MUSIC STUDENT HEALTH DOCUMENTS

Music Student Health Documents – Read and Sign

The following documents are included to encourage our students to be good stewards of their hearing, vocal, and neuromuscular health as you practice and perform. The information found in these next few pages is invaluable to your longevity as a worship leader and musician. You are expected to read these documents and fill out the form at the end indicating you have read and understand the information.

These resources are provided by our accrediting agency: The National Association of Schools of Music (NASM).

Protect Your Neuromusculoskeletal and Vocal Health Every Day

Information and Recommendations for Student Musicians

Student Guide

National **A**ssociation of **S**chools of **M**usic
Performing **A**rts **M**edicine **A**ssociation

This document is not copyrighted. It may be reproduced in whole or in part in the interest of education and institution development. This resource may be edited to fit the local needs of departments, schools, or institutions. Any organizatio institution may reproduce the document in quantities sufficient for its own use, but not for sale. Notice of credit to NASM PAMA should appear on all versions of this resource, both original and as edited for local use.

Protect Your Neuromusculoskeletal and Vocal Health Every Day

Introduction

In working toward a degree in music, you are joining a profession with a long and honored history. Part of the role of any professional is to remain in the best condition to practice the profession.

For all of you, as aspiring musicians, this involves safeguarding your neuromusculoskeletal and vocal health. Whatever your plans after graduation – whether they involve playing, teaching, producing, or simply enjoying music – you owe it to yourself and your fellow musicians to do all you can to protect yourself.

The neuromusculoskeletal system refers to the complex system of muscles, bones, tendons, ligaments, and associated nerves and tissues that support our body's physical structure and enable movement.

In this resource document, the term "neuromusculoskeletal" is used to encompass not only overt physical movements (the pressing of a key, the strumming of a string) and overall body alignment, but also the small internal movements our bodies make, for example to produce breath and modify vocal sounds.

Therefore, vocal health is referred to as a component of neuromusculoskeletal health. When the term "neuromusculoskeletal" is used, vocal health is included. A number of direct references to vocal health are interspersed throughout this guide. Special attention is devoted to issues of vocal health in the sections neuromusculoskeletal issues affecting the voice and vocal protection.

Good health and healthy behaviors are important to all musicians, regardless of instrument or area of specialization.

Vocal health is important, too. As current music students and future music professionals, you not only use your voice to speak, but now or sometime down the road, you may find yourself engaged with the singing voice in your role as a conductor, coach, teacher, recording engineer, researcher, therapist, or other music professional.

Of course, there are certain behaviors, especially those involving excessive physical and vocal stress and strain, which can endanger your neuromusculoskeletal and/or vocal health.

Sometimes our bodies and voices recover from strenuous behaviors rather quickly, but other times the effects linger. Our recovery time is often tied to our level of fitness and ability.

Many of you may be picturing a novice athlete who doesn't warm up properly, who plays too hard during a game or match, and who then ends up with an injury – maybe a sprained ankle or a pulled muscle.

But, as you know, athletes aren't the only ones who train and practice in order to reach the pinnacle of performance. Musicians do that, too.

The work of musicians, like that of athletes, is physically demanding. And musicians, just like athletes, need to warm up. They need to utilize proper form. They need to take breaks. They need to avoid "overdoing it." And they need to take the proper precautions to safeguard their neuromusculoskeletal and vocal health, so that they can continue to play and sing the music they love for years to come.

Some of you may have already been diagnosed with some sort of neuromusculoskeletal or vocal condition or disorder. It may be tied to your genetic makeup. It may be linked to a past injury or infection. Or it may be

linked to a particular repeated behavior, your posture, or something else.

The purpose of this resource document is two-fold. First, it's intended to inform you about some of the most common neuromusculoskeletal and vocal conditions and disorders that affect musicians. And second, its contents can help to empower you to take control of your own neuromusculoskeletal and vocal health. The majority of these conditions are preventable. But you've got to be proactive and protective of your health. Avoid putting yourself at risk.

The bottom line is this: If you're serious about pursuing a career in music, you need to treat your body with respect. You need to demonstrate proper form and technique when playing and singing. And you need to recognize your physical limitations. Sometimes, the most important thing you can do is take a deep breath and take a break.

Disclaimer

The information in this presentation is generic and advisory in nature. It is not a substitute for professional, medical judgments or advice. It should not be used as a basis for medical treatment. If you are concerned about your physical dexterity or your voice, or think you may be experiencing the symptoms of a particular neural, musculoskeletal, or voice disorder, consult a certified or licensed medical or healthcare professional.

Purpose of this Resource Document

The purpose of our presentation is to share with you some information on neuromusculoskeletal and vocal health, conditions, and disorders and to let you know about the precautionary measures that all of us should practice daily.

Music, the Musician, and Neuromusculoskeletal and Vocal Health

So, for most of you, practice is paramount to your success as a musician. It's likely that the days when you *don't* practice are few and far between. It takes a lot of time, dedication, and skill to be a successful musician. The act of practicing our music gradually takes a toll on us, especially when practice involves long hours and infrequent breaks.

We practice alone, we practice with others, we practice for concerts, we practice for juries, and we practice for competitions. In other words, we practice a lot. We practice to be the best we can be. And from time to time, we experience aches and pains.

All of us know that the life of a musician is busy and strenuous.

Decisions about when and how we practice – and for how long – have an effect on our neuromusculoskeletal and vocal health. So, too, does our behavior outside of music classrooms, rehearsal halls, and concert venues.

As musicians, we are responsible for our art. We need to cultivate a positive relationship between music and our neuromusculoskeletal and vocal health. Balance, as in so many things, is an important part of this relationship.

The Neuromusculoskeletal System

The neuromusculoskeletal system refers to the complex system of muscles, bones, tendons, ligaments, and associated nerves and tissues that allow us to move and to speak and sing. Also, this system supports our body's physical structure.

