

CAPHRI School for Public Health and Primary Care

Prevention of musculoskeletal complaints in musicians











Project team UM

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- Department of Epidemiology, Musculoskeletal group
 - Prof. RA de Bie
- Participating conservatories:













Playing-related musculoskeletal disorders (PRMD)

"pain, weakness, lack of control, numbness, tingling, or other symptoms that interfere with the ability to play the instrument at the level the musician is accustomed to"

(Zaza, Soc Sci Med, 1998)

PRMD

- Epidemiology
 - Prevalence
 - Risk factors
- Prevention
 - Body posture and muscle use
 - Randomized controlled trial





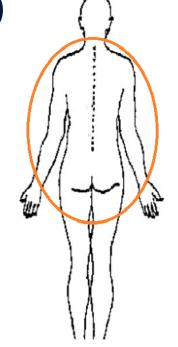
Prevalence

Cross-sectional study

3th/ 4th year conservatory students

N=132 (RR 9.4%)

67% complaints



52% disability



Characteristics of PRMD

- Pain intensity (NRS): 4.73±2.17
- Quality of life (SF-12)

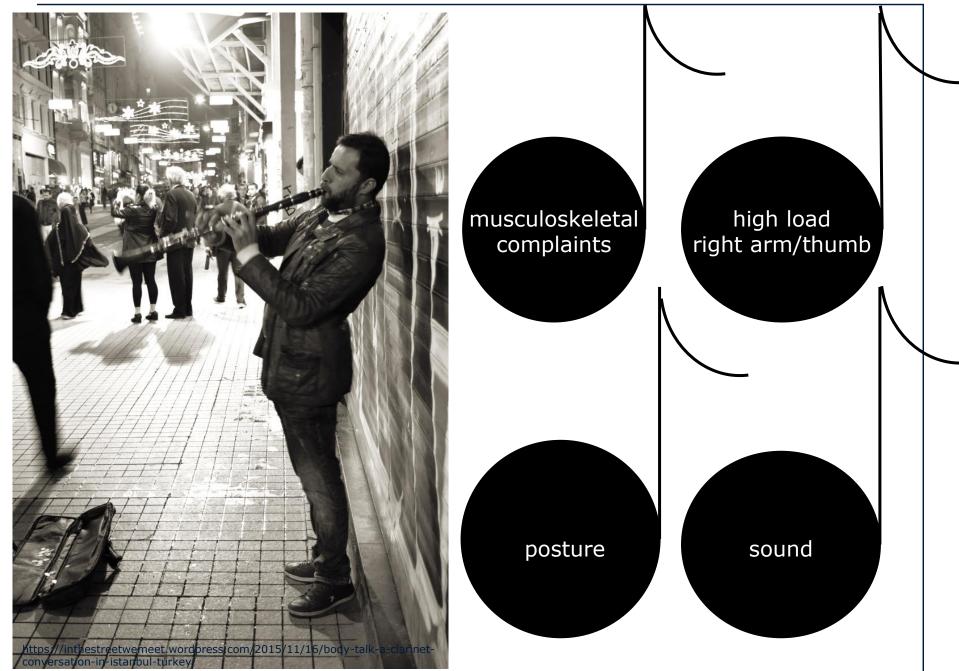
Physical component (PCS): 51.67 (44.77-56.38)

Mental component (MCS): 43.71 (31.96-49.25)

- Associations:
 - Pain intensity PCS and MCS
 - + Pain intensity disability
 - Quality of life disability

Risk factors for development of PRMD

- Unknown due to large heterogeneity between current studies and lack of high quality prospective research
- Suggested:
 - Previous injury
 - Music performance anxiety
 - High levels of stress
 - Female playing stringed instrument

