



Physical Therapy and the Performing Arts – Ref226

with Laurence Kirk & Ashley Stafford

13th April 2022

TRANSCRIPT

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Laurence Kirk

Well, not too much more to add really apart from the fact that obviously, I treat musicians, generally someone who's part of the Royal Shakespeare Company, and performers so I'm used to all the stresses and strains of dealing with their stresses and strains I suppose. I am right at the outset. Musicians are human beings too.

Steven Bruce

So actually, osteopathy, chiropractic, sports therapy, physiotherapy, the therapy is the same, it's just the problems they bring to the party.

Laurence Kirk

And the emphasis that you place on it. So you know, as an osteopath, I use osteopathic principles. But the osteopathic principles can be recognised by a physiotherapist or chiropractors in their own way. So there's a similarity across the board.

Steven Bruce

Ashley, anything particularly specific, you've been on the show before to talk about the voice. So people will probably recognise you from that, but anything particularly unusual about treating the voice in performance?

Ashley Stafford

What I find is the, for me, the interest lies not so much in treating the voice, although sometimes that's absolutely necessary. In other words, there is a direct approach you can take to the issues around the stresses and strains in life and how they manifest in the throat muscles. And the alignment of the larynx. That isn't always the direct approach that I take. Quite often, as I was saying to Laurence earlier, you might find somebody, particularly at the moment actually after COVID. COVID, long COVID, repetitive COVID or just coughs and colds. Somebody comes in and they may say I'm just feeling weak. And I say, does that affect how you're singing? And they say, well, actually, my stamina is not as good as it was, the top register's gone. I feel a bit rough around the edges. And the role then is the role of any osteopath, which is to say, what are those stresses and strains in that particular body? Is it that the low back has become vulnerable? Has anybody else noticed how many people after COVID say, they have low back problems? Interesting. The question I ask, is that just because when people have gone through viruses and viral load, the whole system is, and the fascial system seems to be very vulnerable to that, and therefore they're not being held together properly? Or is it actually something special about COVID? I don't know. But certainly, the situation for the singer is to get that midline working again. So that the energy that you're producing comes up through those folds in a way that is going to be not damaging for that person and so they can then reassert their individuality through the music that they want to say and I think we're going to hear that very soon because there's lots of individuality there.

Steven Bruce

Shall we get into the mood? Let's give Koda duo an opportunity to show us what they're made of, let's go over to you.

Koda Duo

Band plays "Rehab" by Amy Winehouse

Steven Bruce

You had a little bit of time with the performers before we came on air, didn't you, so you know a little bit about them? Should we go over there and talk to them specifically about problems that relates to them that you can elaborate on?

Laurence Kirk

Yeah, yeah, we can do. Yeah, let's do that. Oh, I think we'll be rude and start with Dill.

Steven Bruce

I tell you what, I play the guitar myself, very, very badly. And I'm not as good in my posture as you are, Dill, but immediately you look at a guitarist and they're always standing one sided, aren't they, in my case they would be standing like this.

Laurence Kirk

Yeah, that's a very important point. When we're training, we're trained to recognise as osteopath a somatic dysfunction, and you've got your acronyms and your mnemonics a TART is one that's commonly used. And the A in TART stands for asymmetry. And the interesting thing about musicians is they are by their very nature, often asymmetric, as in spend hours and hours, using an instrument in a particular way, which creates different tensions and even builds muscle on one side compared to the other. So although I said earlier on that musicians are human beings, they're a little bit different because they're spending hours and hours repetitively doing a certain action. And as a result, when you're trying to evaluate them, you can't make any judgments based just on asymmetry because they are already asymmetric. So you got to make a judgement and a compromise I suppose as well. And I think there's a paper published not too long ago, just logging all those asymmetries. So one lovely example was if you're a bass player, double bass player. And you've been doing for years, your fingers span is dramatically increased, if you're right-handed, down here. It's interesting. And then obviously, guitarists as well, they find that there's a difference in your mobility. And your finger span, left compared to right, and so on. We were talking about the bass players and the difference between, say, Peter Hook down here and Mark King up here. So and again, that's level 42.

Steven Bruce

They're all too young. If a musician comes to you, presumably, you'll be aware of this, but others ought to be aware of the fact that actually, a guitarist doesn't play his guitar in the same position as every other guitarist, and maybe we want to know exactly how he does that.

Laurence Kirk

Yeah, so the best way of doing that is to watch or you demonstrate, as you just did, which is great. So you can see, first of all, whether you're right or left handed, and so on. But the most important thing is how you feel, everything's a compromise. But if you feel pain free, that's pretty good. But I suspect you might have moments, as we discussed early on, where you don't.

Dhil

Yeah, absolutely. It's not always, obviously, at the moment when you're playing, when you're drilling and drilling. But often afterwards, when you then relax, and you sort of work out where you've been compensating, and you can feel where the strains work.

Laurence Kirk

And I think we were saying earlier on as well, Ashley and I were chatting to you earlier on and... What we're saying is that it's a whole-body thing, and you can't be too minimalist about it, and just treating your right trapezius would be pretty minimalist, and you get some relief for a short period of time, but quite often, they're a little compensations elsewhere. And I think Ashley was using an anecdote to treating someone's pelvis and finding that that partly sorted a voice problem. So these compensations again, we're not going to treat your pelvis just yet. Yeah. So do you want to add anything to that?

Ashley Stafford

Only that, just to amplify something I've already said, which is, the implication would be that if they're in your practice, they're in your practice for a reason, there is a reason. So therefore, I mean, Dhil, I think plays within himself when he's playing. But when he got to do that for a long time, excuse me, you're gonna get some compensations, which break down. And that's mainly what we outside trauma, what we're seeing, isn't it, compensation patterns that become ingrained and embedded, and then sort of the body's natural oscillation, back to whatever is a comfortable centre is prevented. So as you were saying about your left leg, and if we're walking around the home like that, because your left leg has decided it's not participating anymore, that would be a good place to start. But I think all that would be something that would all be recognising. But it's in the context what Laurence says, is recognising the fact that the violinist is actually only comfortable when they're in this position. And then when they put the violin down, they actually are locked solid. That is something that we need to address, while bearing in mind that that is where they want to be for eight hours a day. The most humane instrument is it when you think it.