The “neuro” part of the term “neuromusculoskeletal” refers to our nervous system, which coordinates the ways in which our bodies move and operate. The nervous system consists of the brain, the spinal cord, and the hundreds of billions of nerves responsible for transmitting information from the brain to the rest of the body and back to again, in an endless cycle.

Our nervous systems allow us to move, to sense, and to act in both conscious and unconscious ways. We could not listen to, enjoy, sing, or play music without these structures.

Vocal Anatomy

Our vocal system is a part of our larger neuromusculoskeletal system. Our voice is produced by four component systems. These are often referred to as the “generator,” the “vibrator,” the “resonator,” and the “articulator.”

The “generator” is our breath that is provided to us by our lungs. The diaphragm, along with numerous other muscles within our abdomen, ribs, chest, and back, help us to move breath throughout our respiratory system.

The “vibrator” is the larynx, commonly referred to as the “voice box.” Horizontally stretched across the larynx are two folds of mucous membrane. These are called the “vocal folds,” or “vocal cords.” And so, when breath from our lungs passes along our vocal folds, vibrations occur.

The “resonator” is the resonating cavity above the larynx that gives the voice its particular tonal quality. The resonator includes the vocal tract, much of the pharynx, or throat, the oral cavity, and the nasal passages.

The “articulator” includes our tongue, lips, cheeks, teeth, and palate. Together, these parts help us to shape our sounds into recognizable words and vocalizations; they help us to articulate.

These four component parts – the “generator,” the “vibrator,” the “resonator,” and the “articulator” – work together to produce speech, song, and all order of vocalizations.

Disorders of the Neuromusculoskeletal System

Sometimes, within our complex physical bodies, something goes wrong, and we find ourselves victim to a neuromusculoskeletal disorder. The causes and contributing factors vary, but such disorders generally fall into one of the following three categories: 1) disorders with a genetic link; 2) disorders resulting from trauma or injury; and 3) disorders that are related to our behavior.

Some common symptoms of all neuromusculoskeletal disorders include pain, stiffness, aching, throbbing, cramping, and muscular weakness.

Some disorders may be permanent, while others may be temporary.

In some cases, a simple change in behavior or some rest and relaxation can help to eliminate or reduce certain symptoms.

Other times, it’s not so simple, and medical professionals may need to prescribe certain treatments, such as surgery, therapy, or medication.

Contributing Factors

The exact causes of behavior-related neuromusculoskeletal disorders are manifold. However, these causes generally fit into one of two basic categories or factors. They are: 1) musculoskeletal overuse and/or misuse

and 2) genetic factors.

1. Overuse/Misuse (and Abuse)

Overuse

The human body, as we all know, has certain physical limits. In arts medicine terminology, "overuse" is defined as a practice or activity in which anatomically normal structures have been used in a so-called "normal" manner, but to a degree that has exceeded their biological limits. Overuse produces physical changes in our muscles, tendons, ligaments, etc., and that's when we experience symptoms, such as pain and discomfort.

So, how much activity is too much? What exactly constitutes overuse? Well, there's no simple answer to either of these questions. The amount of excessive activity needed to produce these results varies from person to person. Often, it's tied to a person's individual anatomy and physiology.

Musicians who are dealing with changes to their musical routine may find themselves "overdoing it." In the face of high self-expectations, musicians who are beginning at a new school or who are starting lessons with a new instructor may be more apt to overdo it, to push themselves too hard.

Similarly, musicians who are taking up a new instrument may overdo it, as they work to quickly advance their skills.

Really, any musician who rapidly increases his or her practice time or intensity is likely to overdo it and increase his or her level of risk.

When it comes to overuse, we need to ask ourselves the following questions: "Is my body well conditioned enough to handle this kind and amount of physical activity? Am I changing my musical routine too drastically or too quickly? Why am I making this change?" These are questions that require honest and individualized answers.

Misuse

"Misuse" is when we use our bodies to perform physical tasks in abnormal ways – and sometimes to excessive degrees. When we misuse certain bodily structures, we put them under stress. This can lead us to experience symptoms such as pain and discomfort.

In music, an example of physical misuse is improper technique. Improper technique can involve poor or "lazy" posture. For instrumentalists, it can involve playing with excessive pressure or force. It can also involve a physical mismatch between player and instrument. For singers, it can involve singing too loudly or singing out of range.

Remember, good posture and technique are important. They'll make playing and singing easier, and you'll be less likely to hurt yourself.

Abuse

Abuse is related to both overuse and misuse. We abuse our own bodies when we perform an activity not only excessively or improperly, but also in a conscious, willful manner, over a sustained period of time. A common example is "playing through the pain." Football players can be frequent perpetrators, but so are some musicians. In their quest to be the best, they let their own physical well-being take a back seat, and end up hurting themselves.

Playing or singing through the pain is not an acceptable option. If you're hurting, stop. Tell your instructor

that you're not okay. Your instructor will likely have a protocol in place. This may include asking you to sit on the sidelines and make notes in your music, or you may be excused from class to seek treatment. Ultimately, if you are experiencing chronic pain, consult with a medical professional, and follow the treatment plan they provide. Your health is too important to be playing through the pain.

Abuse can also involve the use of alcohol or other dangerous substances. Don't smoke or use any drug not prescribed by a medical professional licensed to do so.

2. Genetic Factors

There are also some genetic predispositions that can increase a person's risk of developing one or more behavior-related disorders.

One of the most common genetic factors in this category is double-jointedness. Medically known as "hypermobility," people with this condition have joints, ligaments, and tendons with an extended range of motion. Such joint instability can increase a person's risk of developing various muscle pain syndromes. It can also lead to tendinitis, an inflammation of the tendon. (Tendons, as you may know, are the tough bands of fibrous tissue that connect muscle to bone.)

