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TAKING CENTER STAGE

PHYSICAL THERAPY AND THE PERFORMING ARTS

by Ellen N Woods

Across the country, more and more dancers, musicians, and actors are bringing their injuries to physical therapists. Performing arts physical therapy is growing in popularity and acceptance. And whether or not this is an area to which you have aspired, it may very well affect your practice. Here's a look at how it's affected some other physical therapists across a variety of practice settings.



New York City is a mecca for the performing arts. Pick your passion: Lincoln Center, Radio City Music Hall, City Center, Apollo Theater, Carnegie Hall, Metropolitan Opera. And, of course, Broadway. Americans have long had a love affair with the Great White Way. There's nothing like live theater. When the performers take their final curtain call, the audience—moved to its feet—cheers for all who have made that show a hit: choreographers, orchestra, stage managers, casting directors, costume and set designers, prop crew, and, quite possibly, a physical therapist.

Sean Gallagher, PT, CFP, has been providing physical therapy to Broadway musicals since 1988, when he was hired by *Jerome Robbins' Broadway*. At the time, he was the first and only physical therapist to have been hired by a Broadway play as its “in-house” physical therapist. Now, 5 years later, Gallagher and physical therapists at his Manhattan practice, Performing Arts Physical Therapy, provide care for 6 of the 20 plays currently running on Broadway. Gallagher and his staff are still the only physical therapists in New

York City to be providing such services.

Although it was difficult at first to get his foot in the door, once Gallagher began to make an impact on the dancers at *Jerome Robbins' Broadway*, word quickly spread across Times Square. Like many of the performing artists he treats, Gallagher was getting rave reviews of his own. Most recently he was contracted by the management of *Cats*. “Their insurance company told them they had to do something because their workers’ comp claims were way up. So they called some of the other (Broadway) companies for advice, and they heard about us,” explained Gallagher.

In addition to “working” Broadway, Gallagher keeps a full schedule treating all types of dancers at his practice, and he spends several days a week treating dance and music students at the State University of New York–Purchase and the Juilliard School of Music. He also owns the trademark to the Pilates® method of exercise equipment and spends time in the management of the company. Sixteen-hour days are not uncommon for Gallagher.

He attributes his drive and focus to his training as a dancer.

THE *Will Rogers* FOLKIES

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MISS DOOLS

MISS Saigon

Like many physical therapists who have gone into the field of performing arts, Gallagher is a former dancer. When he sustained a low back injury, his rehabilitation consisted of a physician telling him to take it easy. He quickly realized that there was a major gap in the health care services that are available to dancers. So in 1981, he entered Temple University in Philadelphia, pursuing two majors: Dance and Physical Therapy. "I was alternating between rehearsals and finals. And, while the schedule was crazy, it was also a nice balance. What I was learning about body movement in physical therapy classes related to what I was doing as a dancer, and it improved my technique," said Gallagher.

On clinical affiliation, Gallagher worked with physical therapist Marika Molnar, who many consider a pioneer of performing arts physical therapy. With Molnar, Gallagher treated dancers from the New York City Ballet. When he graduated from Temple in 1986, he began to practice full-time with the Pennsylvania Ballet, and on weekends he continued to work with Molnar. By 1988, he was

treating performing artists full time in New York City, and in 1990, Gallagher opened Performing Arts Physical Therapy. Gallagher has since opened satellite offices in Los Angeles (with partner Mindy Boehnert, PT) and in Seattle (with partner Lori Coleman, PT).

His training and experience as a semiprofessional dancer have earned Gallagher a level of trust among many in the New York City dance community. "I understand my patients—their passion, their mentality, their craziness. I understand what it is to be addicted to dance." This empathy is so important to Gallagher that he will only hire physical therapists who have had training and experience as performing artists.

