

Briefing Paper

**An Overview of Health Issues
for Performing and Visual Arts Students**

**March 1991
Reprinted May 2009**

COUNCIL OF ARTS ACCREDITING ASSOCIATIONS

**National Association of Schools of Art and Design
National Association of Schools of Dance
National Association of Schools of Music
National Association of Schools of Theatre**

This document is not copyrighted. It may be reproduced in whole or in part in the interest of education and cultural development. Any organization or institution may reproduce the document in quantities sufficient for its own use, but not for sale. Notice of credit to CAAA should appear on all copies.

CONTENTS

Preface	ii
Introduction	1
The Role of Educational Institutions	1
Comprehensive Understanding	2
Essentials Of Health Maintenance	2

..153 .366 6.....06-295T.f.0.(Institut241151T33Cd42)Tj6102/P2

PREFACE

The Council of Arts Accrediting Associations is a joint, *ad hoc* effort of the National Association of Schools of Art and Design, the National Association of Schools of Dance, the National Association of Schools of Music, and the National Association of Schools of Theatre. The Council works with matters of general concern to the arts community in higher education, with particular focus on the issues and policies affecting instructional quality and accreditation.

The term “unit” as used in this document indicates an entire art/design, dance, music, or theatre educational program of an institution. Thus, in specific cases, “unit” refers to free-standing institutions; in other cases, it refers to departments or schools that are part of larger institutions.

Please note: The purpose of this paper is to organize ideas and encourage thought, not to establish accreditation standards or inflexible positions. The ideas and suggestions presented herein represent the best information and analysis available at the time of completion. Recommendations should be used as the basis for planning only after careful consideration has been given to current and prospective local conditions.

Further information about CAAA or its component associations may be obtained by contacting:

**NATIONAL OFFICE FOR ARTS ACCREDITATION
11250 Roger Bacon Drive, Suite 21
Reston, Virginia 20190**

**Telephone: 703-437-0700 – Facsimile: 703-437-6312
E-mail: info@arts-accredit.org
<http://www.arts-accredit.org>**

An Overview of Health Issues for Performing and Visual Arts Students

Introduction

Health is increasingly regarded as a serious issue in the arts community. Concerns about incurable diseases and professionally related injuries have brought health issues into new focus. General health is receiving higher levels of attention along with specific diseases and conditions. Preventive maintenance toward long-term personal well-being is a more widely understood and accepted goal. Prevention and

Comprehensive Understanding

The following text discusses medical issues for performing and visual arts students in general and by disciplines. While these breakdowns are useful, each administrator and faculty member should be generally familiar with the entire range of issues presented here. For example, toxic materials covered under the visual arts section are of concern in stage design for theatre, opera, and dance. Muscle problems of the hand may develop in musicians, writers, and studio artists. Perhaps most important is to know that such medical problems exist and that help is available.

Essentials of Health Maintenance

The goals of preventive health maintenance, or wellness, are as follows: (1) to institute preventive health measures by directing attention to biologic and psychosocial high-risk issues and by counseling students, faculty, and parents about them; (2) to educate students and faculty about preventive health, and thus instill good health behavior patterns while preparing students to be effective health care consumers; (3) to identify and treat physical health problems early; and (4) to identify and treat psychosocial problems early.

Given the complexity of health issues facing performing and visual arts students, and young adults in general, an approach to wellness such as this will undoubtedly raise many controversial issues. Confidentiality must be maintained, and the individual's right to determine the nature of his or her own health care respected. Faculty should establish policies and procedures for handling sensitive health issues in a confidential manner. At the same time, they must recognize their role in helping students understand the issues and obtain necessary health care.

Physical Stresses and Arts Study

Significant physical stresses are placed upon arts students, which place them at increased risk for injury. Dancers and theatre performers may be considered athletes, given the physical requirements, intensive training, and environmental demands placed upon them. Just as an inadequately managed or rehabilitated injury affects athletic performance, so it affects artistic performance. For example, the neuromuscular complexity associated with high-level musicianship renders the instrumentalist susceptible to a variety of disabling problems: small errors in the biomechanics of the arm or hand due to pain, joint stiffness, muscle weakness, altered sensation, or any other abnormality may have disastrous effects on rhythm and pitch. Performance anxiety, physical or emotional stress, poor

Problems of Artists Who Work with Their Hands, Mouth, and Voice

Emphasis: Music, Art/Design, Theatre

Overview. Many arts disciplines involve constant, intensive work with a particular part of the body. The possibilities for medical problems are compounded in these circumstances. Since intensive music study often begins earlier than work in the visual arts and theatre, studies related to these problems are often focused on music. However, the findings and principles involved are applicable to the visual arts and to theatre as well.