Individuals with hypermobile joints tend to compensate for this instability by over-tensing their muscles. While this extra muscle tension can help them to better control their movements, it can also increase their risk of damaging or straining a muscle.

People with hypermobility are generally encouraged to monitor and actively reduce the amount of tension that they carry in their muscles in order to reduce the risk of future pain and discomfort.

Specific strengthening exercises may be recommended, or they may employ external methods of joint support, such as small ring splints or tape.

Neuromusculoskeletal Issues Affecting the Body

Below are a number of neuromusculoskeletal complications and disorders that are likely to affect the musician's body.

1. Muscle Pain

For musicians, muscle pain can be the result of overuse, misuse, poor posture, tension, technical problems, or poor conditioning.

Muscles that are fatigued are less able to contract as strongly and frequently as "normal" muscles. With continued use, fatigued muscles are placed under greater stress, and this can lead to microscopic damage and disruption of the muscle fibers, a condition known as muscle strain.

Muscle contraction is both a physical and a chemical process. When the necessary chemical compounds are in short supply, muscles can no longer operate at optimal efficiency. When muscles contract, they produce lactic acid. When lactic acid builds up in tissues, it minimizes the muscle's ability to continue efficient contractions.

Some kinds of muscle pain may subside once an activity is stopped, but others will linger.

In the case of muscle strains, the pain may dissipate, but a regimen of rest, ice, and/or anti- inflammatory medications may be necessary in order to reduce swelling and help facilitate a quicker recovery. As always, it's best to get your advice and treatment plan from a medical professional.

For musicians, muscle pain that stems from performing music is commonly felt in specific body locations. The neck and shoulders; the hands, wrists, and fingers; and the lower back are the most frequently affected areas. Some musicians are more susceptible to certain injuries than others. For example, clarinetists are at greater risk for right thumb pain. Double bass players are more likely to experience pain in the lower back.

So, just remember this, when it comes to muscle pain, give your body a break and rest your weary muscles for as long as it takes. Resuming activity prematurely often exacerbates the problem and leads to more trouble in the long run.

2. Neuropathies

"Neuropathy" is a general medical term that refers to diseases or malfunctions of the nerves. Neuropathies are classified by the types or locations of the nerves they affect.

Focal neuropathies are those focused on one nerve or group of nerves within a particular area of the body. Symptoms usually appear suddenly and can include pain; sensory disturbances, such as numbness, tingling, "pins of needles" sensations, burning, or even itching; and weakness. In the case of bodily extremities, the pain may occur at the site of a nerve compression or entrapment. Nerve compressions, or entrapments, occur when a nerve passes through a narrowed channel bounded by bone, fibrous bands, bulky muscles, or enlarged arteries on its way to or from its ultimate destination – either toward or away from the brain and spinal cord.

In other cases, the pain may be distributed anywhere along the course of the nerve. Individuals with this kind of nerve pain may later on find themselves experiencing muscle weakness and impaired dexterity.

Three of the most common entrapment neuropathies for musicians include: 1) carpal tunnel syndrome, 2) ulnar neuropathy, and 3) thoracic outlet syndrome.

Carpal Tunnel Syndrome

Often associated with people who type for a living, carpal tunnel syndrome occurs when the median nerve, which runs from the forearm into the palm of the hand, becomes pressed or squeezed at the wrist. The carpal tunnel – a narrow, rigid passageway of ligament and bones at the base of the hand – contains the median nerve and several tendons. When irritated or strained, these tendons may swell and narrow the tunnel, compressing the median nerve. The result can be pain, weakness, or numbness in the hand and wrist that radiates up the arm.

Although some experts tie carpal tunnel syndrome to repeated actions, especially those involving the hands and wrists, others cite a genetic predisposition. It is also associated with certain medical conditions, including diabetes, arthritis, and hypothyroidism. It is often very difficult to determine the precise cause of carpal tunnel syndrome.

Whatever the cause, it is a good idea to occasionally rest and to stretch the hands and wrists when performing repetitive tasks or musical exercises. For individuals diagnosed with carpal tunnel syndrome, a doctor may recommend the use of a wrist splint, especially at night.

Ulnar Neuropathy

Ulnar neuropathy is a condition in which the ulnar nerve, which runs from the neck along the inside edge of the arm into the hand, becomes inflamed due to compression of the nerve.

Symptoms include tingling, numbness, weakness, and pain, primarily along the elbow, the underside of the forearm, and along the wrist or edge of the hand on the little (pinky) finger side.

Compression of the ulnar nerve is often linked to repetitive wrist or elbow movements. Musicians of bowed

instruments are at a heightened risk for developing this condition, because playing a bowed instrument involves sustained elbow flexion.

Treatment for ulnar neuropathy may involve pain medication, the use of splints to restrict motion, and various exercises.

Thoracic Outlet Syndrome

Thoracic outlet syndrome refers to a group of disorders that occur when the blood vessels or nerves in the thoracic outlet – the space between the collarbone and first rib – become compressed. It is most often the result of poor or strenuous posture, or of constant muscle tension in the neck and shoulder area. Symptoms include pain in the neck and shoulder areas and numbness in fingers.

Doctors may prescribe a variety of stretches and exercises in order to treat the symptoms of thoracic outlet syndrome.

Proper body alignment and sufficient muscle strength can both help to decrease the risk of thoracic outlet syndrome among musicians.

3. Dystonia

Dystonia involves sustained muscular contractions. These muscular contractions produce unwanted movements or abnormal postures in people. The exact cause of dystonia is unclear.

Like focal neuropathy, focal dystonia is focused on a particular area of the body, and certain sets of muscles within that area of the body are involved.

Because men are more frequently affected than women, it is possible that genetic or hormonal factors are to blame.

Also, as is the case with carpal tunnel syndrome, repetitive movements, especially those that are painful, seem to be a trigger for dystonia.

In the instrumental musicians, these sustained muscle contractions frequently affect the upper arm. This is especially true for keyboard, string, percussion, and woodwind players. In brass and woodwind players, the embouchure may be affected.