Steven Bruce

We actually talked about this earlier on, but you get low back pain and right knee pain I think.

Dhil

Yeah, sort of flipped between a few different instruments. So I play guitar, which is a lot lighter, the acoustic, compared to a bass, for example, the weight differences quite different. So I know it's a lot of changing instruments, and particularly the bass is a lot heavier. That, you know, I feel like the strain on my left shoulder is definitely more present there. And I've tried to compensate that, I've got like a slightly wider guitar strap to sort of dissipate the weight of it across my body. But then I find like, particularly as we were saying earlier, like having not had the opportunity to play as regularly as we did two years ago, that coming back into it was just like I didn't notice where the strains were. And then we were just talking about, particularly my left leg seems to be sort of anchoring my whole body because it kind of locks into place where I can just feel like I'm relaxed on stage. And I only know it's after I start walking again. My knee has been locked for 90 minutes. So yeah, it's interesting that I only really realise it. I don't really feel it in the moment, but then afterwards is when I feel the pain.

Laurence Kirk

Yeah, interesting. And I think the other thing to point out as well is that in an ideal world, of course, you're putting yourself in a situation where you are subjecting yourself to stress and strain, physical stress and strain or emotional stress as well. But in an ideal world, you might say in some sort of utopia we don't need to do that, just have a nice, relaxed time and just like a sports team, you want to compete, and you want to play. So you've got to find a compromise and a point where, you know there are stresses and strains, but you manage them. And I suppose that's where we come in as well.

Steven Bruce

So when it comes to managing Dhill, obviously, the one thing you can't do is telling him to stop playing the guitar. So how do we get him to overcome these problems that he's mentioned so far, particularly that knee problem I could see being a cause of other problems later on.

Laurence Kirk

Well, I mean, there's an immediate observation, which you've probably noticed straight away when you looked at Dhill as well. Sorry, I don't want to make you feel self-conscious. But hyperextending knees. So if you if you if you look at Dhill's left knee hyperextends. So yeah, well, that could be an indication, it could just be a structural thing, or it could be an indication that you're maybe slightly hypermobile as well, I don't know. I've done the Beighton scale yet. And we do that as well. But, you see, when you lock your knee out, it actually bows back. So that in itself can cause a few problems. May mean that because your left knee is maybe a little bit more mobile as a consequence, when you're bracing, you put you wait through it, you're recruiting more of the musculature around the knee in order to hold it steady. And because of that they fatigue and because they fatigue, eventually you'll feel some discomfort. So yeah, there's also things that you could do, for example, around that might be recognising it and working on some of the quad strength, for example, doing some exercises that might actually increase the tension in those muscles to compensate for that. Are you more mobile than average?

Dhill

It's difficult, I tell you that with our job particularly, like it's a lot of sitting down, like driving to gigs, many hours in the car, and then it's then waiting to go onstage. So it's, there's a lot of stationary times in arts. But then in the week, when we're not working, I try to alleviate that by you know, going for walks and stuff like that. That's the mobility I can really get.

Laurence Kirk

Yeah that's me misphrasing the questions here, really, I've got my osteopath's head on. And I was thinking about mobility in relation to joint mobility. So in terms of flexibility, have you always found it difficult to, or is it easy for you to get into certain positions, touch palms the floor?

Dhill

I am not that flexible.

Laurence Kirk

Okay, yeah. Yeah, in which case that we can maybe conclude that his hyperextending knees aren't related to hypermobility, which is good for him. Because obviously, that's a whole raft of problems in itself. So yeah, so that's one issue. And then obviously, you're standing a bit sort of tilted, is that right?

Dhil

I feel like I've naturally got that sort of posture that lends itself to compensate for the weight of having a guitar or bass hanging off the shoulder in particular. So you'd probably say in the way I hold myself already. Like, it's that, you know, I'm either trying to compensate when I'm just standing up straight, but it feels more relaxing to sort of drop my shoulder because that's normally how it is.

Laurence Kirk

Well, that's right. And that's just the habit that you've acquired, and that helps you do the job that you do. So, it may be wrong of me as a non-guitarist to start giving you tips on how to play the guitar. But like, obviously, the other thing is checking and seeing how things are responding as well. So I asked Dhil's permission before if it's okay to touch you. So I'm just gonna go to the back of you, so that's okay. So obviously, he's got his shirt on, I'm not going to get him to take his shirt off unless he really wants to. You don't want to, do you? And obviously, yeah, exactly. But as therapists involved in physical medicine, we're used to touching our patients, and what you're picking up from that is you've got a library of normal, and you're comparing him to your library of normal, I suppose, and making a judgement. And also, I've got my pressure pain algometer here, that's my thumb. So basically, if I press into certain points, and I can't see your face, but if those points are a little bit uncomfortable, then usually there's a little recognition in the facial expression. And those are quite common points here. There's sort of trigger point areas across the top of the shoulders. And I'm just focusing, I'm sure Ashley's going to look more holistically at things but just in that upper triangle to begin with, I start looking and immediately, you can feel there are tensions relating to that asymmetry posture as well. So and lots of the examination procedures that we use are not reliable, I suppose is probably the best way of putting it, in that many studies have shown limited reliability. But if you add them all together, I suspect the reliability is greater. So we do our motion testing and look at range of motion and so on as well. I won't go through because you are aware of that already. But recently, they found that if you add a little bit of over pressure to motion testing, you might get more of a response in terms of, more insight into what's going on. So side bend right, and so I bend your head to your right, ear down to right shoulder. Yeah, and so I put a little bit of overpressure on, and at which point, if Dhil then complains of pain, that's a good little clue. And same way. So rather than than just doing active mobility testing, I'm adding overpressure into it as well. And apparently, that is reasonably reliable, according to some studies, but yeah. And then basically, what you're trying to do is provoke a little bit of discomfort in order to work out what's going on, and take what Dhil said already, and correlate it with what you find. And again, it's teaching you to suck eggs, because you will know that. And musicians are just like any other human being as well. So there's not a huge difference in what I would do. But I would add that I once had a locum come into my practice. And one of the actors came in from rehearsal with, I think it was an upper thoracic issue. And the locum had worked with actors before. Told them, they had to rest for six weeks. Which wasn't ideal, really. But there you are.

