

H5 Playing-Related Musculoskeletal Injury Prevention Policy

Introduction

Playing related musculoskeletal injuries in professional orchestral musicians and in conservatoire students are common and have a lifetime prevalence of between 26% and 93% (Zaza, 1998). The severity of these injuries ranges from inconvenient to career ending (Culf, 1998; Zaza, 1998) The majority of these injuries are preventable.

Research has shown that injury prevention strategies in Conservatoires can reduce the incidence of such injuries, but have no impact on pre-existing injuries acquired before reaching Conservatoires. (Zander, et al, 2010).

This strongly suggests that there is a need for injury prevention awareness in a pre-conservatoire setting, such as here at the school, and it is because of this that this policy has been developed.

Statutory Framework

This Policy holds a unique place between the Schools Child Protection Policy and the Schools Health and Safety Policy, and has been placed within the Pastoral Policies. It has been developed under the following Statutory Framework:

1. 2002 Education Act (section 175) /157 Education (Independent Schools Standards) Regulations 2014 **which require Independent Schools to safeguard and promote the welfare of Children who are students at the School.**
2. Health & Safety at Work Act (1974) and The Management of Health & Safety Regulations (1999) **which requires staff, students, contractors and visitors:**
 - To co-operate on health and safety
 - To take care of their own health and safety
 - To take responsibility for the health and safety in the areas where they work
 - To be aware of the impact of their actions on themselves and on other people.

Risk Factors for Playing Related Musculoskeletal Injuries

An audit of over 3 years of physiotherapy notes from the school physiotherapist (October 2008 - December 2011) revealed five distinct risk factors for playing-related injury in students. These are:

- Sudden increase in playing time
- Introduction of new repertoire with a different technical demand
- Posture or position when playing
- Stress
- Growth spurts.

The risk is cumulative, so the more risk factors that co-exist, the greater the likelihood of injury.

Injury Prevention Guidelines

Absolute rules about injury prevention are impossible to produce as there are widespread differences between individuals' physical capacity, and this capacity is not fixed. However general guidelines for injury prevention are useful. To this end the school requires all stakeholders at the school who are directly involved with students' instrument playing, including students, parents, music heads of departments (HODs), visiting music teachers, practice supervisors and boarding house staff:

- To have knowledge of and be actively aware of these five risk factors for playing-related injury
- To use this knowledge to promote safe practice in music education and in the development of the young instrumental musicians at the school.

Specific Care Should Be Taken By Stakeholders to Ensure That Students:

- Increase playing time gradually rather than suddenly
- are introduced slowly and gradually to new repertoire that has a new or different technical demand
- Are aware of what a neutral posture is. When not playing they should be encouraged to return to a neutral position as often as possible. In this instance 'neutral' refers to returning to a symmetrical position, lengthening the spine, and letting go of shoulder girdle tension
- Are allowed to take time after a growth spurt before suddenly increasing playing time, attempting new repertoire with a different technical demand, or changing to a larger/heavier instrument
- Acknowledge that stress can increase muscle tension, and seek strategies to reduce muscle tension when stressed, such as by taking part in physical exercise and doing gentle stretches before and after playing.

Sources of Information about Injury Prevention

Information on these risk factors for injury and on injury prevention is provided:

- To students in the induction session for new students and their parents
- To parents in the induction session for new students and their parents
- To new visiting music teachers, in their induction pack and annually from the HODs
- To practice supervisors in their induction pack
- To boarding house staff in their induction pack
- Throughout the school on noticeboards.

The school employs a physiotherapist to take the lead on educating students about the risk factors related to musculoskeletal injuries, and to develop strategies for the wide communication and understanding of these.

The physiotherapist meets proactively with groups of students, including those identified as being more vulnerable to injury, based on routine data collection from all student clients who attend the physiotherapist for treatment of playing-related injuries. As part of the school's commitment to preparing young musicians for the next stage of their education and careers, the physiotherapist aims to see all Y13 students prior to their entry to conservatoires, to ensure they have access to appropriate information about minimising risk and injury prevention.

Data collected via student appointments to the physiotherapist is submitted to the termly Health and Safety Committee meeting, where it can be analysed to establish any trends and patterns, and from where further strategic intervention can be determined.

Further information about wellbeing of musicians can be found on the following websites:

British Association of Performing Arts Medicine (BAPAM): www.bapam.org.uk

The Healthy Conservatoires Network: <https://healthyconservatoires.org>

References

Culf, N. (1998). *Musicians' Injuries - A Guide to their Understanding and Prevention*. Tonbridge Wells, UK: PARAPRESS LTD.

Zander, M., Spahn, C., & Voltmer, E. (2010). Health Promotion and Prevention in Higher Music Education. Results of a longitudinal study. *Medical Problems of Performing Artists*, 25(2).

Zaza, C. (1998). Playing-Related Musculo-Skeletal Disorders in Musicians: a Systematic Review of Incidence and Prevalence. *Canadian Medical Association Journal*, 158(8), 1019–1025.

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