Neuromusculoskeletal Issues Affecting the Voice

There are also a number of neuromusculoskeletal issues that can adversely affect the musician's voice.

Some common medical conditions affecting the voice are phonatory instability, vocal strain, and vocal fold motion abnormalities.

1. Phonatory Instability

Phonation, as you may know, is the process by which air pressure, generated by the lungs, is converted into audible vibrations. One method of phonation called "voicing" occurs when air from the lungs passes along the elastic vocal folds at the base of the larynx, causing them to vibrate.

Production of a tonal, pleasant voice with smooth changes in loudness and pitch depends upon the symmetrical shape and movement of the vocal folds.

Phonatory instability occurs when there is asymmetrical or irregular motion of the vocal folds that is superimposed on the vocal fold vibration.

Short-term causes of phonatory instability include fatigue, effects of medication, drug use, and anxiety. These problems tend to resolve rapidly if the cause is removed. Fatigue is another common cause of short-term phonatory instability.

Additionally, over-the-counter allergy medications, anti-depressants, and highly caffeinated drinks, which stimulate the nervous system, can often cause vocal tremors, a form of phonatory instability.

Drug use, alcohol use, and smoking all adversely affect our control of vocal folds and should be avoided.

2. Vocal Strain

Another issue for vocal musicians is vocal strain. Overuse of the voice in any capacity – singing or speaking – can produce vocal strain.

Singers must be aware of problems associated with singing at the extremes of vocal range, especially the upper end.

Both duration and intensity of singing are as important as they are for instrumentalists. In other words, avoid overdoing it.

Singers should also avoid attempting repertoire that is beyond their individual stage of vocal maturity and development.

Improperly learning and practicing certain vocal styles is also dangerous.

3. Vocal Fold Abnormalities

Prolonged overuse can, in some cases, lead to the development of nodules on the vocal folds. The nodules appear initially as soft, swollen spots on the vocal folds, but overtime, they transform into callous-like growths. Nodules require specialized and prolonged treatment and rehabilitation and can be of grave consequence to singers.

Basic Protection for All Musicians

As musicians, it's vital that you protect your neuromusculoskeletal health whenever possible. Here are some simple steps you can take:

1. When possible, avoid situations that put your neuromusculoskeletal health at risk.
2. Refrain from behaviors that could compromise your neuromusculoskeletal health and the health of others.
3. Warm up before you practice and perform.
4. Take regular breaks from practice and rehearsal. A good rule of thumb is a 5-minute rest every half hour.
5. Limit excessive practice time.
6. Avoid excessive repetition of difficult music, especially if progress is slow.

7. Insomuch as possible, avoid playing and/or singing music that is beyond your physical abilities or outside your natural range.
8. Refrain from sudden increases in practice and playing time.
9. Maintain good posture in life and when you practice and perform music. Be mindful of alignment, balance, and weight distribution.
10. Use external support mechanisms, such as shoulder rests, neck straps, and flute crutches, when necessary.
11. Maintain good "mental hygiene." Get adequate sleep, good nutrition, and regular exercise.
12. Refrain from recreational drug use, excessive alcohol use, and smoking.
13. Do your best to limit and control stressors. Plan ahead.
14. Give yourself time to relax.

Vocal Protection

Here's some extra advice for safeguarding your voice:

1. Drink plenty of water, at least 8 glasses a day.
2. Limit your consumption of caffeine and alcohol.
3. Don't smoke.
4. Be aware that some medications, such as allergy pills, may dry out your vocal tissues. Be aware of side effects and talk to your doctor if you have questions.
5. Avoid dry air environments. Consider using a humidifier.
6. Avoid yelling or raising your voice unnecessarily.
7. Avoid throat clearing and loud coughing.
8. Opt to use vocal amplification systems when appropriate.
9. Rest your voice, especially if you are sick. Your voice and your body need time to recover.

Marching Musicians

Musicians in marching bands and drum corps need to maintain a high level of physical conditioning, strength, and endurance. Their rehearsals and performances are very physical and require very precise movements, all while carrying an instrument.

Marching musicians are at an increased risk for sprained ankles, toe contusions, and knee strains, and the heavy instruments that you carry place great amounts of physical stress on the neck, torso, lower back, and legs.

In some climates, high heat, humidity, and extended sun exposure may place added strain on these musicians.

Thorough physical warm-ups, sufficient rest periods, appropriate sun protection, and adequate hydration are essential in promoting the neuromusculoskeletal health of these musicians.

Future Steps

Now that you've learned about the basics of neuromusculoskeletal and vocal health, we encourage you to keep learning. Do your own research. Browse through the links provided at the end of this document. There's a wealth of information out there, and it's yours to discover.

Conclusion

We hope this resource document has made you think more carefully about your own neuro- musculoskeletal and vocal health. Just remember that all the knowledge in the world is no match for personal responsibility. We've given you the knowledge and the tools; now it's your turn.

You are responsible for your behavior in and outside of the music unit. Your day-to-day decisions have a great impact on your neuromusculoskeletal and vocal health, both now and years from now.

Do yourself a favor. Be smart. Protect your body and your voice. Don't take unnecessary risks. Take care of yourself. You owe it to yourself.

