Three Wishes for Performing Arts Healthcare

As I think back over my 30-plus years as a physician and researcher in performing arts healthcare and try to imagine what might happen in the next 30 years, I sometimes fantasize about having three wishes that some supernatural force would grant. While waiting for something like that to happen is not likely to be an effective strategy for improving the health of performing artists around the world, the thought exercise might help to flesh out some ideas that could lead to further progress. While others will come up with different wishes (that I’m sure would be at least as valid), here are mine.

First, I wish we could identify one or more sources of expanded funding for research in performing arts healthcare. Whatever else we hope to accomplish, we need to have more scientific information on which to base our prevention, treatment, and rehabilitation efforts. As has been pointed out repeatedly in the past several years, our “sister specialties,” sports medicine and occupational medicine, generate far more research publications annually and benefit from millions of dollars of research funding from a variety of sources. For example, the National Academy of Sports Medicine (ironically, with the same initials as the National Association of Schools of Music) has a Research Institute that is run in collaboration with the University of North Carolina at Chapel Hill. They have done and are doing research on “the effects of exercise intervention on posture, muscle activation, functional performance, injury risk, injury prevention, the comparison of performance during different exercises, and various functional outcomes.”

This sounds like what we do in performing arts healthcare research. Would creating a National Academy of Performing Arts Medicine catalyze the development of increased funding for our field? The National Academy of Sports Medicine controls a certification program for “personal trainers,” which means it has a revenue stream (although research funding would come mainly from external sources). There has been discussion about certification in performing arts healthcare, but this has not become a reality yet.

Another example is the National Collegiate Athletic Association’s Innovations in Research and Practice program, which awards grants ranging from $10,000 to $50,000 to support research on student athlete health, both physical and mental. A third example of funded sports medicine research is High School RIO, the high school athlete injury surveillance program that is supported by a grant from the Centers for Disease Control and Prevention (CDC) as well as professional and for-profit organizations. The American College of Sports Medicine has a webpage that lists the research grants it offers. Likewise, the CDC and the National Institute for Occupational Safety and Health (NIOSH) support both professional training and research in occupational medicine. The range of existing funding sources for sports and occupational medicine suggests that we should be able to find expanded resources for performing arts medicine research in the near future.

For my second wish, I was thinking about asking for one or more proven effective prevention strategies that could reduce the risk of performance-related musculoskeletal disorders (PRMDs) by at least 50%. Being a professional instrumental musician (e.g., a performance major in college) is more dangerous than being a healthcare or factory worker. However, even in the magical world of wishing, this may be premature—not that I would turn it down if offered.

As a more appropriate second wish, I would like to see a national (or even international) injury registry database for both instrumental musicians and for dancers. “What gets measured gets improved,” and being able to track the number of injuries in a defined population of performing artists will allow us to determine whether or not we are reducing the number of injuries. The High School RIO program mentioned earlier has collected data on injuries occurring in seven different high school sports (separated by sex when appropriate) over a number of years. Analyzing these data by time of occurrence (e.g., pre-season vs in-season, practice vs competition, what the athlete was doing at the time of the injury, what equipment was being used, etc) has suggested opportunities for injury prevention. The CDC has also funded other injury surveillance programs for high school athletes, including one that was coordinated by the Columbus Children’s Hospital in Ohio. The report in MMWR concluded that “calculation of rates enables comparison of injuries among age groups, sports, and years. The results support the feasibility and value of targeting research and prevention strategies to those students most at risk for sports-related injuries.”

Creating such a registry for performing arts injuries would require a group of performing arts healthcare professionals to define several variables: what constitutes a performance-related injury, how is the population-
at-risk defined, what other data elements will be included, over what period of time will data be collected, etc. Fortunately, we can start with some of the definitions used in the sports medicine literature and modify them to fit what dancers and musicians do. Clearly, in order to do this we will need funding, but that should be covered when my first wish is granted. This may be an especially important time for launching such an undertaking in the music world, as many college-level music schools implement programs to comply with the National Association of Schools of Music accreditation standard that requires instruction in injury prevention for all college-level music majors. We should see a number of “natural experiments” as a variety of educational programs are rolled out in music schools across North America. If we are measuring injury rates at some of those schools, we might at least get some clues about what is (and isn’t) effective.

My third wish is that every performing artist with any health problem that is interfering with his or her career will have access to high-quality healthcare. As a primary care physician who has also developed expertise in the performance-related health problems of musicians, I see this happening on two levels. At the primary care level, all primary care providers (e.g., family medicine physicians, pediatricians, general internists, and many nurse practitioners and physician assistants) need to have ready access to basic information about the common performance-related problems of dancers and musicians. One of the most commonly used references today is UpToDate, which is accessed online and is updated continuously. Individual subscriptions are several hundred dollars per year, but many primary care providers can access it through an academic medical center or their group practice. Unfortunately, there is only passing mention of performing arts healthcare on UpToDate at present. However, this can and should be addressed. We have had preliminary conversations about drafting text for UpToDate at various PAMA meetings, and it shouldn’t take too much time to make this part of the wish come true.

The other aspect of care of injured performing artists is ensuring access to more specialized care for those who need it. Because this involves a variety of healthcare disciplines and specialties, at least half a dozen different specialists are needed to meet the needs of most performing artists: primary care orthopedics, upper extremity surgery, lower extremity surgery, otolaryngology, neurology, and physical therapy for starters. Creating a “brick and mortar” clinic for the care of performing artists has not been successful in this country, the best known example being the Miller Center in New York City. However, “virtual clinics” have been developed in several cities, with one of the more comprehensive examples being the Houston Methodist Center for Performing Arts Medicine. The Center is a point of initial contact for the performing artist, who is referred to one or more participating specialists in the local area. Some European countries have well-established clinics for performing artists as part of their national health care systems. How many comprehensive performing arts medicine programs can we develop in cities in the USA and in other countries in the next 5 to 10 years?

My term as editor of Medical Problems of Performing Artists ends with this issue. It has been my privilege and honor to have succeeded Dr. Brandfonbrener and to have served in this role for the last 10 years. I am exceedingly grateful for the support I have received from the publisher, the editorial board, all who have submitted and reviewed manuscripts, and especially from all of the readers of this journal. MPPA will be in very good hands with Dr. Bronwen Ackermann taking over as Editor and Dr. Donna Krasnow continuing as Associate Editor. I am looking forward to having a bit more free time—some of which will be used to make wishes come true.

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