Abstract

Through the use of oral history, pianists, both professional and student, recount their experiences and personal stories of how they became injured playing the piano and the course of action they took to resolve the injuries. The research begins with a discussion on the prevalence of injuries among pianists and various types of injuries as seen in current literature. The narrators then discuss how their approach to the piano has changed through their experiences, the difficulties and challenges they faced, as well as advice for pianists who may be experiencing pain or injuries.

Playing-Related Injuries Among Pianists and What to Do About It

Playing the piano is an athletic event that requires precise coordination between multiple muscle groups across the whole body. A pianist's muscles can strain and become injured just as easily as an athlete's. When a muscular-skeletal injury occurs, it can be debilitating for the musician and challenging for medical professionals to diagnose and treat. Using an oral history approach, this study explores the experiences of pianists who have been injured, how their injury developed, and what they did about it. Some were successful using technique retraining and alternative medical methods, and others were forced to stop playing the piano all together. Help for injured pianists can be difficult to find. However, by learning from the experiences of others, it can be made much simpler. The goal of this research is give injured pianists the resources and knowledge to be able to recover.

Literature Review

Guptil and Zaza (2010) explored common injuries experienced by musicians as well as strategies used to prevent them. The most common injuries can be broken down into three types: upper extremity injuries such as strains/sprains and tendonitis, nerve compression injuries such as carpal tunnel, and neurological conditions such as focal dystonia. Common symptoms of injuries include any kind of pain, numbness or tingling, and lack of control of a finger, hand, or arm. Risk factors include rapid increase in practice time, stress, awkward body position due to technical difficulty, and excessive practicing.

In "The prevalence of playing-related musculoskeletal disorders (PRMDs) in relation to piano players' playing techniques and practicing strategies," Allsop and Ackland determined PRMDs in relation to pianists' playing techniques and practicing strategies. Of the 505 participants with varying ages and occupations, 42% of the participants reported PRMDs and of that 42%, 72% were professionals. PRMDs include tendonitis, overuse syndrome, carpal tunnel, and radial nerve compression at the elbow (Allsop & Ackland, 2010, p. 67-8).

Burgel and Foxman (2006) categorize risk factors for injury into intrinsic and extrinsic. Intrinsic risk factors include physical size, strength, flexibility, and presence of

underlying disease, while extrinsic risk factors include technique and playing environment. Primary prevention strategies recommended are identifying both intrinsic and extrinsic risk factors. Secondary prevention strategies are early diagnosis, and treatment and tertiary prevention strategies include specialists and emotional support.

Methodology

For this study, I used oral history methodology to interview five who had experienced injuries related to their playing. Interviews were video and audio recorded and lasted 16-35 minutes. They were transcribed from the audio recording and used to compile the findings. Oral history was used in order to capture the stories and personal experiences from the narrators themselves. While some pianists experienced injuries as a direct result of their playing, others sustained injuries from athletics.

Ruth Sauder was an undergraduate student studying piano performance at Penn State University when she began to experience pain from playing the piano. She had tendonitis and was told to rest by her doctors and teacher. The pain did not subside and eventually a specialist told her that she had loose ligaments in her wrist and that heavily contributed to her injury. Ruth decided to change her major to French and discontinue playing the piano for college.

Lillian Noble had a very similar story. She was working on a large amount of repertoire for studio lesson, accompaniment, and ensembles when she began to have pain from her playing. After seeing doctors, she was told her bones in her wrist were uneven which contributed to her injury. She was treated for tendonitis with physical therapy, massage treatments as well as essential oils. Her pain went away and she is able to play without pain.

Cheryl Gingerich's injury stemmed not from playing the piano, but from a sports injury. Right before she began graduate school auditions, she injured her right wrist playing racquetball. She began to have technical issues from trying to play through the injury, so she cancelled all but one of her auditions and took a break from the piano. After the injury healed by seeing physical therapists and other specialists, she attended graduate school where she learned various "tricks of the trade" from a number of different teachers that helped to refine her technique to achieve a better ease of playing. She has not had any more issues with pain from playing.

Sally Keaveney is a vocal teacher and musical director who has been dealing with pain and soreness from playing most of her life. Her pain began when she was practicing to audition for the Wednesday Club, a classical music society in Harrisburg PA. She decided to stop playing because she was not pursuing classical piano performance in college. Her pain came back after college when she began playing again for teaching voice, directing musicals, and playing gigs in a band. She mainly manages her pain as it arises with various braces and physical therapy as she continues to play.

Scott Drackley began to experience pain from playing after graduate school when he was playing a lot of repertoire for several jobs. He saw one doctor and decided that he did not want to pursue a medical route as he knew the problems were rooted in his technique. He found a teacher that taught him the Taubman technique, which is a technique based upon unification and coordination of the arm to play with as much ease as possible. Once Scott completed the technique retraining, he never experienced any pain again and could play better than he had before.