Resources – Information and Research

Neuromusculoskeletal and Vocal Health Project Partners

National Association of School of Music (NASM) http://nasm.arts-accredit.org/

Performing Arts Medicine Association (PAMA) http://www.artsmed.org/index.html

PAMA Bibliography (search tool) http://www.artsmed.org/bibliography.html

Medical Organizations Focused on Neuromusculoskeletal and Vocal Health

American Academy of Neurology (http://www.aan.com)

American Academy of Orthopaedic Surgeons (http://www.aaos.org)

American Academy of Otolaryngology – Head and Neck Surgery (http://www.entnet.org)

American Academy of Physical Medicine and Rehabilitation (http://www.aapmr.org)

American Association for Hand Surgery (http://www.handsurgery.org)

American Laryngological Association (http://www.alahns.org)

The American Occupational Therapy Association, Inc. (www.aota.org)

American Psychiatric Association (www.psych.org)

American Psychological Association (www.apa.org)

American Physical Therapy Association (http://www.apta.org)

American Society for Surgery of the Hand (www.assh.org)

American Speech-Language-Hearing Association (http://www.asha.org)

National Center for Complementary and Alternative Medicine (http://nccam.nih.gov)

Other Resources on Neuromusculoskeletal and Vocal Health

Athletes and the Arts (http://athletesandthearts.com)

National Association of Teachers of Singing (http://www.nats.org)

Protect Your Hearing Every Day

Information and Recommendations for Student Musicians

Standard Version

National **A**ssociation of **S**chools of **M**usic
Performing **A**rts **M**edicine **A**ssociation

This document is not copyrighted. It may be reproduced in whole or in part in the interest of education and institutional development. This resource may be edited to fit the local needs of departments, schools, or institutions. Any organization or institution may reproduce the document in quantities sufficient for its own use, but not for sale. Notice of credit to NASM and PAMA should appear on all versions of this resource, both original and as edited for local use.

Introduction

In working toward a degree in music, you are joining a profession with a long and honored history. Part of the role of any professional is to remain in the best condition to practice the profession.

For all of you, as aspiring musicians, this involves safeguarding your hearing health. Whatever your plans after graduation – whether they involve playing, teaching, engineering, or simply enjoying music – you owe it to yourself and your fellow musicians to do all you can to protect your hearing.

As you may know, certain behaviors and your exposure to certain sounds can, over time, damage your hearing.

You may be young now, but you're never too young for the onset of hearing loss. In fact, in most cases, noise-related hearing loss doesn't develop overnight. (Well, some does, but we'll address that issue later in this document.) But the majority of noise-induced hearing loss happens gradually.

So the next time you find yourself blasting music through those tiny earbuds of your iPod or turning up the volume on your amp, ask yourself, ―Am I going to regret this someday? You never know; you just might. And as a musician, you cannot afford to risk it.

The bottom line is this: If you're serious about pursuing a career in music, you need to protect your hearing. The way you hear music, the way you recognize and differentiate pitch, the way you play music; all are directly connected to your hearing. Do yourself a favor: protect it. I promise you won't regret it.

Disclaimer

The information in this document is generic and advisory in nature. It is not a substitute for professional, medical judgments. It should not be used as a basis for medical treatment. If you are concerned about your hearing or think you may have suffered hearing loss, consult a licensed medical professional.

Purpose of this Resource Document

The purpose of this document is to share with you some information on hearing health and hearing loss and let you know about the precautionary measures that all of us should practice daily.

Music and Noise

This paper addresses what is termed ―noise-induced hearing loss. You may be wondering why we're referring to music—this beautiful form of art and self-expression—as **"noise."**

Here's why: What we know about hearing health comes from medical research and practice. Both are based in science where ―noise is a general term for sound. Music is simply one kind of sound. Obviously, there are thousands of others. In science-based work, all types of sound, including music, are regularly categorized as different types of **noise**.

Terminology aside, it's important to remember this fundamental point: A sound that is too loud, or too loud for too long, is dangerous to hearing health, no matter what kind of sound it is or whether we call it noise, music, or something else.

Music itself is not the issue. Loudness and its duration are the issues. Music plays an important part in hearing health, but hearing health is far larger than music.

All of us, as musicians, are responsible for our art. We need to cultivate a positive relationship between music and our hearing health. Balance, as in so many things, is an important part of this relationship.

Noise-Induced Permanent Hearing Loss

Let's first turn to what specialists refer to as ―noise-induced permanent hearing loss.

The ear is made up of three sections, the outer, middle, and inner ear. Sounds must pass through all three sections before signals are sent to the brain.

Here's the simple explanation of how we experience sound:

Sound, in the form of sound waves, enters the outer ear. These waves travel through the bones of the middle ear. When they arrive in the inner ear, they are converted into electrical signals that travel via neural passages to the brain. It is then that you experience ―hearing‖ the sound.

Now, when a **loud** noise enters the ear, it poses a risk to the ear's inner workings.

For instance, a very loud sound, an explosion, for example, or a shotgun going off at close range, can actually dislodge the tiny bones in the middle ear, causing conductive hearing loss, which involves a reduction in the sound level experienced by the listener and a reduction in the listener's ability to hear faint sounds. In many cases, this damage can be repaired with surgery. But loud noises like this are also likely to send excessive sound levels into the inner ear, where permanent hearing damage occurs.

The inner ear, also known as the **cochlea**, is where most hearing-loss-related ear damage tends to occur. Inside the cochlea are tiny hair cells that are responsible for transmitting sound waves to the brain. When a loud noise enters the inner ear, it can damage the hair cells, thus impairing their ability to send neural impulses to the brain.

The severity of a person's noise-induced hearing loss depends on the severity of the damage to these hair cells. The extent of the damage to these cells is normally related to the **length** and **frequency** of a person's exposure to loud sounds **over long periods of time**.

Because noise-induced hearing loss is painless, you may not realize that it's happening at first. Then suddenly one day you will realize that you're having more and more trouble hearing high frequency sounds – the ones that are the most high-pitched. If you don't start to take precautions then, your hearing loss may eventually also affect your ability to perceive both speech sounds and music.

It is very important to understand that these hair cells in your inner ear cannot regenerate. Any damage done to them is permanent. At this time, there is simply no way to repair or undo the damage.