In a 1987 survey of members of the International Conference of Symphony and Opera Musicians (ICSOM), 76% reported having at least one medical problem severe enough to affect performance, and 36% reported four severe problems. When members of eight orchestras were interviewed and examined, 64% had painful overuse syndromes. The prevalence ranged from 75% among strings players to 32% among percussionists. Keyboard players were also at high risk. The reasons for instrument-specific variations in prevalence are complex. However, the total daily playing time, instrument size and weight, playing position, differences in the distribution of men and women in various orchestra sections, technical demands of the music, and personal drive all contribute. Student musicians also experience painful overuse syndromes at rates that have been reported to range between 9% and 49%. Approximately 5% to 11% of music majors at one university music school developed hand problems each year during a four-year period. The incidence of hand problems in women was about twice as high as that in men.

Medical injuries related to musical performance are becoming increasingly visible. They are likely to have implications during the early phases of musical training. Many musicians indicate that tolerating pain is acceptable in their attempts to overcome technical problems. The high incidence of medical problems and musicians' tolerance of these problems suggest that changes are needed in the teaching of music with more emphasis on physical conditioning and preventive measures.

Overuse Syndromes. The majority of patients suffer from overuse syndromes: symptom complexes defined as injuries caused by the cumulative effects on tissues of repetitive physical stress that exceeds physiologic limits. Women are more commonly affected than men. Immediately before the syndrome develops, increases in practice or work time, in the technical difficulties of the repertoire or equipment use, or in the levels of psychological stress are common. Use of new instruments or equipment, previous injury, or excessive joint mobility may be contributing factors.

Each instrument or piece of equipment has its own unique size and shape and utilization requirements that lead to overuse injuries. Because problems are exacerbated or frequently evident only while the musician or the artist/designer is working, they should be examined during and immediately after working.

Common locations for overuse syndromes include the fingers, wrist, elbow, shoulder, neck, and low back. Common symptoms include pain, weakness, and loss of fine motor control. Overuse syndromes can affect bones, ligaments, bursae, tendons and muscle, and can become serious problems if not appropriately treated.

Neural Impingement. Nerve entrapment may occur when a nerve passes between rigid structures such as bone, ligament, tendon, or muscle, or close to the body surface. Pain (which may be aching in nature and poorly localized), loss of strength, and sensory abnormalities are common symptoms of nerve entrapment. These symptoms may occur only while working. Constant motion, hypertrophy of muscle and inflammation of muscle and tendons can cause pressure on adjacent nerves. Common sites of involvement include the wrist (carpal tunnel), forearm, elbow, shoulder, and neck. Position-dependent pain associated with motor or sensory symptoms should raise suspicion.

Focal Dystonias. Artists who work with their hands may be unusually susceptible to the development of focal dystonias, which are manifest as abnormalities of muscle control. Writer's cramp is a familiar form of this disorder. As many as 14% of musicians with medical problems suffer from focal dystonias. The presentation is characteristic: incoordination while playing, frequently accompanied by involuntary curling or extension of fingers during rapid forceful movements. Facial muscles may be involved with loss of embouchure or air seal. There are no associated sensory symptoms.

Voice problems. Musicians and actors are at risk for many disabling ailments. These include vocal abuse in singing or speech; vocal cord nodules, polyps, cysts, or swelling; and infectious or allergic laryngitis. In addition, the human voice is particularly sensitive to endocrinologic changes, systemic illnesses such as anemia or mononucleosis, and any inhaled or ingested substance. Symptoms of hoarseness, breathiness, loss of range, vocal fatigue, chronic cough, frequent throat-clearing or unusual sensations in the throat should be evaluated.

Problems of Artists Who Work with Their Whole Body

Emphasis: Dancers and Theatre Performers

Overview. Dancers and theatre performers are at high risk for a number of medical problems. Their difficulties with numerous orthopedic injuries have been well reported. Injuries in dancers are caused, in large part, by unphysiologic demands placed upon the

Eating Disorders. Distinguishing between normal dieting and anorexia nervosa is especially crucial for physicians, dance and theatre instructors, choreographers, administrators, and actors and dancers themselves. Dancers and actors are weight conscious, and most have dieted to control their weight. Some utilize stimulants or laxatives and even vomit to keep trim. Anorexia nervosa has been reported to occur in up to 6.5% of students in professional dance schools. Anorexia nervosa may be more common in national rather than regional ballet companies, suggesting that it is related to the level of competition. The incidence of bulimia is hard to derive, but may be as high as 15%. It remains unclear whether performing arts students with features of eating disorders actually have the same underlying psychological issues as those which are seen in eating-disordered patients. Nonetheless, performing arts students are at high risk for eating disorders and should be monitored closely.

