

PERFORMING ARTS.... their INJURIES

When we watch these musicians, dancers, and other artists perform on stage, we are all left in awe after their spectacular numbers. What we actually see are the finished products of considerably painstaking hours of practice to reach perfection. But what do these dedicated professionals/amateurs actually endure just to offer their audiences unforgettably resplendent entertainment?

String musicians, pianists, and wind players oftentimes suffer from overuse injuries such as tendonitis, ligamentous sprains or muscle strains, nerve entrapments (ulnar nerve from sustained excessive elbow bending; median nerve at the wrist, a.k.a. carpal tunnel syndrome), neck and shoulder pain, thoracic outlet syndrome (where nerves and/or blood vessels get pinched at the collar bone area), and focal dystonia (sustained muscle contraction causing twisting and repetitive movements or absurd posture).

Dancers on the other hand are very flexible allowing them to engineer dynamically vivacious moves. But unfortunately, these extreme stretching, twisting, and jumping acrobatics predispose them to musculoskeletal and orthopedic injuries of the lower extremities, usually the foot, ankle, hip and knees.

For professional performers, just like athletes, they opt to continue their acts despite their pain, numbness, swelling, incoordination, because their careers support them financially. The incorrect posture, excessive force, stress, non-ergonomic technique, lack of rest are the major factors leading to disabling pain, and if not addressed, to the end of their careers. Thinking that they are not actually injured since they only feel aches, these artists don't seem to adhere to the advice of reducing or stopping playing for their injuries to heal.

With soft tissue injuries, healing unfortunately takes a long time. Even after resting for some time, the symptoms can immediately reappear as soon as the activity is resumed. The dictum "never to perform beyond pain" should be strictly observed all the time. Generally musicians need to decrease force, maintain posture wherein joints are in the midrange of motion, recruit larger muscle groups if able, and diminish fixed, tensed positions.

In physical rehabilitation, they can be taught numerous self help techniques such as warming up before and cooling down after every performance, stretching and relaxing during break periods, adjusting techniques in playing and dancing, and modifying foot gear, string tension or reed selection. If symptoms do not improve within a few weeks, further professional help is necessary.

Medical treatments such as injection with Botox or sedating agents help relax dystonic muscles. In more advanced cases, diagnostic studies will aid in planning other treatment options. These include electrodiagnostic study (EMG/NCS) to check

the extent of nerve entrapment and diagnostic musculoskeletal ultrasound for tendonitis or ligamentous sprain. MRIs are indicated for other structural abnormalities (muscle herniation) and thermography if suspecting abnormalities in blood flow associated with weather sensitivity.

With advances in medicine, treatment options are available in an outpatient setting. Prolotherapy is a special injection that allows ligaments to regrow. Percutaneous tenotomy is a procedure that reattaches tendons. Medications are also available to reduce inflammation and improve blood flow. Physical therapy and occupational therapy are quite helpful as well. For cases that fail to respond to conservative treatment, surgery may be the last resort. But if the performing artists cautiously follow the aforementioned tips, they can definitely continue to enjoy their God-given talents as long as their hearts desire.

Imelda Cruz-Banting, MD, PT
Fellow, American Academy of Physical
Medicine & Rehabilitation
Physician Certified to Use Acupuncture
Licensed Physical Therapist