FACT: *According to the American Academy of Audiology, approximately 36 million Americans have hearing loss. One in three developed their hearing loss as a result of exposure to noise.*

Noise-Induced Temporary Hearing Loss

Now it's also important to note that not all noise-induced hearing loss is necessarily permanent. Sometimes, after continuous, prolonged exposure to a loud noise, we may experience what's called ―noise-induced temporary hearing loss.‖

During temporary hearing loss, known as **Temporary Threshold Shift (TTS)**, hearing ability is reduced. Outside noises may sound fuzzy or muted. Normally, this lasts no more than 16 to 18 hours, at which point your hearing levels will return to normal.

Often during this Temporary Threshold Shift, people will experience tinnitus, a medical condition characterized by a ringing, buzzing, or roaring in the ears. Tinnitus may last only a few minutes, but it can also span several hours, or, in extreme instances, last indefinitely.

Also, if you experience a series of temporary hearing losses, you may be well on the way to permanent damage sometime in the future.

Noise Levels and Risk

Now, how do you know when a noise or sound is too loud—when it's a threat to your hearing health? Most experts agree that prolonged exposure to any noise or sound over **85 decibels** can cause hearing loss. You may have seen decibels abbreviated ―dB. They are the units we use to measure the intensity of a sound.

Two important things to remember:

1. The longer you are exposed to a loud noise, the greater the potential for hearing loss.

2. The closer you are to the source of a loud noise, the greater the risk that you'll experience some damage to your hearing mechanisms.

At this point, it helps to have some frame of reference. How loud are certain noises?

Consider these common sounds, their corresponding decibel levels, and the recommended maximum exposure times established by the National Institute for Occupational Safety and Health (NIOSH), a branch of the Centers for Disease Control and Prevention (CDC).

Sound	**Intensity (dB)**	**Maximum Recommended Exposure (approx.)***
A Whisper	30	Safe, No maximum
Rainfall (moderate)	50	Safe, No maximum
Conversation (average)	60	Safe, No maximum
Freeway Traffic	70	Safe, No maximum
Alarm Clock	80	Safe, No maximum
	85	Potential Damage Threshold
Blender, Blow-dryer	90	2 hours
MP3 Player (full volume), Lawnmower	100	15 minutes
Rock Concerts, Power Tools	110	2 minutes
Jet Plane at Takeoff	120	Unsafe, Immediate risk
Sirens, Jackhammers	130	Unsafe, Immediate risk
Gunshots, Fireworks (close range)	140	Unsafe, Immediate risk

*NIOSH-recommended exposure limits

You can listen to sounds under 85 dB for as long as you like. There is no risk involved, well, except for the risk of annoyance. But seriously, for sounds in this lower decibel range, listening to them for hours on end does not pose any real risk to your hearing health.

85 dB is the magic number. Sounds above the **85 dB threshold** pose a potential threat to your hearing when you exceed the maximum recommended exposure time.

MP3 players at full volume, lawnmowers, and snowblowers come in at 100 dB. The recommended maximum exposure time for these items is 15 minutes.

Now, before you get too worried and give up mowing the lawn, remember, there are ways to reduce your exposure.

For instance, turn down the volume on your MP3 player. Did you know that normally, MP3 players generate about 85 dB at one-third of their maximum volume, 94 dB at half volume, and 100 dB or more at full volume? Translated into daily exposure time, according to NIOSH standards, 85 dB equals 8 hours, 94 dB equals 1 hour, and 100 dB equals 15 minutes. Do yourself a favor, and be mindful of your volume.

Also, remember to wear a pair of earplugs or earmuffs when you mow the lawn or when you use a snowblower.

When you're dealing with sounds that produce between 120 and 140 dB, you're putting yourself at risk for almost immediate damage. At these levels, it is imperative that you utilize protective ear-coverings. Better yet, if it's appropriate, avoid your exposure to these sounds altogether.

***FACT**: More than 30 million Americans expose themselves to hazardous sound levels on a regular basis.*

Musicians and Noise-Induced Hearing Loss

Nowadays, more and more is being written about the sound levels of certain musical groups. It's no secret that many rock concerts expose performers and audiences to dangerously high levels of noise. The ringing in your ears after a blaring rock concert can tell you that. But now professional and college music ensembles are under similar scrutiny.

It's true that musicians are exposed to elevated levels of sound when they rehearse and perform music. But that doesn't equal automatic risk for hearing loss.

Take for instance a typical practice session on the piano. When taken at close range to the instrument over a limited period of time, a sound level meter fluctuates between a reading of 60 and 70 decibels. That's similar in intensity to your average conversation (60dB). There will, of course, be moments when the music peaks and this level rises. But these moments are not sustained over several hours. At least not under normal practice conditions.

While the same is true for most instruments, it is important to understand that certain instrumental sections tend to produce higher sound levels. Sometimes these levels relate to the piece of music being performed and to notational requirements (*pianissimo, fortissimo)*; other times, these levels are what naturally resonate from the instrument.

For example, string sections tend to produce decibel levels on the lower end of the spectrum, while brass, percussion, and woodwind sections generally produce decibel levels at the higher end of the spectrum.

What's important is that you are mindful of the overall volume of your instrument and of those around you. If you're concerned about volume levels, share your concerns with your instructor.

***FACT**: Approximately 50% of musicians have experienced some degree of hearing loss.*

Mindful Listening

Now, let's talk about how you can be proactive when it comes to music and hearing loss. It's important to think about the impact noise can have on your hearing health when you:

1. Attend concerts;
2. Play your instrument;
3. Adjust the volume of your car stereo;
4. Listen to your radio, CD player, and MP3 player.

Here are some simple ways to test if the music is too loud:
It's too loud (and too dangerous) when:

1. You have to raise your voice to be heard.
2. You can't hear someone who's 3 feet away from you.
3. The speech around you sounds muffled or dull after you leave a noisy area.
4. You experience tinnitus (pain, ringing, buzzing, or roaring in your ears) after you leave a noisy area.