Important warning signs of anorexia nervosa include: drastic loss in weight; preoccupation with food, calories, and weight; wearing baggy or layered clothing; relentless or excessive exercise; mood swings; and avoiding food-related social activities. Similarly, warning signs of bulimia include: noticeable weight loss or gain; excessive concern about weight; bathroom visits after meals; depressive moods; stringent dieting followed by binge eating; and increased self-criticism of one's body. The presence of any of these warning signs should alert faculty and students to the possibility of an eating disorder and the need for a medical or psychological evaluation.

Menstrual Irregularities. Performing arts students, particularly dancers and theatre performers, have a high incidence of delayed onset of menses, cessation of menses, and irregular menses. Among young ballet students, up to 55% have irregular menses and 39% have amenorrhea (no menses). Delayed onset and prolonged cessation of menses are recognized risk factors which predispose to scoliosis and stress fractures. The frequency of scoliosis among dancers (24%) is strikingly above that found in the general

Administrators and faculty have crucial responsibilities for developing and maintaining a safe workplace, ensuring that students are aware of occupational health issues, and developing a climate of concern for safe practices.

Common Problems

Substance Abuse. Substance abuse is one of the most common risk-taking behaviors of adolescents and college students. While the use of illicit and performance enhancing drugs by performing and visual arts students has not been extensively evaluated, these students may be at high risk for substance abuse because of the stress, competitive pressures, low self-esteem, and the association of substance abuse with other problems such as eating disorders. A few studies have shown that performing arts students are significantly involved in substance abuse. In one study of university dancers and theatre performers, in the previous 30 days, 26% had used tobacco, 12% marijuana, and 71% alcohol. Eighteen percent admitted to using drugs other than alcohol or marijuana, 2% on a monthly basis. Seven percent admitted to using drugs to improve their performance.

Warning signs of possible substance abuse include: worsening of artistic or academic performance; absenteeism; symptoms of acute or chronic depression; unexplained or recurrent accidents; repeated overt intoxication; preoccupation with social activities where alcohol or drugs might be present; decreased communication with family, friends, or instructors; drug-using peer group; changes in dress or hygiene; and legal difficulties including any driving-under-the-influence charges. Any concerns by faculty or others about possible substance abuse by a student should be conveyed to that student with a strong urging to seek medical or psychological evaluation. Given the magnitude of the substance abuse problem and the potential impact upon performing and visual arts students, substance abuse education and prevention efforts should be a priority for arts programs in higher education.

A survey of ICSOM musicians asked subjects whether they were concerned about the adverse effects of cigarettes, alcohol, and prescription or nonprescr

3. All faculty should receive basic AIDS education with an emphasis on

Recommendations for Arts Units

The faculty and administrators working with performing and visual arts students can be instrumental in meeting many of these health care needs. Schools need to pursue available knowledgeable care for the overall health and specific performance related problems of all performing and visual arts students.

For More Information:

Consultants

Alice G. Brandfonbrener, M.D.
Medical Program for Performing Artists
Northwestern Memorial Hospital
Superior and Fairbanks Court
Chicago, IL 60611
312-908-2787
agbmppa@northwestern.edu

Richard A. Lippin, M.D.
President, International Arts-Medicine Association
714 Old Lancaster Road
Bryn Mawr, PA 19010
IAMAorg@aol.com

Organizations

AIDS Hotline: 1-800-342-AIDS. For more
information and support groups.

American Academy of Pediatrics

Acknowledgments

The Council of Arts Accrediting Associations is a joint, *ad hoc* effort of the National Associations of Schools of Art and Design, the National Association of Schools of Dance, the National Association of Schools of Music, and the National Association of Schools of Theatre. The Council works with matters of general concern to the arts community in higher education, with particular focus on the issues and policies affecting instructional quality and accreditation.

CAAA Trustees (March 1991):

NASAD: William Barrett, *President*; Margaret Gorove, *Vice President*

NASD: John Wilson, *President*; Enid Lynn, *Vice President*

NASM: Robert Werner, *President*; Frederick Miller, *Vice President*

NAST: Firman Brown, *President*; Keith Michael, *Vice President*

Chief Staff Officer: Samuel Hope

Principal Author: Mark J. Werner, M.D.

March 1991

Reprinted May 2009