Findings

The five narrators in this study described four main areas of injury over playing, predisposition to injury, sports injury, and technical problems. Most narrators attributed at least two of these causes to their previous injuries, which support the literature that states, "[Injuries] do not have one or more simple causes, but are the product of many interacting factors" (Allsop & Ackland, 2010, p. 75).

All of the narrators experienced the effects of the injury outside of playing. Scott stated, "My younger son was less than a year old, and it hurt to just pick him up." Other narrators expressed having difficulty with simple tasks such as brushing their teeth, opening jars, typing, and even lifting a piece of paper. Ruth came up with a solution to this problem, "I got so bad I was using my toes to type, which is actually possible if you really need to type." Another effect the injury had on the narrators is that they all had to stop playing piano anywhere from five to eight months.

An injury that forces a pianist to stop playing causes many difficulties and hardships both emotional and occupational. Cheryl commented about not being about to play by saying, "There's a void in who you are . . . I can't imagine my life without it." The thought that she may have to give up playing piano because of her injury was very difficult to deal with. This however was Ruth's reality because she decided to stop playing. She reached this decision with great emotional difficulty as she accounts, "I realized that I used to sort of process my life as I was practicing like it was a way that I was handling whatever was happening in my life so without that it was weird. I had to find some other way to process emotions other than playing." Scott and Sally experienced difficulties through their occupation. Scott was a church organist and had to keep playing through his injury. Sally had a similar experience, "I mean unfortunately I'm in a position that it's infrequent that I can put the instrument down when I have to actively play it so you know I'm in the middle of a lesson and my hand is on fire . . . I can't stop playing because I'm giving my service to somebody and that requires me to play this instrument." She went on to say, "This is the hand that hurts when I play guitar, this is the hand that hurts when I play piano it's very interesting so at least I am . . . evening out the pain between my two instruments."

The courses of action that the narrators took to recover from their injuries can be categorized into medical and technical. All narrators except for Scott sought medical attention. This included, physical therapy, message treatments, acupuncture/acupressure, steroid shots, braces, essential oils, and other methods. Sally, who manages her pain as it

comes stated, “I’m pretty well addicted to ibuprofen. Ibuprofen is like my best friend which is probably not a good thing but hey it is what it is.” Scott began with the medical route as he explained, “I went to a orthopedic person and they examined me, they didn’t see anything, and then they wanted to do nerve induction study where they stuck the needles in and I said ‘nope . . . there’s got to be another way’.” Scott did find another way through Taubman technique retraining. All of his pain and issues went away after his retraining. Cheryl went both the medical route and the technical route. She received the necessary medical treatments to heal her sports injury and learned “tricks of the trade” as she called them from multiple teachers that helped refine her technique and fix her technical issues.

Advice for pianists experiencing pain that the narrators gave echoed the course of action that worked for them. Most narrators expressed the importance of seeking medical attention as well as finding a good teacher. Sally stated, “I would absolutely say find a way to get a good teacher, get a good doctor, mostly get a good teacher though, get a good teacher that can guide you toward techniques that will help you be able to sustain your life on that instrument.” This perspective reflects Allsop and Ackland’s findings that, “Because [injuries] are complex and have multi-factorial etiologies, they cannot be resolved by musicians or physicians alone. It is essential to develop multidisciplinary approaches in order to provide pianists with programmes that will help them avoid [injury]” (Allsop & Ackland, 2010, p. 64). Scott echoed this and stressed the importance of a teacher over a doctor, “Physical therapists, they’re great, chiropractors, great, love them, but . . . if you take time off and you get physical therapy and you feel good, you go back playing again and it starts to hurt, it’s your technique, you’ve got to address that . . . You’ve got to deal with pianists and doctors don’t know how to deal with that either as much as they’re going to tell you they do, they don’t. They’re not pianists, they don’t understand the intricate movements that are involved with the piano.” He went on to say, “For some people it’s Taubman and some people do it without Taubman.” It is important to discover the root of the injury and find a treatment that will fix it properly.

Implications for the Field

Injuries among pianists are very common and yet teachers and students do not know how to properly resolve the injury. As Ruth stated, “None of my teachers seemed to know anything and none of the doctors too . . . so I think it’s really important. It’s a need [for] teachers and students because lots of people to get injured.” Lillian explained, “It’s . . . a serious undertaking when you spend so much time practicing just like athletes and we can get injured in just the same way in career ending ways that athletes can get injured.” It is important for all pianists whether they are teachers, students, professionals, or even casual players to educate themselves about the risks for injury and what to do and who to go to when an injury arises.

Further Research

Further research would expand the number and types of narrators in order to achieve an even better understanding of how injuries affect pianists and the most

effective courses of action to take. Narrators would include, physicians and physical therapists to gain perspective from their side. Further research would also include a comparison of the two main injury preventative techniques, Taubman and Lister-Sink, by interviewing both teachers and students of the respective methods.

References

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