On Broadway

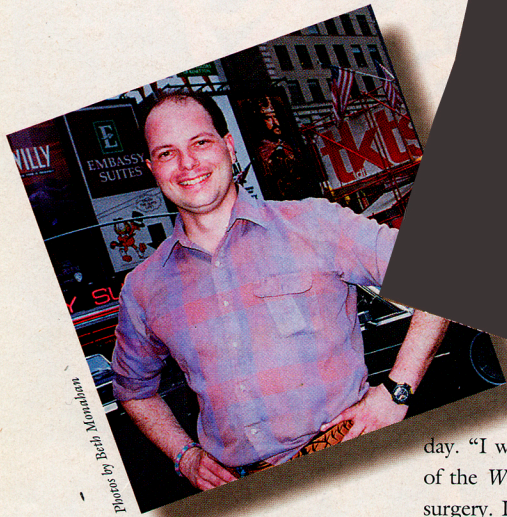
Gallagher's practice, not surprisingly, is located on Broadway, although 30 blocks uptown from the theater district. Wednesday is a particularly busy day for Performing Arts Physical Therapy. It is

not only a full day of patients and evening performances, but of matinees as well. Gallagher is seeing patients by 7:30 am. The rapport he has with the performers is evident immediately. What you also see is *appreciation*, because, for many of these performers, physical therapy has made the difference in their ability to keep dancing.

"I thought my career was over," says Gal-

well. "Did you hear Clayton's taking *Starlight Express* to Vegas?" says Louie, now working on a Swiss Ball. "Make sure you push off with both feet," says Gallagher demonstrating the move. "He's going to need a PT. That show has blown out more knees than any I've ever seen." "I'll put a good word in for you, Sean."

As it nears noon, Gallagher has seen 6 patients. With colleague Loren Stolarsky (for more on Stolarsky, see page 48) and a student intern, he rushes out to hail a cab, dropping Stolarsky



Photos by Beth Monahan

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lagher's first patient of the day. "I was injured 2 years ago on the set of the *Will Rogers Follies* and needed knee surgery. I thought I'd never make it back. It was devastating. I've devoted my life to dance. I've been in physical therapy since the surgery, and now I'm dancing, and even auditioning, again."

Several patients later, Gallagher is working with Louie, who tore his patellar tendon 3 months ago. "I'm taking it slow this time, Sean. I didn't listen to you in *Jerome Robbins*, and I paid the price." Louie and Gallagher stand side by side at the ballet bar performing dance movements together. "It is essential to watch technique, to have the dancer perform the moves and show you where the pain is," says Gallagher. "The advantage to working with this patient population," he adds, "is that they are very in touch with their bodies, and they can help you get right to the root of the pain or the movement dysfunction."

"It's right there," says Louie, as he extends his leg and points to his thigh. "It fires in pieces, like a ripple effect." As Louie and Gallagher keep working, they not only talk about treatment, they talk "shop" as

and the intern off at *Cats*, and then heading to *Miss Saigon* playing at the Broadway Theater. He enters through the backstage door and checks the sign-up sheet for physical therapy—looks like a slow afternoon. In a small dressing room on the third floor, Gallagher treats the stage manager, who complains of extreme tightness in his back, and one of the ensemble dancers, who complains of heel spurs and tightness in her right calf. As he begins treatment on the dancer, Gallagher takes on a tone close to lecturing: "I know that when the show is over, all you want to do is get out of here. But you need to focus on some stretching afterwards. Are you using the foam roller and the exercises I gave you?"

From *Miss Saigon*, Gallagher does a race walk over to the Palace Theater, home of the *Will Rogers Follies*. He is clearly proud of what he has accomplished in 1 1/2 years with this show. He was hired because the show's management was seeking to reduce the high incidence of knee and hip problems, such as patellofemoral dysfunction and iliopsoas tendinitis and bursitis, from climbing 300 steep stairs throughout the course of each performance. Working in conjunction with orthopedic surgeon David Weiss, Gallagher started by coming to the

theater 5 days a week, spending 1 1/2 hours doing individual treatments and a 1/2 hour doing a group warmup. Soon the incidence of injury and absenteeism due to injury was down. He convinced management to lower the height of the dancers' heels, and when the National Touring Company for the show began rehearsals in New York, Gallagher was hired as a consultant. He gave the cast prevention techniques, such as warmups and cooldowns, to use on the road, as well as some general education about injury. He also worked with set designers to change the staircase for the touring company because it had caused so much trouble for many of the dancers in New York.