Steven Bruce

I thought resting for six weeks is normal for actors.

Laurence Kirk

It depends what you mean by resting, when they're not employed? Yes. Great. So I mean, yeah, Ashley, you want to, I just picked up one element in that knee, do you want to add anything?

Ashley Stafford

It'd be very interesting to just examine him to what one loves doing, isn't it when it comes down to it? And the thing I noticed about Dhil is he plays within himself. And I noticed that also that Ana that she sings within herself. And that's not always the case with performers. It's a very contained and very Germans say gemütlich feeling between you, they're not leaping around the stage, they're not throwing a guitar around. Or, I mean, you might do that later. And you're not, Ana's not singing outside of herself. So they are actually very well balanced performers in that respect, they've got a style of singing and performing, which is actually very comfortable for them. Within reason, I would say, do you mind just closing your eyes for a moment. Yes, it's quite stable, actually. Which is nice, now just breathing in I just palpate in the posterior diaphragm connections. Lovely. And just put the feet together if you would, and this is just normal. Now there we see it. The moment he puts his feet together, we have the compensation in the pelvis, completely obvious. It's side bending right. And slight torsion, with the right anterior SIS. Just let your right knee sag forwards, keeping your foot on the ground, sag a bit more, go on. Sag, sag, sag, sag, sag, sag, yeah. And his mid lumbers allow him to come back and sag on the left. Yeah, so his mid lumbers are actually taking a lot of strain. So the position which is going down through the leg, it's actually also creating a rotation and a side bending, it strikes me which over time has allowed these muscles on the sides of the paraspinal muscles, I think they're called, is that right? To be not exactly working as well as they should. So that would be a starting point to think well, what's happening is lower triangle here in relation to what's happening in the upper triangle, and what influences the guitar he got to play within that. So there's a lot, as you say, there's lots of retained tension through here, there is a natural thing he's doing, just put yourself in a playing position, do you mind to get the guitar. Just see where that goes. So probably immediately, we're going to see an explanation for every single thing that I've observed with him not playing so you're going to be playing, you can play something, just a few chords. Yeah, so the left shoulder drops back and down into that leg. Right shoulder, much more active. And there's a rotation, to stabilise that there's this rotation. Carry on, but you can stop as well. So that's wonderful.

Steven Bruce

Is he going to be a repeat patient, though, because when he's playing actually, I don't know if it's all the time, but you're kind of tied to that mic, so he can't move around. He's going to encourage that.

Ashley Stafford

Yeah, I don't think that's another thing that mic technique, singing into a mic and singing without mic, playing with a mic, playing without a mic are actually also very significant.

Laurence Kirk

Can I just interrupt, Ashley, from here, it's also clear again, apart from you, like I was saying, I'm pulling you into pieces, Dhil, but when you're standing and playing, you're quite lordotic in your spine. And when you stand up, yeah, the lower back curves inwards and forwards, but when you're playing, you do tip back slightly and therefore you have the facet joints in your lower back will then compact and approximate

and therefore you're stabilising things by doing that, but at the same time you're loading them. And that's a recipe for them to become irritable over a bit of time as well.

Ashley Stafford

I'd say that, and I think you know, you're in good physical shape, you don't carry extra weight. You're young, you got a lot of constitutional energy. But the thing to bear in mind is, if this became problematic, what would the advice be, because if his mid lumber pivot is not working properly, there's, when he's doing his walking, he's going to be walking in a certain way, which then might actually be problematic in the future. So it's the same with them all.

Laurence Kirk

Well, then that goes on into treatment, obviously, and, you know, self-treatment and exercise and so on, just knowing what your issues are, is the first step. And then dealing with it.

Ashley Stafford

I mean, there's something that occurred to me because playing the guitar is a technical business, because you have an instrument, you have to address it. So how you address your instrument and instruments is absolutely quite, it's really profound. And as you pointed out earlier, Laurence, different guitarists have different solutions to that problem. But if you knew, for example, that that was going to potentially create a problem, and he's already got a little bit of a problem, because it's stiff. Would you consider adapting your technique slightly?

Dhil

I don't think I'd consciously do it. But particularly with my leg, for example, if I'm obviously feeling like, as I mentioned earlier, where my knee is, it kind of locks into place, it's almost like an anchor. If I start to feel that, then obviously, just almost like swap legs. But that's what I'm doing in the moment, I don't know, as a longer term, sort of fix what I could be doing better in terms of holding myself...

Laurence Kirk

There's an obvious one as well, Dhil, and that's have a soft left knee. Because you just go back into interlocking it. And if you softened it slightly, that would make a difference. It puts more load on the muscles in the front of your thigh and they might just tire a little bit, but it's better for your knee and probably would result in you having fewer issues with the knee as well, so soft left knee.

Dhil

I didn't realise my back was going inwards.

Laurence Kirk

There's a good one. And that's the co contraction thing with your transverse abdominals. So when you're not singing, because you can't do it when you're singing, but if you're not singing, if you suck your umbilicus in towards your spine, you get this sort of co contraction going on, and it actually braces you a little bit as well. So if you have a go, so you're not trying to bear down and show you six pack off, but you're basically just trying to suck your umbilicus in towards your spine as you do it. Put your thumbs on either side of your spine like that, and then as you suck your umbilicus in, you should feel the muscles in

your back just tighten. And actually, you can use that intermittently during the performance as well. And that sometimes just takes some of the fatigue out as well.

Ashley Stafford

And driving. Sitting driving is something I do a lot myself bizarrely, driving, but also, just as you just described, draw the umbilicus towards the spine and you find yourself sitting up better. Lumbar Spine is much less loaded.

Laurence Kirk

It's just a little trick that you can use as well.

Dhil

I need to get into the habit of doing that and not consciously.

