

Introductory editorial

A themed issue on performing arts medicine

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This issue is devoted to the theme of performing arts medicine a new, expanding area that is of special interest to rheumatologists although many other specialists within clinical medicine also contribute.

It is perhaps especially appropriate that this should be the result of an Anglo-Dutch collaboration. The Dutch have been at the forefront of this specialty for some 25 years though the British have contributed extensively to the areas of dance science and music science in the past decade. That apart, the two authors of this editorial have been friends and colleagues ever since they both found themselves working as research fellow and registrar respectively to the late Dr John Cosh, himself a devotee of the performing arts, at the Royal National Hospital for Rheumatic Diseases in Bath. Both worked there with Paul Davis, then Senior Registrar and now editor-in-chief of this journal. It is to John Cosh that this themed issue is respectfully and affectionately dedicated.

Perhaps the catalyst for this initiative, arguably long overdue, was the establishment of a new MSc degree qualification in Performing Arts Medicine at University College, London, in collaboration with British Association for Performing Arts Medicine all of which is described in more detail in the following article and which is now in its second year.

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There follow commissioned major review articles on the aspects that we consider to be of most interest to rheumatologists, once again reflecting the pre-eminence of the Dutch in this field. Rietveld writes from his extensive clinical experience on common musculoskeletal injuries in both musicians and dancers and later joins with MacFarlane to write on the all important prevention of these injuries. Nolet, a physiotherapist, and Morton, an osteopath, provide their respective expertise in the management of the virtuoso hand in musicians and the virtuoso dancers foot, so often neglected.

The next section reflects specialist themes that are either of specific clinical interest to rheumatologists or which enlighten on controversial areas in musculoskeletal medicine with the help of dance or music science. MacFarlane reminds that malignancies can still present as musculoskeletal complaints, even in such specialist populations. Foley writes with Bird on the vexed question of whether joint hypermobility is an asset or liability for dance and also contributes on those extreme “tariff sports, even cheerleading, that have so much in common with the performing arts. Sillevs Smitt then writes on the importance of proprioceptive acuity in both musicians and dancers and Bird attempts to provide a scientific clinical basis for the “overuse syndromes” that so afflict performers as well as sportspeople. Rietveld contributes again on focal dystonia and Kok et al. write on perceptions of injury. Finally in this section, de Haas provides a fascinating glimpse into the importance of both psychology and the brain as providing the creativity that distinguishes musicians and dancers from conventional sportspeople.

Traditionally, this journal publishes reviews based on case histories. There follow clinical examples of the importance of scar tissue in musicians and of the applied treatment of Rheumatoid Arthritis in a dancer. Replacement hips in dancers and scoliosis in both musicians and dancers are then

discussed with important clinical messages as our understanding of the management of such routine conditions in these complex patients broadens. The interesting finding of an association of haemorrhoids with hypermobility syndrome then reminds of the need to consider all parts of the body in those with hypermobile joints.

A concluding summary article combines the expertise of Clark in Canada with Williamon and Redding as UK leaders in music and dance science respectively, discussing realistic prospects of improved screening, monitoring and training for safer performance, taught at all of the conservatoires that nurture those who in the future will perform to entertain us.

Although most studies in this issue are from the western world, musculoskeletal problems in musicians and dancers are a worldwide problem, with great consequences for themselves, their families and their employers, that need special attention and knowledge. Worldwide, a far greater diversity of art forms exist than it has been possible to cover in this themed issue. We hope that this issue will make rheumatologists everywhere more aware, not just of musculoskeletal problems that afflict musicians and dancers participating in western art forms, but that it will also raise awareness of injuries occurring in ethnic art forms, such that studies from other parts of the world will follow.

There is a need for specialised institutions coaching these dancers and musicians not only to become more aware of the need for prompt treatment of these problems but especially to develop strategies for their prevention.

Not only do elite professionals need specialised care; the many amateurs and especially growing children and young adults also need special attention. The famous violinist Yehudi Menuhin, during his long career, performed 1 h of general muscle strengthening exercises in addition to advanced yoga every day, to keep all his muscles symmetrically strong as well as in perfect condition. May he be an example for all other musicians, young and old.

We remain grateful for the example that John Cosh gave us as a general physician, as a rheumatologist and also as a musician, in showing the importance of treating every patient in his or her own unique way with attention to all personal aspects of their lives, including their hobbies and their pursuits as performing artists, be it as dancers or musicians.

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