"We're a luxury, and yet we're an absolute necessity," says Gallagher as he talks about the *Will Rogers Follies* financial problems, which began mid-summer. "It's a show that has run its course, and they're just not filling the house anymore. They're now running under constant threat of closing, and until then they've had to make cutbacks, such as physical therapy." When physical therapy was cut from the show's budget, Gallagher made the decision to continue to provide therapy at no cost. "What happens when you work with these casts is they become family, they depend on you. I didn't want to see the dancers go without something that is beneficial to them. So we (Performing Arts Physical Therapy) decided to keep providing the service without pay. This is not out of the ordinary for us. I believe that if you are practicing in the area of performing arts, you've gotta love it, because it sure isn't going to make you rich. Many performers are struggling to make ends meet between auditions and jobs, and have no health insurance. Many of the cases at my practice are workers' comp."

Gallagher treats the dancers at *Will Rogers Follies* until matinee showtime and then heads uptown to an afternoon at his practice. At 5:00 pm, he heads back to the theater district, this time to the Martin Beck Theater, home to the revival of one of America's best-loved musicals, *Guys and Dolls*. Gallagher sets up a portable massage table in the lobby of the theater and begins seeing performers who have

signed up for 15-minute treatments in advance. In the background, the orchestra is warming up and ushers are stuffing playbills with cast changes for the evening. Individual treatments are followed by a 1/2-hour warmup from 7:00 to 7:30 pm. In a final warmup exercise, cast members who are lining the lobby rock back and forth on their buttocks with their legs extended, clapping their ankles and pressing the soles of their feet together. One-by-one they begin to bark like trained seals. The more Gallagher pretends it doesn't faze him, the louder they get. It seems to be a pre-performance ritual that ends only when Gallagher gives in to laughter.

When the curtain goes up before a full house 30 minutes later, Gallagher is standing in the wings. He watches a performance at least five times before he begins to treat performers in a company/show. "It is essential to see what the demands are, what the dysfunction is, if they fall off their center of gravity, and how they control that. I watch both from backstage and from the audience." Throughout the run of a show, Gallagher will continue to monitor performances to see how his patients are doing.

Tonight he is paying particularly close attention to Mike, who just 2 hours earlier was on Gallagher's massage table describing "fatigue in his legs and muscle spasms in his lower back." On stage in Act II, Mike is the featured performer in the ever-popular "Luck Be a Lady Tonight." He is wowing the audience with acrobatics as he tumbles and flips across stage with ease. "You really have to see this," says Gallagher, pointing to the stage, "to have an appreciation for the demands on his musculoskeletal system."

On the East Side

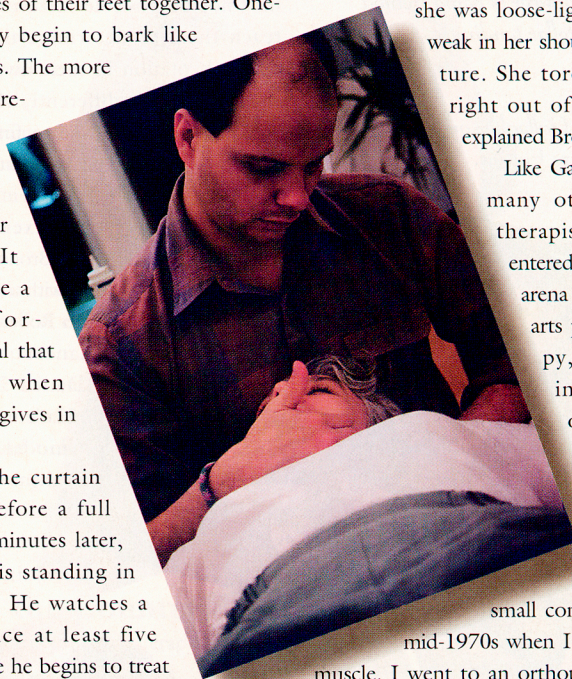
Across town on Manhattan's East Side, on that same Wednesday, Shaw Bronner, PT, is working with Judy, a principal dancer in the Dance Theater of Harlem, at Bronner's practice, Sports Orthopedic and Athletic Rehabilitation (SOAR). "Judy was injured doing the lift in the ballet, *Firebird*, in which she is pulled up into the sky holding onto lines. As with many ballet dancers, she was loose-ligamented and weak in her shoulder musculature. She tore her labrum right out of the socket," explained Bronner.