Laurence Kirk

Yeah. I mean, if you try and sing when you're doing that, that's going to be pretty difficult.

Steven Bruce

Dhil, I have a technical question for you. Vlad's watching online and Vlad has said that it's not just the weight of the guitar, but it is the neck dying from balance.

Dhil

Well, the guitar has obviously it's like a plank of wood, but the actual if I'm making change, with the base, for example, you see how much heavier it is than a normal guitar but like for example, you can feel it, the neck is heavier than the body. So you actually have the neck sort of pulling down towards you. So you're kind of countering it by actually holding it up, as well. So that often depends on the different guitars. And obviously with the bass guitar where it's got a longer neck, you've got a longer piece of wood here, which is obviously pulling away down towards you. So you actually physically have to hold it up. Which is what Vlad meant.

Laurence Kirk

It's all that leavers then as well, isn't it? Yeah.

Dhil

Yeah, it's a very good point.

Steven Bruce

Should we turn to Ana? So one thing I immediately noticed about Ana, she's got a lot more of this pelvis thing going on than you have. And of course, it strikes me that a singer can be much more easily balanced while they're singing.

Ashley Stafford

Potentially yes.

Ana

I can be a lot more mobile as well. Yeah.

Laurence Kirk

Yeah. And it because you're not using an instrument, you're more symmetrical in many ways.

Ashley Stafford

I'd like to point out she is an instrument.

Laurence Kirk

An external instrument. Yeah, the voice is an instrument, of course. But yeah.

Steven Bruce

Did you bring any problems to the party this evening?

Ana

Yeah, one, which was, I guess it's probably more of a repetitive strain thing. And I'm right handed. So I hold the mic with the right hand. So even if I'm have a radio mic, whether it's on the stand or not, it's here all the time. So I get a lot of numbness in this arm. And I find that when I swap to my left arm, because I'm not very good I'm not going to. I'm not very good with my left hand. So yeah, my right hand, definitely.

Laurence Kirk

How long before the numbness starts to come on, then in a performance? If you were doing that.

Ana

Honestly, it depends. It depends on the day or what I've been doing lately, especially if I had a long drive, cause I tend to drive, sometimes I forget to use my left hand with the steering wheel. Yeah, so I'm using my right hand all the time on the phone, that sort of thing. So obviously, the more I'm doing in the daytime with my right hand, the more I notice it on a gig, so I do have to kind of shake it out.

Laurence Kirk

And we haven't spoken in any detail about your past history. And not that we're going to, but have you had any previous trauma or accidents affecting your neck any whiplashes or any falls, anything at all that's affected you. If you want to. Yeah, so if you notice, in the past, have you had anything that's affecting you that way?

Ana

Not that I'm aware of.

Laurence Kirk

Okay, no, you would be aware of it obviously. No, it's just if you've got that susceptibility to numbness when you're holding your arm out, it might mean that the nerve has previously been sensitised. That was all. So yeah, but position wise, I'd say you're putting a stretch through some of the nerves that damage your arm anyway, I suppose again, you just bear with it, don't you, most of the time, when you've got it.

Steven Bruce

Could you sing with a boom mic? Or is it part of the performance is using the microphones?

Audience Member

I could but I choose not to.

Ashley Stafford

Strikes me. Don't mind me saying so that. And I don't know whether the audience think the same, but the problem you're presenting is an exacerbation of an everyday life problem, you're very right sided. And that's a problem that comes up again, with patients all the time. The as far as you are, as a singer, you, as you said earlier, you sing within yourself. And you're actually very, when you're singing, we don't see very much strain going on, not doing a Mick Jagger or anything like that. However, the things that interest me as thinking of you as a singer, as opposed to a patient, but potentially a patient if you had problems which were relevant, will be the issue of the relationship between the voice production on an ongoing basis, whether it's an actor or a singer, the relationship between the voice itself, the sound, the breath, and how your body accepts that breath. And then obviously, the structure itself, and how that is supporting the process that you are engaged in. That process might be driving the car. But as it happens, we're talking about singing. And one of the things that having a mic doesn't help with is the fact that you're, though we were very communicative. And I felt I don't know about the audience. They know better than I do, because you're singing to them. But you are actually very communicative, in spite of the fact that you had a microphone, so the microphone actually is part of your performance.

Ana

That's my friend, yeah.

Ashley Stafford

It's your friend. It's very much part of your performance. And the thing that I would say it was something that could be watched out for and it's not necessarily for you, but in general is what happens to the singer as they take that initial breath in relation to what they're about to do. Is there going to be a trigger movement, the trigger movement or the batsman. So there's a trigger movement in singers very often, which is a tensing of the neck, a tensing of the throat bizarrely, and then a locking of the pelvis. So they actually set up to sing, is possibly, I'm going to use the word technically, though, I don't really believe in technique as for singers, they knew how to do it when they were born. And they've just somehow forgotten. So we need to remind the body what it really knows. But that trigger movement towards to the microphone has the potential for creating strain in the anterior throat, as well as locking up the occiput, atlas and upper cervical complex, all of which is inhibitory to the free flow of energy through the body. And I know you have confessed that you don't use your whole body to sing. And that's the style that you sing in and it's beautiful. There's nothing that I would ever suggest I wanted to change about the way you sang. Unless you said to me, I want to sing without a mic and I want to sing Puccini, in which case, you probably have to change quite a lot. And it's nothing to say your voice is not capable of singing Puccini, it's just you don't know how to do it. But that's okay, because you don't want to. But in terms of singers, say, for example, that do and this goes to the actor, if you're an actor who's simply, let's say, a stand up comic, and you're using a mic the whole time, that's a very different thing for being onstage at the RSC and the way the voice is used. And the way the body is used becomes much, much more significant. And

that's in those circumstances and exaggerates, therefore, certain predicaments that we can set ourselves up in. But as far as Ana is concerned, I would normally say to a singer, are there any elements in your performance that you struggle with? Is it stamina? Is it range? Is it dynamic? Is it just physical? I get really tired standing, for example. And having asked Ana that question before we started, and the answer was no, just fine. Which is great. That means that we're going to be talking more hypothetically necessarily, then, specifically, although it would be interesting to check out your balance of the head and neck in relation to the upper body because you do, because of the way she's performing, she's definitely singing from about here upwards.

