As far back as Ancient Greece, the intertwining of art, science, and medicine was commonplace and often the subject of musings from great philosophers at the time. Indeed, the word for art in ancient Greek, technē, is the root from which both the words technology and technique were derived. According to Plato, Socrates discussed the practice of medicine as a craft, applying scientific knowledge (epistêmê) of health to the individual.¹

Fast forward to modern times, and a substantial period of time has been spent developing rigorous quantitative scientific approaches to inform medical practice (evidence-based practice). While this process has been important for many medical breakthroughs, and continues to play a critical role in medical and scientific research, it was felt to cause a medical shift away from the individual patient, as practitioners focused more on the method of practice than the person themselves.² However, following this period when a preponderance of attention was paid to quantitative studies in medicine, the tide has now turned back to integrating this knowledge with the clinical skills and expertise of medical practitioners.³ This is very important in the practice of performing arts medicine, whereby approaches to treating the performing artist using the most up-to-date scientific evidence need to be tempered with tailoring interventions to the particular demands of the individual within the context of their profession.

Such integrated approaches to health and medical practice for performing artists have seen an increase in varied methodological strategies to understanding or managing the diverse range of health conditions that can affect performers. Qualitative, quantitative, and mixed-method research designs are allowing a greater range of approaches to find the best way to answer a research question. All these research methods are incorporated in modern patient-centred clinical health professional practice. For example, medical and allied health clinicians use a mixed-method approach in their usual clinical practice: we listen to the patient first, then we follow a semi-structured interview type process where we formulate and develop our thoughts on their likely health issues, before carrying out a series of more quantitative processes using a variety of physical examination and medical tests. In the treatment process (depending on the condition), we may initially do a “pilot” treatment, and then re-evaluate and refine this approach depending on the patient’s feedback on their next visit.

In MPPA, the majority of manuscripts in the current issue are co-authored by interdisciplinary teams, bringing together expertise from different researchers—including performing artists, educators, scientists, and health professionals—to produce coherent and relevant study approaches and analyses of outcomes. For example, to try to understand in greater depth the barriers to using earplugs by professional musicians, Beach and O’Brien⁴ interviewed their musician-population in a qualitative study designed by an interdisciplinary team of audiologists and musicians. Their results highlight that earplug use can be affected by age and attitudes, with the younger generation more prepared to be adaptable and try solutions, perhaps being more aware of the improved technology available as well as the very real repercussions of hearing loss they would have witnessed in senior colleagues. In an investigation of foot and ankle injuries seen in Irish dancers, Cahalan et al.⁵ found that biopsychosocial factors play a greater role in injury than previously thought, highlighting the importance of considering these aspects in medical assessments and injury prevention strategies.

In contrasting quantitative studies by other interdisciplinary teams also published in this issue, we see the use of technology in the form of electromyography and motion capture to investigate descriptive elements of performance such as playing postures in string instrumentalists and evaluating ergonomic devices such as thumb-rests in clarinetists. Interestingly, the latter study⁶ reminds us again of the need for bespoke approaches to managing performance-related issues, showing highly individualised patterns of muscle usage between the players. It is well known that the flexible arrangements of muscle synergies can allow tasks to be performed by varying combinations of muscles between different individuals, or even potentially in the same individual depending on the performance circumstances, for the same task.

The challenge faced by clinicians, researchers, educators, and the artists themselves is discovering how to optimise the physical and psychological capacity of the performer given their individual characteristics and the task.
and environment in which the performer works and studies. With the robust growth and increasing collaboration in performing arts medicine, the future looks promising.

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