Like Gallagher and so many other physical therapists who have entered the fairly new arena of performing arts physical therapy, Bronner's interest developed out of her own love of dance. "I was a modern dancer in several small companies in the

mid-1970s when I tore my psoas muscle. I went to an orthopedic surgeon, who gave me medication and recommended bed rest. Well, that's the last thing a dancer wants to hear. You know I was never given a diagnosis, and it wasn't until I became a physical therapist that I understood what had happened to me. I continued dancing after that, but I thought I was never going to get to the level I wanted. Also, I was looking for more intellectual stimulation. So I entered PT school," said Bronner.

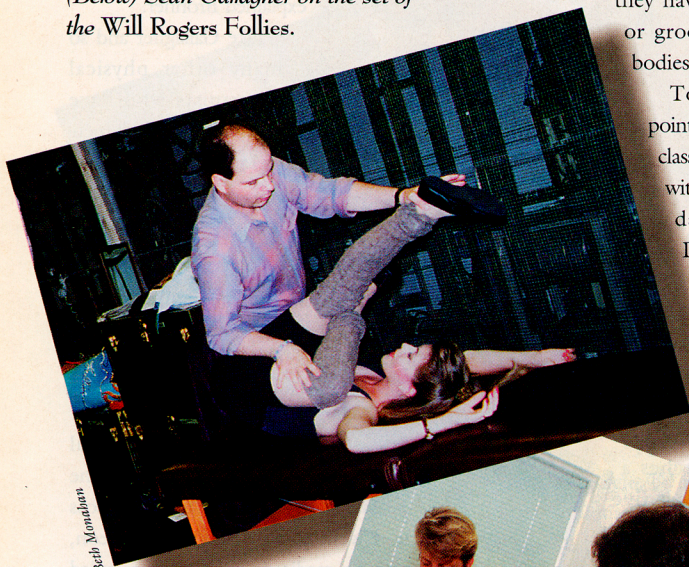
Now a physical therapist for 9 years, Bronner treats many of the dancers from such well-known New York City companies as the Joffrey, Dance Theater of Harlem, and Alvin Ailey.

Her commitment, naturally, is to treating dancers and returning them to the stage. But her passion extends beyond that. Because of her own experiences as a dancer, Bronner wants to make a difference in the area of prevention, and to do that, she's starting with students. "Yesterday, I gave a

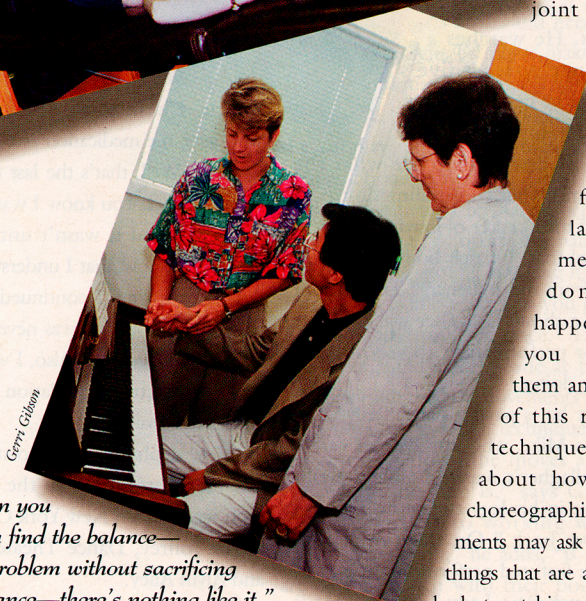


(Far right) Shaw Bronner, PT, performs stretches with a dancer who is in rehearsal for a soon-to-open Broadway musical. The dancer is being treated for chronic patellar tendinitis.

(Below) Sean Gallagher on the set of the Will Rogers Follies.



Beth Monahan



Genri Gibson

(Right) "When you can help them find the balance—correcting a problem without sacrificing their performance—there's nothing like it," says Julie DeWerd, PT. Here she consults with a patient along with Alice Brandfonbrener, MD, at the Rehabilitation Institute of Chicago's Medical Program for Performing Artists.

talk at the summer workshop at the Alvin Ailey School. I addressed the aesthetic ideal in dance vs the reality of human anatomy. I have students tell me all the time, 'This is what the teacher wants us to do.' And I say, 'Well if it hurts, you have to modify it, and you are the one who has to protect yourself.'