Laurence Kirk

I'd like to put my hand in the way as well, from here down, if you're watching, there wasn't too much movement, whereas if you were singing Puccini, there'd be a hell of a lot of movement.

Ana

It definitely depends on the gig itself, how much I'm breathing...

Steven Bruce

I was going to ask you. We're in a small environment here presumably you do some bigger gigs where probably you're belting it out a little bit louder.

Ana

Yeah.

Laurence Kirk

Especially a noisy room as well.

Ashley Stafford

What effect does that have on your overall sense of wellbeing and your voice?

Ana

Often I find, again, I said to you earlier, if I haven't sort of warmed up, it's more physically than sort of vocally. If I haven't warmed up, I find myself getting really tense, so tense shoulders, quite a tense throat and that in the long run kind of, you know, I'll often go home sort of with an aching head after that, be that from just the volume or just from the pure sort of tension. But yeah, I do find myself if I'm bouncing, if I'm trying to hit really high notes, I find myself really tensing to do it rather than sort of relaxing into it. Whereas obviously, with something I produced earlier, I'd be a lot more relaxed into singing because I'm not putting in a great deal of effort. I'm just letting the voice sort of do its thing.

Steven Bruce

Yeah. So we have a plan for what we're going to do this evening but it's occurred to me and several people have asked this as well, having been told all this by Ashley or by Ashley and Laurence, can we get you to do another one of those songs to see whether anything they said helped.

Laurence Kirk

Yes, you can suck your umbilicals in.

Koda Duo

*Koda Duo sings "Sorry" by Justin Bieber.

Steven Bruce

Let's give the band a little break. Thank you. So did you notice anything from that performance?

Ashley Stafford

In that moment, well, I noticed Dhill was bending his left knee.

Laurence Kirk

He was, definitely he wasn't resting on a hyper extended knee.

Ashley Stafford

Whether that was the music, that particular number or was that deliberate?

Dhill

Potentially, that's the point that I was gonna make earlier is that, at least for me like keeping tempo with either one of my feet can often add a little bit of strain as well. So I was obviously relaxing my left foot better actually.

Ashley Stafford

That's what I thought. It's more about the style of the song. But I think it's interesting to think about how as an osteopath, I personally would be looking at a patient who I knew was coming to me, because as a singer, they were having problems as opposed to, as any other patient who said that that's just my back hurts. So the sorts of things that I might be looking at, which might be useful to hear or discuss. I don't know about you, Laurence. But if I think about the body's midline structures, if you think about it, there are very few midline structures, or very few things that operate actually in the midline. So you've got a cranial diaphragm, your falx, got your vomer and you've got the folds, then you've got the central tendon of the abdominal diaphragm, which of course, as we know, is biased. And then with a bit of luck, we've got the pelvic floor, which, bit of luck, meets in the middle. So if these structures, if these four diaphragms are operating successfully and functioning effectively, very often, you know you're dealing with a pretty straightforward situation. Then you come up against the fact that perhaps somebody's got a very, very rough voice and it cracks all the time. And there's this case history that I can remember. Well, a case, I can't remember the history but I remember the case. Where a young girl was sent by her singing teacher and she simply couldn't, she was growling, every time she went up to a certain pitch she growled and there was this incredible break in the voice and so all she did was growl the whole time. And the singer teacher was very puzzled, her mother was very puzzled, because she really loved singing. So at that point, I thought well, are the folds actually able to accept the energy being offered to them from the breath flow and gently palpated the cranial diaphragm, its relationship through from the base of the cranium down through the throat structures and onto the diaphragm. And it was really interesting to note that the larynx itself, as a structure, was really biasing off to the left. There was a real strain, pulling that head,

that mid cervical area off. And the interesting thing was, when I questioned her about it, she had actually had a blow to the head, not by her parents, but by some boyfriend or other and had actually had her head smacked and she therefore was able to bring her head back to the midline, but the larynx was twisted. And by working through those internal structures and then balancing the external structures to that, her voice changed and she was able to be much more coherent with the way the folds were working. So for me that working on, looking at the midline and its integrity is a really important thing in that respect.

Steven Bruce

I've had a couple of points come in from Simon. The first one is a technical one, he's asked us all if we can keep our hands away from our mouths, because he's lip reading. So if we can stop doing that, it would be great. I think it's going to be hard for Ana not to have a microphone in front of her mouth, but we'll work on that with camera angles. Simon also said somewhere here, he said, If it was him, he'd be working on the singer's sternum and releasing the ribs and then working on the diaphragm.

Laurence Kirk

Yeah, and I think the important thing to point out is that the remit essentially is evaluating, and we can go on to treatment as well. And mentioning treatment, my approach is obviously going to be a little bit different to any other person, you as well, Ashley, but looking at things from a purely structural point of view, not that you ever do look at it purely structurally, there's an interesting thing with singers in that when you have a microphone in front of you, invariably, you're jutting your chin forward. And if you're Liam Gallagher, you really are jutting your chin forward. And that sets up all sorts of tensions in the front of the neck obviously, where the voice is directly affected, but it also compresses the junction between the cervical and thoracic spine. And interestingly, just releasing the CT junction or the CD junction, whichever your preference is, sometimes has a remarkable effect. So much so that I once treated an opera singer, who, not being a defined voice specialist, but he did this one as a student. He sang some scales and mentioned that he was tight tense. With a tutor, we worked out one or two things that needed addressing, worked on the CT junction, released the CT junction, sang scales immediately afterwards. And it was, again, as someone who's probably tone deaf, I could recognise a difference. One thing again that you could address is the height of the microphone and how close to the microphone you are. I know that affects your performance as well to some extent. But it's the same thing, it cross fertilises with those of us who work in offices and drive a lot, where we all tend to push our chins forward. And it's just the simple thing of bringing your chin in, balances up some of that asymmetry as well. So it's a simple thing, but it's often very effective. Yeah, so if it's voice, I'm looking at the whole body but from a structural perspective, I focus very often on that sort of upper triangle, as you saw earlier on, I suppose. But then not ignoring the other things, too. If we're talking about treatment approaches.