Evaluating Your Risk for Hearing Loss

When evaluating your risk for hearing loss, ask yourself the following questions:

1. How frequently am I exposed to noises and sounds above 85 decibels?

2. What can I do to limit my exposure to such loud noises and sounds?

3. What personal behaviors and practices increase my risk of hearing loss?

4. How can I be proactive in protecting my hearing and the hearing of those around me?

Basic Protection for Musicians

As musicians, it's vital that you protect your hearing whenever possible. Here are some simple ways to reduce your risk of hearing loss:

1. When possible, avoid situations that put your hearing health at risk.

2. Refrain from behaviors which could compromise your hearing health and the health of others.

3. If you're planning to be in a noisy environment for any significant amount of time, try to maintain a reasonable distance from the source of the sound or noise. In other words, there's no harm in enjoying a fireworks display, so long as you're far away from the launch point.

4. When attending loud concerts, be mindful of the location of your seats. Try to avoid sitting or standing too close to the stage or to the speakers, and use earplugs.

5. Keep the volume of your music and your listening devices at a safe level.

6. Remember to take breaks during a rehearsal. Your ears will appreciate this quiet time.

7. Use earplugs or other protective devices in noisy environments and when using noisy equipment.

Future Steps

Now that you've learned about the basics of hearing health and hearing loss prevention, we encourage you to keep learning. Do your own research. Browse through the links provided at the end of this document. There's a wealth of information out there, and it's yours to discover.

Conclusion

We hope this resource document has made you think more carefully about your own hearing health. Just remember that all the knowledge in the world is no match for personal responsibility. We've given you the knowledge and the tools; now it's your turn. You are responsible for your exposure to all sorts of sounds, including music. Your day-to-day decisions have a great impact on your hearing health, both now and years from now.

Do yourself a favor. Be smart. Protect your precious commodity. Protect your hearing ability.

Resources – Information and Research

Hearing Health Project Partners

National Association of School of Music (NASM) http://nasm.arts-accredit.org/

Performing Arts Medicine Association (PAMA) http://www.artsmed.org/index.html

PAMA Bibliography (search tool) http://www.artsmed.org/bibliography.html

General Information on Acoustics

Acoustical Society of America (http://acousticalsociety.org/)

Acoustics.com (http://www.acoustics.com)

Acoustics for Performance, Rehearsal, and Practice Facilities Available through the NASM Web site (click here to purchase)

Health and Safety Standards Organizations

American National Standards Institute (ANSI) (http://www.ansi.org/)

The National Institute for Occupational Safety and Health (NIOSH) (http://www.cdc.gov/niosh/)

Occupational Safety and Health Administration (OSHA) (http://www.osha.gov/)

Medical Organizations Focused on Hearing Health

American Academy of Audiology (http://www.audiology.org/Pages/default.aspx)

American Academy of Otolaryngology – Head and Neck Surgery (http://www.entnet.org/index.cfm)

American Speech-Language-Hearing Association (ASHA) (http://www.asha.org/)

Athletes and the Arts (http://athletesandthearts.com/)

House Research Institute – Hearing Health (http://www.hei.org/education/health/health.htm)

National Institute on Deafness and Other Communication Disorders – Noise-Induced Hearing Loss (http://www.nidcd.nih.gov/health/hearing/noise.html)

Other Organizations Focused on Hearing Health

Dangerous Decibels (http://www.dangerousdecibels.org)

National Hearing Conservation Association (http://www.hearingconservation.org/)

Protecting Your Hearing Health

Student Information Sheet on Noise-Induced Hearing Loss

Standard Version

National **A**ssociation of **S**chools of **M**usic **P**erforming **A**rts
Medicine **A**ssociation

This document is not copyrighted. It may be reproduced in whole or in part in the interest of education institutional development. This resource may be edited to fit the local needs of departments, schools, institutions. Any organization or institution may reproduce the document in quantities sufficient for its o but not for sale. Notice of credit to NASM and PAMA should appear on all versions of this resource, original and as edited for local use.

Protecting Your Hearing Health

An NASM – PAMA
Student Information Sheet on Noise-Induced Hearing Loss

Hearing health is essential to your lifelong success as a musician.

Your hearing can be permanently damaged by loud sounds, including music. Technically, this is called Noise-Induced Hearing Loss (NIHL). Such danger is constant.

Noise-induced hearing loss is generally preventable. You must avoid overexposure to loud sounds, especially for long periods of time.

The closer you are to the source of a loud sound, the greater the risk of damage to your hearing mechanisms.

Sounds over 85 dB (your typical vacuum cleaner) in intensity pose the greatest risk to your hearing. Risk of hearing loss is based on a combination of sound or loudness intensity and duration.

Recommended maximum daily exposure times (NIOSH) to sounds at or above 85 dB are as follows:

- 85 dB (vacuum cleaner, MP3 player at 1/3 volume) – 8 hours
- 90 dB (blender, hair dryer) – 2 hours
- 94 dB (MP3 player at 1/2 volume) – 1 hour
- 100 dB (MP3 player at full volume, lawnmower) – 15 minutes
- 110 dB (rock concert, power tools) – 2 minutes
- 120 dB (jet planes at take-off) – without ear protection, sound damage is almost immediate

Certain behaviors (controlling volume levels in practice and rehearsal, avoiding noisy environments, turning down the volume) reduce your risk of hearing loss. Be mindful of those MP3 earbuds. See chart above.

The use of earplugs and earmuffs helps to protect your hearing health.

Day-to-day decisions can impact your hearing health, both now and in the future. Since sound exposure occurs in and out of school, you also need to learn more and take care of your own hearing health on a daily, even hourly basis.

It is important to follow basic hearing health guidelines. It is also important to study this issue and learn more.

If you are concerned about your personal hearing health, talk with a medical professional.

If you are concerned about your hearing health in relation to your program of study, consult the appropriate contact person at your institution.