"The aesthetic ideal in dance is a 180-degree turnout (see page 48). That just may not be possible for every dancer. I teach them to determine the limits of external rotation in their own hips, why each of them is differently shaped, why they have to find the track or groove that their own bodies work in."

To exemplify her points, Bronner comes to class with a skeleton and with Robert, a principal dancer from the Dance Theater of Harlem, her human model. "I show them what the hip joint can do, what the ankle joint can do, what the knee joint can do. I define cartilage, ligament, tendon—what happens when you damage them and how all of this relates to technique. We talk about how certain choreographic arrangements may ask you to do things that are aesthetically, but not biomechanically, optimal. For instance, the 'aesthetic' in dance today is very high leg extensions," says Bronner. "These kids don't need to sacrifice alignment for the sake of getting high leg extensions. I explain to them that working at

lower heights correctly develops certain muscles so that later on they will have the strength to do the higher extensions when necessary."

In situations in which dancers don't have the option of modifying the choreography, Bronner teaches them to recognize when they may potentially compromise proper alignment and helps them come up with methods for protecting themselves. "For instance, in lifting a female dancer, a male dancer may have to be a little off balance—not in a situation of optimal body mechanics. The lift can't be changed. But we can get him working on a torso and upper-extremity training program and teach him how to use the momentum of his body in the lift," said Bronner.

Upstate

Further upstate, in Ithaca, New York, Nicholas Quarrier, MS, PT, is conducting a week-long Health and Performance Institute for Musicians. "It's like a summer camp for prevention," says Quarrier. Topics explored through the Institute are wide ranging: basic anatomy and physiology, posture, coping with performance anxiety, care and prevention of music-related injuries, Feldenkrais movement awareness, relaxation and stress-reduction techniques, efficient practice techniques, and the benefits of exercise (cardiovascular, strengthening, and flexibility).

Working with musicians is rewarding, says Quarrier. "They are a grateful group. They usually come in to us very fearful; they have no idea what's wrong with them. They may have been told that their pain is psychosomatic, that there are no such things as music-related injuries. Some are operating under the old school of thought that if you have pain you should practice longer because that's a sign you aren't skillful enough. Others think there is something terribly wrong with them, that the tingling in their hands is a sign of multiple sclerosis. They are afraid that if they admit to the pain they may lose their first chair in the orchestra. Once you break through that fear, and you treat them and educate them, they are just so thankful."

Quarrier began treating musicians 5 years ago when he joined the physical ther-

apy faculty of Ithaca College. Although 225 miles from New York City and tucked away in the Finger Lakes region of upstate New York, Ithaca is a mecca in its own right for performing artists. Home to a well-respected School of Music, Ithaca College attracts accomplished musicians from across the country. As clinical coordinator of an on-campus physical therapy clinic, Quarrier was seeing musicians as patients for the first time.

"I had come from a sports background. Treating athletes is a relatively simple task when you think about how much there is in the literature on them. There was very little literature on musicians when I started working with them. There wasn't even much on cumulative trauma. So I drew on my sports medicine background, taking what I knew about sports athletes and revising it for musicians. I thought of them like small muscle group athletes," said Quarrier.

But he does note an important difference: "The subtlety of their ailments. With a musician, it's rarely as simple as a sprained ankle. It takes much more of an investigation to figure out why the musician is hurt. There may be no soreness, nothing inhibited. You can't find a single thing wrong until you see the musician pick up an instrument and start to play; it's mandatory to watch them play. Also, history taking has to be very involved with musicians. You have to know everything they are doing. Have they changed their routine, a technique, increased practice time?" advises Quarrier.

As he has gained more experience treating musicians, Quarrier has continued to expand his role on campus. Last semester, he introduced an elective course, Music-Related Injuries, which he co-taught with a music instructor. "Forming alliances with music teachers is essential," says Quarrier. "Students are constantly trying to emulate them. They listen to everything their teachers tell them. If we can educate the teachers about good biomechanics, it goes a long way."

