OMT FOR THE PERFORMING ARTIST

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Occupation History for the Performer

Pertinent details include:
– Hours spent on practice per day and per week average
– Intensity of practice
– Any recent increases in performance
– Other hobbies or interests which may contribute to overuse of the involved region (computer, texting, repetitive tasks)
– Occupational (performance or otherwise) extremity usage
– Frequency of breaks or rest periods
– Frequency of cardiovascular or stretching exercise
Structural Examination

• A routine osteopathic examination is performed.
• Special attention is focused on performance-specific problem areas.
• The physician observes and/or palpates for areas of tension while the performer practices. Inappropriate areas of tension will be obvious to the osteopathic physician even without full knowledge of proper technique.
Structural Examination - Instrumentalist
Observe for the Following

- Neck close to neutral position
- Normal thoracic/lumbar curves
- Trunk centered over ischial tuberosity
- Wrists and elbows relaxed and as close to neutral as possible
- Shoulders not elevated or protracted

Image credit: https://tinyurl.com/y8qs8mz9
Structural Examination

Palpate for the Following

Forward posturing dysfunctions

- Internally rotated humerus
- Protracted scapula with associated fascial restrictions
- Sternoclavicular joint tenderness
- Elevation of shoulders, anterior/middle scalene contraction
- \(1^{st}\) rib elevation
- Pectoralis minor contraction
Common Musculoskeletal Problems

- Hand or forearm pain
  - Tendinitis or muscle strain of the hand, wrist, or forearm
  - Tendinitis, strain, or arthritis of the thumb
  - Carpal tunnel syndrome
  - Lateral epicondylitis

- Shoulder pain
  - Bursitis
  - Frozen shoulder/adhesive capsulitis/impingement
  - Tendinitis, strain
Tendinitis or Muscle Strain of the Hand, Wrist, or Forearm

• Musicians, particularly string and piano players, are susceptible to tendinitis or muscle strain of the hand and forearm. Because of the repetitive nature of instrument playing, overuse is common, and recovery is slow. Muscle energy, counterstrain, and myofascial release help to restore muscle and tissue balance and improve joint mobility.

• Muscle energy treatment of the hand can be performed on any restricted muscle or joint. The joint is positioned at the restrictive barrier, and muscle energy principles are applied.
Greenman Upper Crossed Syndrome Findings

Tight/Hypertonic Muscles:
• Upper trapezius, SCM, levator scapula, scalenes, latissimus dorsi, forearm flexors, grip muscles of hand

Weak/Inhibited Muscles:
• Rhomboids, longus colli, lower trapezius, serratus anterior, forearm extensors, finger extensors

Image credit: https://tinyurl.com/ybycmt66
Common Counterstrain Tenderpoints
(Often Correlated to Greenman’s Hypertonic Muscles)

Look for the following tenderpoints:
• Supraspinatus
• Levator Scapula
• Trapezius
• Supinator
• Lateral Epicondyle
• Adductor Pollicis (1st CMC) and 1st MCP
• Dorsal Interossei
Fascial Restrictions

Could occur anywhere but commonly seen areas include:
• Supraclavicular/Anterior cervical fascia
• Pectoralis fascia
• Scapulothoracic fascia
• Forearm fascia
• Interosseous membrane of the forearm
Practice Time
Structural Examination - Dancer
Observe for the Following

- Neck close to neutral position
- Normal lumbar lordosis/thoracic kyphosis should be present.
- Shoulders should be neutral, not elevated or forward.
- Pelvis should not have any significant anterior tilt.
- Standing posture should be upright, and maintained in both relevé and plie.
- Lower extremities should be turned out slightly.

Image credit: https://tinyurl.com/ycpzbcdn
Structural Examination
Palpate for the Following

Forward posturing dysfunctions
  • Exaggerated lordosis
  • Anterior pelvic tilt
  • Hypertonicity of the quads
  • Deformation of the medial arch (excessive pronation or supination)
Common Musculoskeletal Problems

• Foot or ankle pain
  • Tendinitis or muscle strain of the foot intrinsics or ankle musculature
  • Tendinitis, strain, or arthritis of the great toe
  • Tarsal tunnel syndrome
  • Posterior impingement of the ankle

• Hip pain
  • Bursitis
  • Snapping hip syndrome
  • Tendinitis, strain
Greenman Lower Crossed Syndrome Findings

Tight/Hypertonic Muscles:

• Erector spinae, psoas, quads, tensor fascia latae, quadratus lumborum, tibialis anterior, foot flexors

Weak/Inhibited Muscles:

• Glut max/med/min, transversus abdominis, tibialis posterior, foot extensors

Image credit: https://tinyurl.com/ybycmt66
Lower Crossed Syndrome - Consequences

- Anterior Pelvic Tilt
- Increased Lumbar Lordosis
- Hypermobility of L4-5 and L5-S1
- Tight anterior hip capsule
- Navicular dysfunction
Common Counterstrain Tenderpoints
(Often Correlated to Greenman’s Hypertonic Muscles)

Look for the following tenderpoints:
• Quadratus lumborum
• Iliopsoas
• Pectineus
• Gracilis
• Tibialis posterior
• Flexor hallucis longus
• Foot intrinsics
Fascial Restrictions

Could occur anywhere but commonly seen areas include:
• Anterior femoral triangle
• Popliteal fossa
• Interosseous membrane of the leg
• Medial or transverse arch of the foot
Practice Time