Steven Bruce

Alex has asked whether there's any chance that we can, obviously we're trying to affect the performance, but we might perhaps affect it adversely, he's calling to mind a sort of healing crisis, if we do certain things for Ana's structure might we change her voice for the worse?

Ashley Stafford

When somebody comes for treatment, and they are an active performer, I always try to make sure they've got a day when they're not singing the day after to allow things to settle and the body to breathe and find

its new balance. I would certainly say that's true. But then you'd probably do the same with any sportsmen or anybody who has to use their body actively, I would say, in a specified way, so it's no different at all. But going back to the point about the sternum. It's a really interesting point because breathing patterns, as we know, are instrumental in influencing pretty much every part of the body in terms of how we, the adrenal system, the vagal system, the structural system, the habits of how many 10s of 1000s of times we take a breath every day, the embedded habits, so I would always absolutely examine how that pattern of breathing has affected the anterior ribcage and the sternum. The relationship between the manubrium and the main body of the sternum. And what is in fact a healthy inhalation? It's a really controversial question. Because how we receive breath has profound implications for absolutely everything, in terms of where the body balances, where the neurological balances, where the autonomies, how they're functioning, and that breath, every single one of them, is having some kind of effect in the body. And for my money, and it's not your money, it's my money, for my money, the thing that goes wrong 98% of the time in dysfunctional breathing patterns, is the fact that the anterior ribs, the sternum is lifting. It's simply that they breathe, like that. And when you lift the sternum on an inhale, you're going to contract, generally speaking at the dorsal lumbar junction, and then you'll lead into all kinds of patterns. It may be the other way round, you've got a slouch pattern, a collapse pattern, and the only way that that person thinks they can stand up is by taking a deep breath. So theoretically, what I'm looking for is, can you...

Laurence Kirk

I'll be your model.

Ashley Stafford

No, in fact the other way round, I'll be your model. If you put your hands, one hand on my sternum and one hand on my mid to lower back. So what I would say and as I say, it is controversial this: is when the inhale comes the sternum, the manubrium sternal angle reduces, it releases the sternum inferiorly, which allows the costal angle to increase and the breath then is allowed to sink into the posterior, down to the lungs, which at the same time, and this is important for voices, allows the larynx to drop. Then with the exhale, the exhale then becomes supportive of the structure rather than collapsing. So instead of the normal dysfunction, which we all feel in people, which is the breath is holding me up and then I breathe out and it all collapses, you actually change the whole thing where it's a release for the inhale. And that's when that gentleman was talking about working on the anterior ribs, it becomes really important.

Laurence Kirk

And the thing that I think is important in evaluation as well is just checking the symmetry of the first rib. So the first rib is only about a centimetre below the surface in that location. And you should feel reasonably symmetrical elevation and drop. And if there's any tension, obviously, in the musculature on one side, it will tether it effectively. And that's really clear to feel once you get used to it. And that fits in really nicely with your anterior and posterior chains, and so on. And you can demonstrate to the patient the effect of that tension by just gently squeezing in over your SEM, and as you squeeze, you can hear the voice change, and then take it off and again, the voice moderates. And it's just illustrative of how fundamentally all of that does affect the voice.

Ashley Stafford

Absolutely and that supraclavicular triangle, that whole organisation, again, this is grandma eggs and all that comes to mind. But you know, it's so obvious, isn't it that if there's that posture and you've got the narrowing of the angle and then the breathing is fighting that the whole time you've got so many complications that arise from that.

Laurence Kirk

I've just remembered a question and on a practical level, treating performers, if I have an actor come see me press night, sort of in the afternoon before press night and they've got an issue, I will deliberately use techniques which aren't going to be too provocative. Because obviously, you don't want them reacting to your treatment in the middle of their performance. So you're probably a little bit more minimalistic in terms of what you do, but still fundamentally shifting things.

Ashley Stafford

At the same time you're wanting to decrease their stress levels. And adrenaline actually has a major effect on the actual vocal folds itself. So when you're adrenalized, your vocal folds are working differently. Some people say well, I've just lost the lower part, haven't got any, lost the lower fifth of my register, because I've got more adrenaline in the system. But on the other hand, the top of my voice is working brilliantly. Other people will say the opposite. It depends.

Steven Bruce

You said earlier on, it's very important to engage the lower ribs. And yet when you looked at Ana, you said she's only using the top of the ribcage.

Ashley Stafford

Ana doesn't sing... Ana sings technically brilliantly for what she does. And she does not strain. So if we were to hear Ana speak, which we did earlier, you will notice she speaks from her throat and breathes quite high. And were she to ask me in a professional role to say "How can I get more out of my instrument? How can I get more out of my voice? There's things I want to say that I'm not saying." Which she isn't saying, she's saying, I say all the things I want to say it's fine. But if there were things she wanted to say or with her voice that she finds frustration with, I would definitely start with the breathing pattern, dropping the breath lower, engaging the lower abdominal wall, in what is commonly called support, but I prefer the word activation, severely activating the voice from much lower, that's chest that then relax, the throat would change, you wouldn't have that. So, so much stress in the the vocal apparatus. Having said that, if it's working for her, and she's singing as well as she does within the style and demands that she's been under, I wouldn't want to interfere with that. Unless she was coming to me with another issue, which was say, to do with stress levels, for example, prolonged anxiety and stress, in which case working with the breath might be a very helpful thing,

Steven Bruce

Caroline has just sent in, does the stress or nervousness of performing impact on vasodilation with muscles, breath, vocalisation?

Laurence Kirk

Massively, absolutely. There's there's a very, very interesting paper, there's very little research on performance related muscular skeletal disorders, a bit of a mouthful, overall. And there was a paper which looked at logging all of the potential causes of or predispositions to developing. And one of them is clearly in study after study is stress related, over rehearsing, long performance hours. Most of them are fairly obvious, but it's completely exhaustive in terms of logging everything. And the International Journal of Environmental Medicine and Occupational Health 2018. I can't remember the name of the author, but I can give it to you later on. But it's literally just logging all of those potential influences.