This information is provided by the National Association of Schools of Music (NASM) and the Performing Arts Medicine Association (PAMA). For more information, check out the other

NASM- PAMA hearing health documents, located on the NASM Web site at the URL linked below. http://nasm.arts-accredit.org/index.jsp?page=NASM-PAMA_Hearing_Health

Protecting Your Hearing Health: Student Information Sheet on Noise-Induced Hearing Loss NASM/PAMA: November 2011

Decibel (Loudness) Comparison Chart

Environmental Noise

Weakest sound heard	0 dB
Normal conversation at 3-5 ft	60-70 dB
Dial tone of telephone	80 dB
City traffic inside car	85 dB
1983 OSHA monitoring requirements begin	90 dB
Train whistle at 500 ft	90 dB
Subway train at 200 ft	95 dB
Regular sustained exposure may cause permanent damage	90-95 dB
Power mower	107 dB
Power saw	110 dB
Pain begins	125 dB
Pneumatic riveter at 4 ft	125 dB
Jet engine at 100 ft	140 dB
Loudest sound that can occur	194 dB

Musical Noise

Normal piano practice	60-70 dB
Fortissimo singer 3 ft. away	70 dB
Chamber music in small auditorium	75-85 dB
Regular sustained exposure may cause permanent damage	90-95 dB
Piano fortissimo	92-95

Cello	82-92 dB
Violin	84-103 dB
Oboe	90-94 dB
Flute	85-111 dB
Piccolo	95-112
Clarinet	92-103 dB
French horn	96-106 dB
Trombone	85-114 dB
Timpani & bass drum rolls	106 dB
Average iPod on 5/10 setting	94 dB
Symphonic music peak	120-137 dB
Amplified rock music at 4-6 ft	120 dB
Rock music peak	150 dB

Protecting Your Vocal Health

Student Information Sheet

National **A**ssociation of **S**chools of **M**usic **P**erforming **A**rts
Medicine **A**ssociation

This document is not copyrighted. It may be reproduced in whole or in part in the interest of education a
institutional development. This resource may be edited to fit the local needs of departments, schools, or instit
Any organization or institution may reproduce the document in quantities sufficient for its own use, but not fo
Notice of credit to NASM and PAMA should appear on all versions of this resource, both original and as edi
local use.

Protecting Your Vocal Health

An NASM – PAMA

Student Information Sheet

- Vocal health is important for all musicians and essential to lifelong success for singers.

- Understanding basic care of the voice is essential for musicians who speak, sing, and rehearse or teach others.

- Practicing, rehearsing, and performing music is physically demanding.

- Musicians are susceptible to numerous vocal disorders.

- Many vocal disorders and conditions are preventable and/or treatable.

- Sufficient warm-up time is important.

- Begin warming up mid-range, and then slowly work outward to vocal pitch extremes.

- Proper alignment, adequate breath support, and correct physical technique are essential.

- Regular breaks during practice and rehearsal are vital in order to prevent undue physical or vocal stress and strain.

- It is important to set a reasonable limit on the amount of time that you will practice in a day.

- Avoid sudden increases in practice times.

- Know your voice and its limits, and avoid overdoing it or misusing it.

- Maintain healthy habits. Safeguard your physical and mental health.

- Drink plenty of water in order to keep your vocal folds adequately lubricated. Limit your use of alcohol, and avoid smoking.

- Day-to-day decisions can impact your vocal health, both now and in the future. Since vocal strain and a myriad of other injuries can occur in and out of school, you also need to learn more and take care of your own vocal health on a daily basis. Avoid shouting, screaming, or other strenuous vocal use.

- If you are concerned about your personal vocal health, talk with a medical professional.

- If you are concerned about your vocal health in relation to your program of study, consult the appropriate contact person at your institution.

This information is provided by the National Association of Schools of Music (NASM) and the Performing Arts Medicine Association (PAMA). For more information, check out the other NASM-PAMA neuromusculoskeletal health documents, located on the NASM Web site at the URL linked below.
http://nasm.arts-accredit.org/index.jsp?page=NASM-PAMA:%20Neuromusculoskeletal%20and%20Vocal%20Health

See also the NASM/PAMA Student Information Sheet on "Protecting Your Neuromusculoskeletal Health." Vocal health is an aspect of neuromusculoskeletal health.

Protecting Your Vocal Health: Student Information Sheet – NASM/PAMA

The Least You Need to Know About Singing

1) Your voice works best when you can take a deep easy breath and release it freely as you sing, while keeping your belly muscles alive.

2) Your body works best when you stand tall, keep your head erect, and your shoulders relaxed.

3) Your face works best when your mouth and jaw can open and close easily and freely, your facial muscles can move without tension, and your eyes are relaxed and alive.

4) Your mind needs to be harnessed to the lyrics of every song you will ever sing. You need to truly understand not just what the song says, but what it means and what it implies. You must also allow the words to have an effect upon you in a way that is vivid and expressive. Just understanding it in your mind without allowing it to show up in your body and on your face isn't enough.

5) If you do not believe yourself when you sing, no one else will either.

6) Your throat should *never* squeeze, tighten, feel tired or choked up when you sing, NO MATTER WHAT IT IS.

7) The choice of songs is as important as what you do with the song in performance. Not all songs are appropriate for all people or all voices.

8) You need to understand how to put the song in the proper key for your voice. A song sheet is printed in a certain key because it makes the sheet music easy to play on the piano, not because it is the appropriate key for you to sing. Not all songs that you sing will be in the same key. In fact, that is highly unlikely.

9) There is no one way to learn to sing that is THE ONLY correct way, but all methods of singing should make sense physiologically (in terms of the way the vocal cords actually work). Doing things that are contrary to normal vocal function for musical purposes is never necessary.

10) Remember that the point of singing is to enjoy making music in front of (and sometimes with) others. You might need to work very hard in order to learn how to make this happen every time. That is the purpose of studying – to improve not only your skills, but your ability to enjoy being a singer.