

Guest Editorial

Performing Artists, Part 1

It is my sincere pleasure and honour to have been asked to put together this two-issue special on the subject of Health in the Performing Arts. While some readers will be familiar with performing arts health, it is a relatively new field of study. Its debut in academic research is often marked by the launch of the journal *Medical Problems of Performing Artists*, the journal of the US-based Performing Arts Medicine Association, in 1986 [1]. The seminal paper in work-related disability of performing artists was a study of the member orchestras of the International Conference of Symphony and Orchestra Musicians (the study included only member orchestras from the US). This study reported that 76% of professional orchestral musicians indicated that they had significant health problems that interfered with their ability to work [2]. With the launch of the journal and this significant study, it was hoped that a medical specialty would be born. As far back as that first issue of *MPPA*, parallels between sports medicine and performing arts medicine (I use the broader term, performing arts health) were drawn. However, twenty-five years later, the latter field still has no formal training for health professionals (or artists, for that matter). As funding for arts organization suffers, like so many, from global financial crises, some despair that the field has not come as far as we might have hoped. While the wellbeing of our financial systems is at the forefront of our political and economic consciousness, our societal and cultural wellbeing, expressed through and nurtured by the arts, is neglected.

And yet, these two issues of the journal *WORK* are evidence that the field of performing arts health is alive and well! Great gains have been made in recent years. Highlights include the addition of a recommendation that schools of music in the US provide education about hearing protection and injury prevention by the National Association of Schools of Music (NASM) [3]; the provision of free medical clinics for performing artists throughout the UK by the British Association for Per-

forming Arts Medicine (BAPAM) [4]; the amazingly active International Association for Dance Medicine and Science (IADMS) [5]; and the increasing abundance of international organizations for performing arts health including Australia, the Netherlands, Switzerland, and other countries.

One of the beauties of the field of performing arts health is its inherent interdisciplinarity. Thus, we continue to expand our horizons by collaborating with, presenting at conferences on, and delving into the literature of, new and diverse fields. These include a wide range of disciplines, such as performance science, education, arts therapy, sports medicine and psychology, and of course, occupational health and safety. Special issues of a variety of journals – including *Hand Clinics* (2003, issue 2); *Physical Medicine and Rehabilitation Clinics of North America* (2006, issue 4); and *The Journal of Hand Therapy* (2009, issue 2), to name a few. These journal issues have illuminated what is considered a relatively niche field of research and of clinical practice. A symposium on health in the performing arts is also held annually in the Aspen-Snowmass region of Colorado in the United States. Having attended this July, I can attest to the excitement and camaraderie present, as well as to the active participation of the next generation of researchers, clinicians and educators in this field.

Despite the success highlighted above, we still have much to learn about performing arts health, which is why a special issue of *WORK* is both important and timely. I was pleased to see submissions from people who have worked in the field for many years, as well as many who are relatively new to at least publication in performing arts health. Despite the varied paths that bring us here – training in the arts as children that instilled a passionate interest; personal or clinical experience with injury; etc. – one thing that binds us all is a passion for the performing arts. Many clinicians and researchers in performing arts health are at least am-

ateur artists themselves, and some are elite level performers in their own right. I was also pleased to receive papers on the subject of music, dance and theatre, and from a range of artistic genres; and, from a range of methodological standpoints, from epidemiological approaches to qualitative inquiry. In addition to attempting to reflect the three foci of this journal – prevention, assessment and rehabilitation – I have attempted to provide a range of papers that reflect this variety of content and methodology in each of the two issues. Finally, submissions were received from around the world, and this diversity – which has grown since the inception of the field – is also reflected in the papers published in these two issues.

As can be seen by the variety of papers in this issue, much research is still needed in all aspects of this field, from an understanding of prevalence and incidence of health issues of performing artists, to the most basic evidence-based notions required to provide effective rehabilitation. Readers will note the predominance of papers about instrumental (not vocal) musicians, less about dancers, and one paper about the theatre arts (in issue 2). This distribution is somewhat reflective of the balance of papers published in other multi-disciplinary publications. I would encourage my clinical and research colleagues in occupational health and rehabilitation to consider expanding their work to include performing artists, particularly from the fields of theatre and dance. I also encourage performing artists to team up with researchers so that their stories are reflected in the findings upon which we draw for effective practice. I look forward to watching and contributing to the continued growth of this field, which contains an abundance of two key ingredients to successful research and clinical practice: passion, and promise.

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