Ashley Stafford

Fascinating.

Laurence Kirk

It is interesting, but clearly, stress affects their performance in all sorts of ways.

Steven Bruce

Well, Matthew, who's also known as Mrs. Trellis, he says he's got a subversive thought here. He says, does an artist have to be posturally perfect to perform to their best? Maybe some of them need to suffer for their art? He's mentioning Joe Cocker.

Ashley Stafford

Well, it's an interesting point, because...

Steven Bruce

Joe Cocker is a popular musician.

Ashley Stafford

Is he? I was just bypassing that one. Because the very quality you were talking about earlier, the very quality of bringing the jaw forward introduces a quality of stress into the voice, which may well be very attractive to a particular audience who wants to hear that, that sound, that particular sound, whether or not it's sustainable in the long term, and whether or not they end up with nodules or other unfortunate consequences is another matter. But going back to Ana, because she singing to the microphone mostly, and she sings within herself, and she's allowing herself very comfortably to communicate with us. And I don't see that there's a particular problem there. Unless, as I say, if she were to turn round and say, I have an issue with this, that and the other. In which case that's where I would start dealing with it. So it comes back to not not messing when there isn't a problem, unless it's something which is hidden and going to damage that person in the long run.

Laurence Kirk

There's a there's a classic RSC one, which you've probably are aware of which of: Richard III. I've been in on various rehearsals with actors who who are cast as Richard III and of course, they often want to go the full Tudor cripple, in the sense they want the built up shoe, they want the limp they want, one actor even wanted to tie his hand back as well as having a three inch built up shoe. So he definitely wanted to suffer for his art and I had to explain that he would suffer in all sorts of ways as a consequence of it. But

bravely the current Richard III is a chap who's got radial dysplasia. So he's playing it straight other than the fact that he naturally has radial dysplasia. Which is interesting, as well and given that Richard III, going off tangent, wasn't terribly disabled or differently abled anyway, a mild scoliosis. But just wanted to add a little anecdote for you as well, on the basis of suffering for your art. One of the actors classified all the company is one of three main categories and you could have subsets. So you had the all the actors in his company he classified as either Lovies, fairly obvious; Brickies, as in turn up clock on, clock off, go to the pub; and Tildas, as in Tilda Swinton. And Tilda Swinton famously suffers for her art, and was even once in a perspex box for two weeks as an exhibit. So if you're an actor, some actors definitely have a tendency to want to feel some some pain in their role. And I'm sure, some singers too.

Ashley Stafford

I'm sure that they do, I would certainly say in the classical field that's less likely. But in other styles and other effects, then there's definitely going to be some suffering. And as I say, if that is what somebody wants to do, it's always the same with every patient you want to work around what they want in their life, how they want to feel fulfilled. And the thing that brings to mind, suffering, there was a sudden rash, sudden rash and rush, of singers from the Covent Garden chorus, when they were doing the production of The Flying Dutchman, it was before COVID. And what happened was the set designer and the whole set was this overturned shipwreck on the stage and the rake was something like that. And the chorus had to be standing there, it's a Wagner opera, by the way, so it's quite long, and they were there on stage a lot. And the rehearsals are unforgiving, and they had to be there. And they're all coming in with appalling problems with their backs and so much so they actually pleaded that, could we actually change the design somehow. So what we actually did do is for long rehearsals when they couldn't come offstage, I made the suggestion, turn around and face the other way, ask the chorus master's permission to put your back to the audience. I mean, it wasn't an audience, but back to the auditorium and actually stand so your heels are getting a chance to drop back and open your back up. And in fact, that was adopted for some of the rehearsals which actually mitigated the issue. But set designers don't necessarily bear in mind, the fact that someone's gonna use the set. There's a famous occasion in Ireland, where there was a set, which was very minimalist, and it was sort of polished, sort of like polished glass, but it wasn't glass, but very, very polished. And it was quite a steep rake. And it was one item on the stage. And it was a sort of Roman pillar, but it was only about this size, like a ruin. And all the way through the rehearsals, people just sliding all over the place. They said we can't do this. It's impossible. I came up with a solution: spray lemon juice all over the stage. So it made a bit sticky, but it's still very shiny, which is what the set designer wanted. And that was all going very well comes to the first performance and a cleaning lady turns up, says "Oh, that's a messy stage. So sticky, I better clean it." Cleaned it all off. And it was absolutely hysterical because at this point, the singers weren't expecting the stage to be polished, they were thinking it was sticky, great. So they come striding on, and the first one goes sliding and grasps this rock in the middle of the stage. The next one comes up straight out, wooah! So by the end of the first scene, there were four singers clasping this rock in the middle of the stage trying to sing this Handel opera, at which point the curtain comes out the end of act one scene three and they all go off and spray lemon juice back on the stage. It's hilarious example of, I think, set design not really...

Steven Bruce

Getting back to popular music. We were going to have a drummer in this evening...

Ashley Stafford

Classical music's very popular!

Steven Bruce

Next time I'll try and get an opera singer for you. I'll see if I can get Angel Blue in. Have you treated drummers? I'm just thinking, there's a peculiar instrument, isn't it? It's an all-round one, it's an all four limbs one, sitting down.

Ashley Stafford

Do you see specific problems with them?

Ashley Stafford

And percussionists in general actually, because that's a much wider range of activity than just drums.

Laurence Kirk

I think it very much depends again on the style of the drumming. And the kit they've got, some are relatively minimal, some are maximal. Therefore, they're having to, as well as simultaneously beat the drums, they're having to keep the bass drum going with their foot, and then having to swivel and twist while seated. And then they've got hi-hats, which they're having to extend the neck to. So it's a recipe for all sorts of postural stresses and strains. But the remarkable thing is human bodies are amazingly adaptive and given a chance and rehearsal and experience, bodies sometimes learn how to cope. But like most things, you can do that for a finite period of time and then rest of your life gets in the way, you do other things in the garden, DIY, which compromise your existing adaptations, and then that may be when you come to seek help from Ashley or myself or one of you. Because you don't want to stop them. I don't know enough about drumming, being completely honest, to give someone advice on their technique, but I can pinpoint stresses and strains and work on those stresses and strains to some extent, to enable them to continue. But if it's a technical issue with drumming, then that's something which would impact on their performance you'd think as well.

