

Musculoskeletal Problems in Performers

To the editor—The interesting article on musculoskeletal problems in pianists by Moñino et al.¹ in the June issue raises some of the “physician’s dilemmas” in their approach to performing arts medicine, in all areas of diagnosis, prevention, and performer education.

The authors have been able to transfer the disorders observed in their pianists from the largely unhelpful “PRMD” label to more “objective” categories by giving them an ICD-10 classification. This helps to group them more rationally, but the categories identified for the greater number of problems remain, as might be expected, symptomatic (e.g., M54.2 cervicalgia) and not specific “disease” categories. Over half of the pianists’ problems fell within ICD-10 categories which are non-specific.

As the authors indicate, a majority of adverse symptoms arising in performers are work-related and “musculoskeletal” in nature. Most of these, however, do not relate to *disease* but are symptoms arising from *dysfunctions*—e.g., misuse/overuse/faulty ergonomics. Endless surveys report adverse symptoms in apparently alarming numbers of performers, but do not usually point out how common such symptoms are in the general population. For example, in any week, 44% of the (UK) population experience neck or upper limb pain, often attributing this to their work (whether or not this is truly the case).

Most physicians encountering the problems of performers for the first time may find themselves unable to work out what is going on. They are constrained by using “medical models” of disease accompanied by the desire to assign a medical diagnosis. A conventional medical assessment will often result in the physician feeling confident only to reassure the symptomatic performer that examination appears normal and that no serious disorder has been

missed. This does not help the patient much. This contrasts with the wide array of subtle (or not so subtle) changes that can be detected by physical therapists, osteopaths, physicians with a special interest, etc. and which relate to posture, faulty ergonomics, movement and muscle imbalance, and—for the most expert observers—clear faults in overall habits and technique.

One of the most disturbing questions remains, why are young and fit students of performance some of the most frequent PAM clinic attenders? Even allowing for their risk-taking over-enthusiasm, what are they *not* learning that leads to such frequent problems?

Duty of care principles suggest that there is an urgent and rather obvious need for the teachers and practitioners of performance and the practitioners of health to collaborate more, and work better together, to understand how these problems arise, how they can be most accurately assessed, and how they can be better prevented. Outside of a few major cities and academies (and even within them), such collaboration is often nonexistent.

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1. Moñino MRC, et al. Musculoskeletal problems in pianists and their influence on professional activity. *MPPA* June 2017; 32(2):118–122. doi: 10.21091/mppa.2017.2019

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