

## Standardized subjective examination protocol to evaluate performing artists' musculoskeletal health status - part 2: interview based anamnesis

Introduction This anamnesis structure is part of an examination protocol to evaluate performing artists' musculoskeletal health status. It is intended to standardize the physical therapeutic subjective examination (SE) in performing artists and to support the clinical reasoning process (CR) and the hypothesis forming for further clinical examination and biomechanical analysis. Physio-Questionnaire Interview Clinical Biomechanical based online therapeutic based examination analysis anamnesis diagnosis survey **Methods** Based on a literature review and the expertise the research group a common physiotherapeutic anamnesis, which addresses the relevant questions for problems, was musculoskeletal supplemented by performing arts specific questions. instrument playing type of instrument, ergonomic set-up singing main & secondary art performing-art-specific history genre/style dancing age, at which performing started soloist/ensembles cumulative practice time age, gender, general information heights etc. teachers/technique/pedagogical style education-specific history posture, e.g sitting/ standing/ position to music not performing arts related stand duration per day/week schedule structure (breaks/warm- up-/cool- downprofession & practice-/rehearsal-specific history routines) hobbies behavior during breaks (active/passive) sudden increase in amount kind & level of music/choreographies & related performing art (restricted by repertoire-specific history demands main problem?) exacerbation of symptoms employment-specific history status & history additional jobs e.g. with vocal load cf. questionnaire based SE: e.g. increased tension of suprahyoid/ shoulder/ Pain Detect neck/ suboccipital muscles cf. questionnaire based SE: performing specific information from MPIIQM/SVHI/DFOS e.g. weak deep cervical flexors specific musculoskeletal/voice-related problems e.g. elevated larynx/hyoid main neuromusculoskeletal problem, e.g.pain > CR: affected tissues, causes, healing phase et additional musculoskeletal symptoms in Muscle Tension Dysphonia e.g. restricted ROM cervical spine hydration (esp. singers) location & relation of symptoms (body chart) sharp, dull etc.? nutrition general health & lifestyle deep, surficial? character of symptoms sleep intermittent, constant? general fitness level characteristics intensity provocing & reducing factors respiratory diseases (esp. singers) irritability female athlet triad (esp. dancers) 24h-behavior stress fracture (esp. dancers) disabilities in ADL previous/ co-existing morbidities/problems injuries/overuse short/long term hypermobility history relevant previous diagnostics & depression therapies e.g. unintentional weight loss red flags cf. questionnaire based SE: e.g. 5 D's by Coman body region specific questionnaires work-/performance-related stress personality profile, e.g. perfectionism, coping yellow flags (performing art specific) flags & contributing factors performance-related anxiety specific physical performance demands

## References

- Ackermann BJ, Adams RD (2004). Perceptions of causes of performance-related injuries by music health experts and injured violinists. Perceptual and Motor Skills, 99: 669-678
- Ackermann BJ; Kenny DT, Fortune J (2011). Incidence of injury and attitudes to injury management in skilled flute players. Work, 40: 255-259.
  Bowling A (1989). Injuries to dancers: prevalence, treatment, and perceptions of causes. British Medical Journal, 298: 731-734.
  Chan C, Ackermann B (2014). Evidence-informed physical therapy management of performance-related musculoskeletal disorders in musicians. Frontiers in Psychology, 5,
- Dommerholt J (2009). Performing arts medicine instrumentalist musicians part I general considerations. Journal of Bodyworks and Movement Therapies, 13(4): 311-319.
   Hill JC, Fritz JM (2011). Psychosocial influences on low back pain, disability and response to treatment. Physical Therapy, 91(5): 712-721. DOI: 10.2522/ptj.20100280.
- Lüdtke K, Grauel L, Laube D (2015): Screening in der Physiotherapie: Das Flaggen-System Warnsignale erkennen. 1. Auflage, Thieme.
   Mitchell T, Beales D, Slater H, O'Sullivan P (2017). Musculoskeletal Clinical Translation Framework: From Knowing to Doing. https://espace.curtin.edu.au/handle/20.500.11937/58046. Last visit: 05-23-2022.
- Nicholas MK, Linton SJ, Watson PJ, Main CJ (2011). Early identification and management of psychosocial risk factors ("yellow flags") in patients with low back pain: a reappraisal. Physical Therapy, 91(5): 737-753.
   Ramel EM, Moritz U (1998). Psychosocial Factors at Work and Their Association with Professional Ballet Dancers' Musculoskeletal Disorders. Medical Problems of Performing
- Artists, 13: 66-74.
  Rubin JS, Blake E, Mathieson L (2007). Musculoskeletal patterns in patients with voice disorders. In: Journal of voice: official journal of the Voice Foundation 21 (4), S. 477-484.
  Sataloff RT, Brandfonbrener AG, Lederman RJ (Eds.) (2010). Performing Arts Medicine. 3dr edition. Science & Medicine. ISBN 978-0-9758862-2-9.
  Schemmann H (2017). Physiotherapeutische Behandlungsansätze am Beispiel einer Sängerin mit hyperfunktioneller Stimmstörung. Workshp. 5. Jahrestagung der Österreichischen Gesellschaft für Musik und Medizin (ÖGfMM) an der Abt. Musikphysiologie der Universität für Musik und darstellende Kunst, Wien, Österreich, 7.-8. April
- Shaw WS, van der Windt DA, Main CJ, Loisel P, Linton SJ, the Decade of flags Working Group (2009): Early patient screening and intervention to address individual level occupational factors ("Blue Flags") in Back Disability. Journal of Occupational Rehabilitation, 19: 64-80.
   Vilkmann E (2000). Voice Problems at Work: A Challenge for Occupational Safety and Health Arrangement. Folia Phoniatrica et Logopaedia, 52: 120-125.
   Voith C, von Piekartz H (2017). Neuromuskuloskeletale Untersuchung und Behandlung bei funktioneller Dysphonie. manuelletherapie 21 (05), S. 214-220.

## Benefits

- Standardized anamnesis taking
- Individual transfer to the relevant questions
- Combining the results with those from the questionnaire-based subjective examination via a self-developed clinical dashboard

blue/ black flags

Graphical provision of results

## Conclusion

A pretest of this standardized anamnesis protocol is ongoing in a special physiotherapy clinic for performing artists since spring 2022. In an iterative approach, the protocol will be continuously improved based on patient feedback and clinical considerations.



Heike Schemmann, M. Sc. h.schemmann@hs-osnabrueck.de Florian Avermann, B. Sc. florian.avermann@hs-osnabrueck.de

Camilla Kapitza, M. Sc. c.kapitza@hs-osnabrueck.de

Inga Hesse, B. Sc. inga.hesse@hs-osnabrueck.de

Prof. Dr. Christoff Zalpour c.zalpour@hs-osnabrueck.de

RefLabPerform – Reference laboratory for the evaluation of neuromusculoskeletal disorders in performing artists





working/performance hours/schedules

performance environmental factors