Safe Trad Think Tank

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Why are we here?

• Physiotherapists:
  – Interested in how people do things
  – Quality of life issues
• Where possible - prevent problems
• Reduce or eliminate disability/pain caused by problems
• Work together (therapists, musicians, other health care professionals and supporting bodies) for better outcomes by...

• This **Safe Trad Think Tank** Consensus meeting!
PRMDs

• Playing-related musculoskeletal disorders (PRMDs)

• Put simply: problems with muscles, tendons, ligaments and joints that are related to playing a musical instrument
What do we know?

- Musicians (performers, teachers and students)
- Mainly classical musicians (violin, woodwind and piano)

- Problems (PRMDs) in adult musicians
  - 39 – 87% (classical musicians) (Zaza, 1997)
  - 26 – 93% (piano) (Bragge et al 2005)

- PRMDs in students
  - 34 – 62% (Zaza, 1997)
  - 84-87% (violin, woodwind, keyboard) (Brandfonbrener, 2009)
  - up to 100% for percussion (Brandfonbrener, 2009)
What kind of problems?

• Mainly shoulders, arms and hands, but also backs and necks
• Often more than one problem

• ‘Pain, weakness, lack of control, numbness, tingling, or other symptoms that interfere with your ability to play your instrument at the level you are accustomed to’ (Zaza et al, 1998)
Does it apply to other musicians?

• Yes!
• Focus group studies at Ulster University, Magee, and University of Limerick
• All participants were/are trad musicians (fiddle, piano, flute, concertina, button accordian, guitar, bodhrán, banjo and tin whistle)
• Many played more than one instrument
• Many played (incl. sessions) and taught students
Unpublished findings (Mark Porter)

• Survey of trad musicians (n = 79, 72% response rate)
• Mean age = 35.3 years ± 12.5 (range 16 – 65)
  – Prevalence and age? Not significant
• Gender:
  – male = 41.8% (n = 33), female = 58.2% (n = 46)
  – Prevalence and gender? Not significant
• PRMDs: 77.8% of respondents (n = 56) and as a result...
  – 44.4% (n = 24) had to make a permanent change
  – 22.2% (n = 12) made a temporary change
• Total hours playing per week:
  • Normal week:
    – 10.52 ± 9.26 (main instrument)
    – 6.65 ± 6.19 (additional instrument)
  • Busy week: 19.96 ± 17.06 (main instrument)
• Prevalence and normal week = not significant
• Prevalence and busy week = significant association \((p = 0.002)\)
Anatomy trains *Primal Pictures* ©
Caution...

• Just because there are common factors between musicians and their injuries...
  – the solution is NOT a ‘One-size-fits-all’

• Look at individual needs: technique, type of music, environment, performance, general health and other demands on the person (financial, family...)

• We need to learn a lot more in order to give better and more helpful advice and treatment to musicians.
Perceptions of health professionals by musicians from recent focus group research (Wilson et al, 2013)

- Health professionals don’t know about musicians
- Health professionals may do some harm
- Many musicians believe it is better to leave things alone rather than risk making the problem worse
- Might have to stop playing (months/for good)
- Might not get work if it is known that there’s a problem

- How can we move forward?
Musicians in a different context...
• Specific muscle work/precision
• High repetition during activity
• A lot of practice
  (teaching brain and muscles to coordinate so the whole task is automatic)
• Competition...often
• Performance at the **right** time,
  to the **right** level
• Stress/pressure of performance

What do these people have in common?
Risk factors

- Previous injury
- Long hours and altered sleep cycle
- Lack of breaks
- Environment (prolonged sitting, type of seating, available space, etc.)
- Stress
- Type of instrument
- Posture
- Ignoring pain
How can we (musicians, health professionals and supporting bodies) reduce and prevent injury in trad musicians?