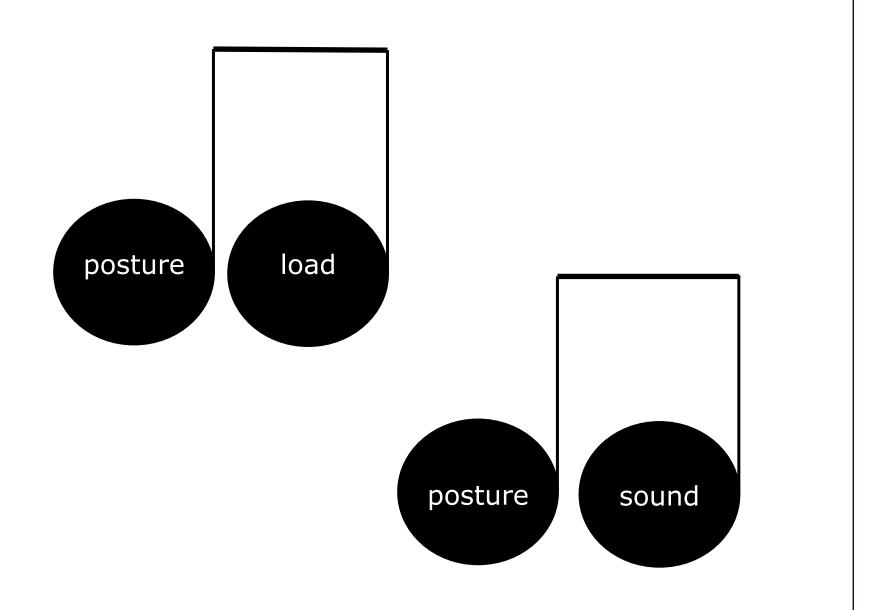




PLAYING THE CLARINET: INFLUENCE OF BODY POSTURE ON MUSCLE ACTIVITY AND SOUND QUALITY

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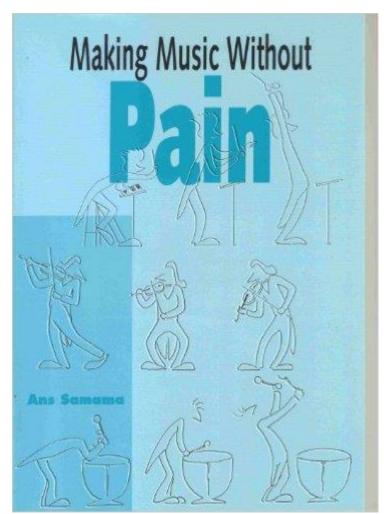




Postural exercise therapy according to

Mensendieck

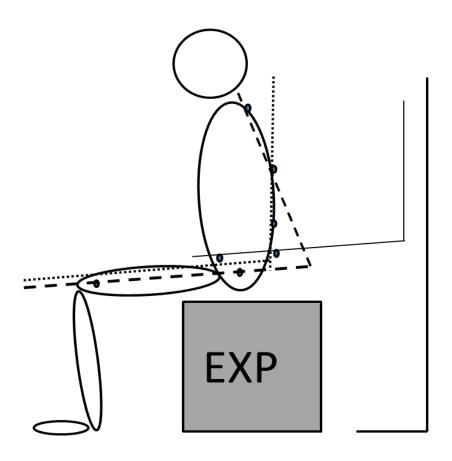
Method Samama MmS



Mensendieck / Samama

- Balanced posture
 - Prevention of imbalance between muscles providing stability and muscles needed to play the instrument
 - More proximal muscle activity (stability)
 - Less distal muscle activity
- Body awareness (tension/ relaxation)
- Controlled movements
- Functional respiration

Body posture MmS



Low thoracic angle
High thoracic angle
Pelvic angle

Samama

- Clarinet specific:
 - Functional hand posture
 - Thumb support
 - Do not raise left elbow and shoulder
 - Instrument to body
 - Breath support





Methods

- Cross-sectional study, contrasting two postural conditions while playing clarinet
 - CO: habitual sitting posture
 - EXP: experimental sitting posture = MmS
- Participants: healthy (pre)professional clarinet players, aged 18-60
- Exclusion: musculoskeletal complaints, prior therapy MmS.
- Seating position on standardized chair: adjustable height, flat seat surface, no back support

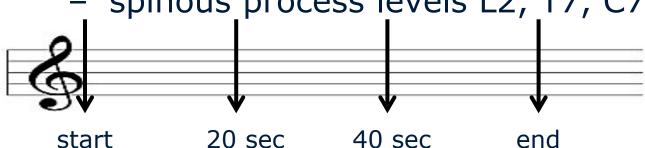
Methods

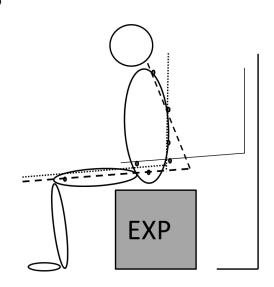
- Demographics
- Clinical tests: length, weight, joint laxity
- Environmental: weight clarinet, room temperature and humidity, heigth of chair and music stand
- Body posture
- Muscle activity
- Sound quality

