but they also speculate that the presence of physical therapists and other health care professionals in the dance studio may contribute to higher utilization of the “worker’s comp” system. One wonders if there is also a different culture or tradition in the dance world that has “normalized” the filing of a claim in the worker’s compensation system.

Failure to take advantage of benefits available through worker’s compensation may have several adverse consequences. If the performing artist has no health insurance, it may result in out-of-pocket costs. If the injury causes the performer to take time away from work, there may be a loss of income. On an organizational scale, failure to report a work-related injury may mean that the employer is less aware of the occupational risks in the workplace. Systematic knowledge of injury patterns in a group of workers is a key component of an effective occupational medicine program. Over one in four musicians in the Chimenti study said they didn’t know enough about worker’s compensation to file a claim.

Performing arts healthcare professionals should work with arts organization managers to educate professional dancers and (especially) musicians about the worker’s compensation system. We should also look for opportunities to use the theories and methods of occupational medicine to reduce the risks and increase the rewards of a career in the performing arts.

RALPH A. MANCHESTER, MD
Rochester, New York
rmanchester@uhs.rochester.edu


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