When the summer Performance Institute wrapped up, Quarrier was yet again surrounded by grateful musicians. "On the last

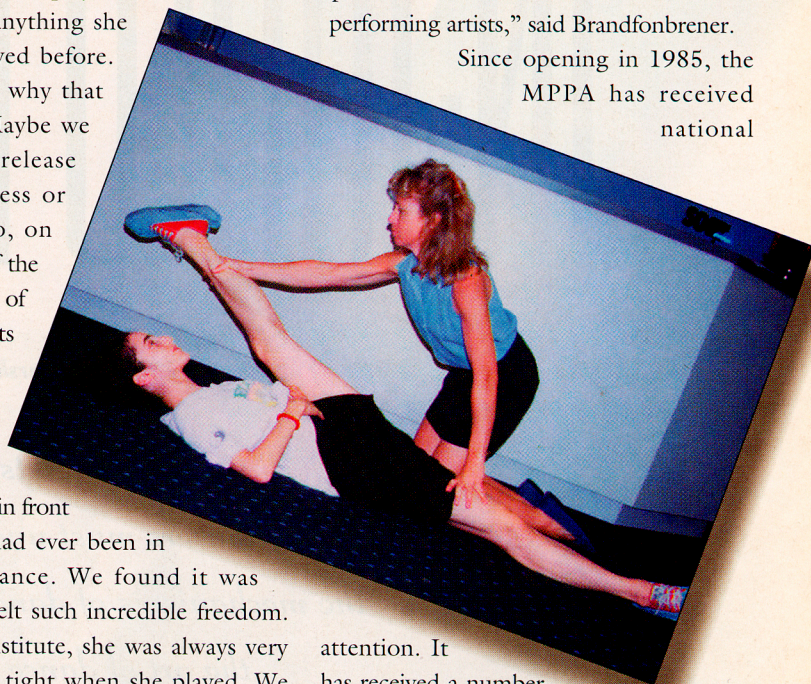
day of the Institute, one of the participants cried as she told us that the night before she had gone down to the practice room and played a piece that she had always had trouble with, and she played it better than anything she had ever played before. I'm not sure why that happened. Maybe we helped her release some tightness or anxiety. Also, on the last day of the Institute, each of the participants played a piece for us. One woman told us she was more nervous in front of us than she had ever been in any performance. We found it was because she felt such incredible freedom. Before the Institute, she was always very clenched and tight when she played. We loosened her posture up so much that I guess she was afraid she was going to drop her Stradivarius."

Across the Country

Performing arts physical therapy is finding its place across the country, extending beyond such obvious locations as New York City and the campuses of performing arts schools. In some cities, hospitals and colleges have opened clinics for performing artists. One such program is located at the Rehabilitation Institute of Chicago (RIC). The Medical Program for Performing Artists (MPPA) was founded in 1985 by its director, Alice Brandfonbrener, MD, who was the physician for the Aspen Music School for 8 years. "My patients were all performers, and when you see that many people in the same occupation, you begin to notice patterns of injuries associated with different instruments; it starts to make sense. I increased my awareness by attending music classes to see what is involved in playing each type of musical instrument, physically as well as mentally. I started to look at the risk factors, such as joint laxity or lack of conditioning. Most of the injuries

are subthreshold. They're less obvious than athletes' injuries. It was clear to me that musicians are a patient population with unique needs and that they need their own specialized care as do dancers and other performing artists," said Brandfonbrener.

Since opening in 1985, the MPPA has received national



attention. It has received a number of grants, including one from the National Endowment for the Arts, to research the problems of orchestral musicians. The Program uses a multidisciplinary approach, including internal medicine, orthopedics, neurology, otolaryngology, dentistry, psychiatry, and physical and occupational therapy.

Julie DeWerd, a staff PT in RIC's outpatient department, has a dance background. She had always wanted to treat dancers full-time, but found that opportunities were limited until the Program moved to RIC from Northwestern Memorial Hospital in 1990.

Although DeWerd had an understanding of the demands placed on dancers, she was less familiar with the psychological and physical demands placed on musicians. She finds many musicians tend not to exercise due to fear of injury and to time constraints, as most of their time is spent practicing. "Given this, the reluctance to begin an exercise program is understandable. But when I take time to explain the benefits (improved endurance, healthy body tissue, increased blood flow to the muscles, relax-

(continued on page 97)