Measurements: Body posture

- 2-dimensional goniometric analysis
- Pelvic angle, trunk angle
- Reference points
 - lateral femur condyle
 - greater trochanter
 - anterior superior iliac spine
 - posterior superior iliac spine





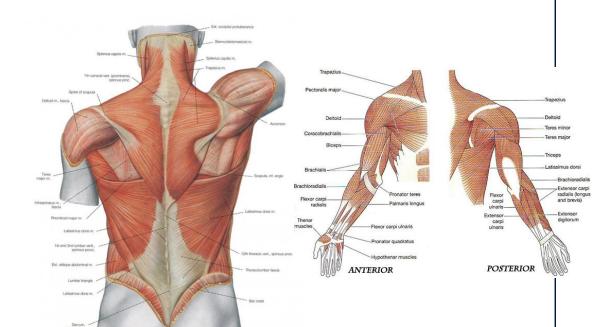


Measurements: Muscle activity

- sEMG according SENIAM guidelines
- Placement confirmed with manual muscle testing
- Raw EMG signals sampled 2000Hz
- Rectified EMG filtered
- Offset determined during rest
- Analysis using Matlab software

Measurements: Muscle activity

- Bilateral recordings of:
- Erector spinae L3
- Latissimus dorsi
- Lower trapezius
- Pectoralis major
- Upper trapezius
- Biceps brachii
- Brachioradialis



Sound

- Subjective experience participants
- Blinded expert panel
 - 3 assessments per participant
 - Randomized order CO/EXP
 - Pitch, timbre, stability,
 breathing capacity



Procedure

- Application of measurement equipment
- Warming-up
- 5 * 60 sec. play clarinet CO

• 30 min. instructions MmS

• 5 * 60 sec. play clarinet EXP

Participant characteristics

20 clarinettists		
Gender	9 male, 11 female	
Mean age	29.25 ± 10.16 years	
Mean BMI	24.30 ± 4.90	
Experience	9 students, 11 professional	
Playing experience	19.4 ± 10.69 years	
Hours playing/week	18.90 ± 11.75	
Generalized hypermobility	1	
Hand joint laxity	6/18	

Results: posture

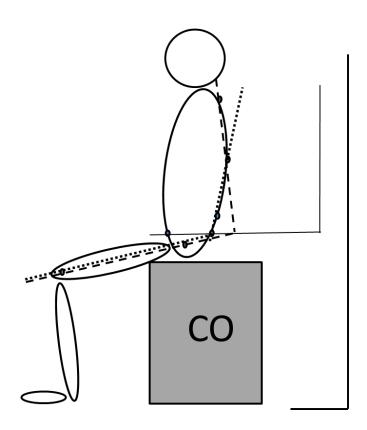
CO

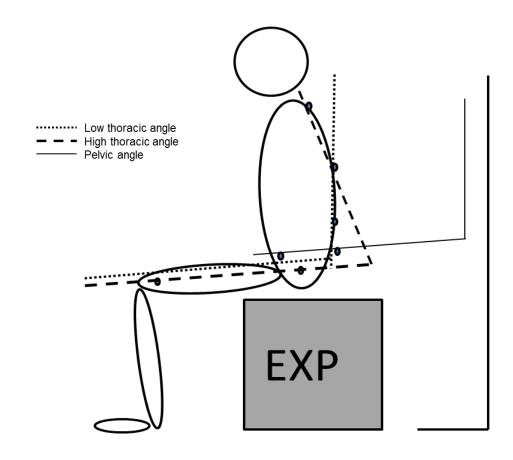


EXP

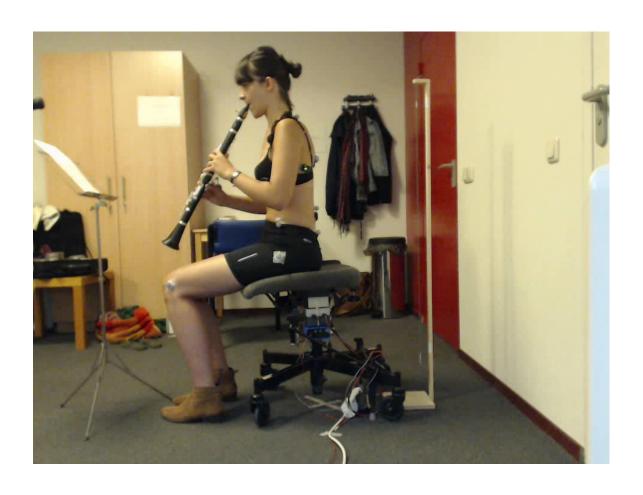


Body posture

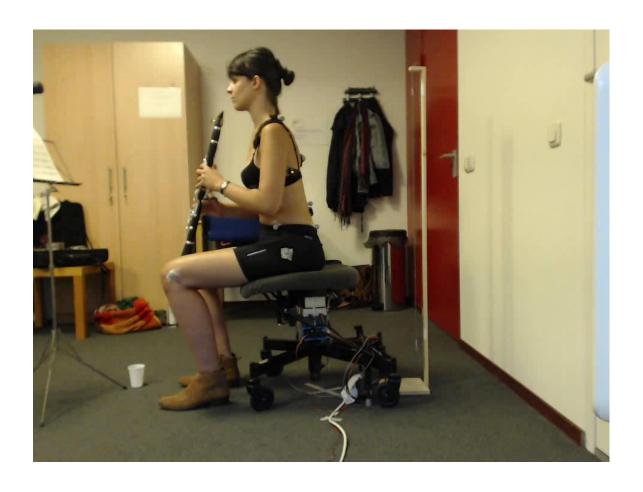




CO



EXP



Muscle activity

Muscle		Hypothesized EXP vs CO	True
Erector spinae L3	R	+	+
	L	+	+
Lat. Dorsi	R	+	
	L	+	
Lower trapezius	R	+	+
	L	+	+
Upper trapezius	R	-	
	L	-	-
Pectoralis major	R	-	
	L	-	
Biceps brachii	R	-	
	L	-	
Brachioradialis	R	-	-
	L	-	

Sound quality

Subjective experience: 14 EXP> CO

At start:

- -Odd playing in EXP
- -More tension lower back
- -Wearing armor around thorax

Later:

- -More space/capacity to breathe
- -Easier to support breathing
- -Better sound quality
- Reviewers: ambiguous

Discussion

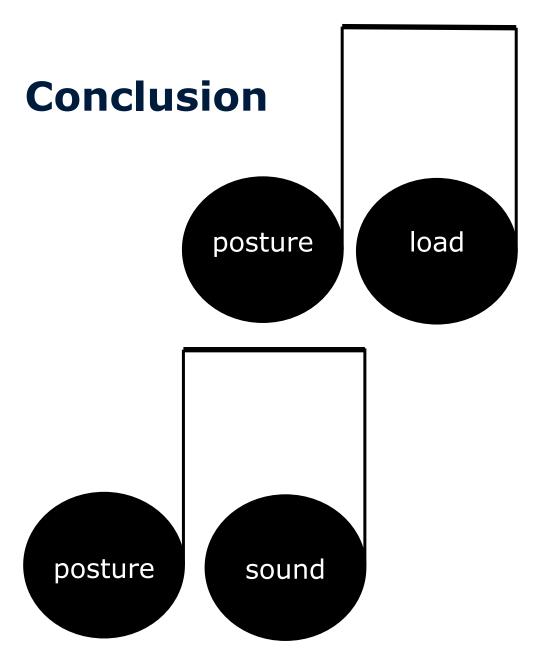
- Change posture → change in muscle activity
 - More activity m. erector spinae
 - More activity lower trapezius muscle
 - Less activity left upper trapezius
 - Less activity right brachioradialis

Discussion

- Change posture → change sound
 - Subjective experience good
 - Objective results ambiguous

Discussion

- Posture needs to be generalized
- Prospective studies needed to relate posture to musculoskeletal complaints
- Role of thumb support
- Compensatory muscle use
- Performance related outcome measures as sound worthwhile exploring further









What's next?

- Multicenter RCT
- 5 Dutch conservatories
- Biopsychosocial health promotion and injury prevention vs. physical activity promotion
- Results expected 2018











Questions