Ashley Stafford

Just a rider to that, I think that's the same with pretty much everybody we deal with. It's not always what has happened, but it's who it's happened to. That individual. What's the difference between a percussionist, who is five foot nine, and solidly built, and a percussionist, who is six foot four, hypermobile and still has to load his kit into the van at the end of every night and unload it to the other end, on top of having to play?

Steven Bruce

Yeah, and actually, John has just sent the question, have you seen differences between professional and amateur singers?

Ashley Stafford

Amateurs practice more.

Steven Bruce

Really?

Ashley Stafford

Yes, they're much more enthusiastic.

Laurence Kirk

And the same with amateur dramatics as well. No disrespect to anyone who's theatrical.

Steven Bruce

Does that mean they reinforce the issues?

Ashley Stafford

Yes, the thing about being professional, the demands of being a professional singer, or a professional musician is you had to turn up whenever. Whether you've just got off an aero plane, whether you've got off the bus, a long journey, you just do it. You have to do it. That's the thing. That's the definition not. It's not necessarily, although, of course, there is a distinction, but it's not necessarily the standard of performance in itself, or the standard of the instrument or their expertise, not necessarily. It's the ability to actually, whatever comes up, you just go out and you perform at a certain level, and you're not going to drop below that level. So that's the demand, I'd say. The amateur is struggling with a whole lot of other things, like working for a living, for example.

Laurence Kirk

I was just gonna say, you were saying earlier on, it's the unconsciously competent issues. After many, many hours of practice, you become unconsciously competent in what you're doing. And with English longbowmen it used to be 10 years of constant practice before you were qualified to become an English bowman. But that was the measure of expertise at one time it was, I mean, 1000 hours, but 10 years worth of training. When I graduated, Bupa would only register you as a specialist, if you'd had 10 years in practice, they've changed a bit now. But the assumption being that after 10 years, you were suddenly suddenly much better. And I'm sure that doesn't hold with musicians, but obviously practice makes perfect.

Ashley Stafford

And bad practice makes imperfect.

Laurence Kirk

Exactly. We didn't rehearse that line!

Steven Bruce

Veejay has asked whether you see a role for Alexander Technique? He says he's playing the devil's advocate, but I'm not quite sure why.

Laurence Kirk

Well, we touched on it very briefly didn't we, but most of the actors in the drama school training will have had exposure to Alexander and obviously the head is very important. If the head is right, everything else tends to follow. I'm being very simplistic, but it really does have a place because if you can get that, as Ashley was saying, get the head in the right place, then chances are that the rest of you is going to follow.

Ashley Stafford

I had seven years experience with a really good Alexander teacher who was trained very classically in Alexander technique. And after the seventh year, I got up out of a chair and he said "That was perfect." To this day, I still don't know what it was I did. Now that might be a good thing, in other words it inculcated something which I knew how to stand up out of the chair. But the thing that struck me the moment I began training as an osteopath, having had that seven years' experience of lessons, and I did have the lessons, because being fundamentally unbalanced and had polio, so my left leg doesn't work in the same way as my right and is compromised in quite significant ways. I was actually really uncomfortable talking about Dhill and his left leg, my right leg, which was my strong leg, just wouldn't let me move off the stage sometimes, I was so biased to the right. And it was having effects in other ways. And so I started having Alexander because I knew a good Alexander teacher, and she was really, really nice. However, the moment I started my training as an osteopath, the first thing I fell out of love was the idea that the primary control is in the head and that's it. Excuse me, what about the floor? What about the lower extremities? What about the pelvis? What about the upward dynamic from gravity as opposed to this dangling thing? Which a lot of the misunderstanding, I'm not saying this against Alexander Technique, per se, or the teachers, but the information gets often interpreted, let's say, by the student as the feeling that you need to be dangling. And the idea of this sort of feeling of reciprocal, let's call it, power coming up with through the body from the floor, made me weer away from my, I won't say love of Alexander but I did actually enjoy the lessons a lot. And I got a lot out of it. But I think it's part of an answer. It's not a whole thing in itself.

Laurence Kirk

I'm gonna take one word you mentioned there that's dynamic. As therapists involved in physical medicine, we look at people dynamically, not statically. And when you're looking at someone dynamically, you get quite a lot of information about any stresses and strains in the system or any asymmetries, inequalities, any faults in the system. So it's important to check dynamically, we used to do lots of static observations and lots of static assessments. But I think being dynamic is the way to go.

Ashley Stafford

Couldn't agree more.

Steven Bruce

I do think there is probably a disadvantage in any therapist saying that my therapy is the one. And no offence to chiropractors in the audience, in studio or in virtual, but I went to a presentation years and years ago, Barrie Savory, his CPD group in London, very famous osteopath. And the chiropractor who came to demonstrate did nothing but upper cervicals and that was the only thing that she did. And I'm sure there's value in that but, like you, I can't believe that it's the only thing that we need to do to address our patients.

Laurence Kirk

There's an interesting observation based on what you've just said. And that's the practitioner effect. And I think we overlook it very often as well. In that we are we all consider ourselves in our own practice to be effective. I mean, we wouldn't be practising still would we, if we were only earning an income? So we consider ourselves to be effective. The basis of that effectiveness unless you've read the Telegraph today and saw that headline on BMJ about osteopathy, won't mention any more, good headline, but the basis for that you feel that you're making people better, you're improving their lives and so on. But when people come to see you, there is this practitioner effect, and it's how confident you are in treating them, how confident you are in explaining to them what the problem is. And it's really interesting to some extent, it doesn't matter whether, you know, we've got 28 people in the audience, probably 28 different approaches to the same problem. But I bet in many cases, the patient will get better anyway. So it's the conviction that you have in yourself and your ability and the treatment that you're going to be applying that makes a difference. And there's more than one way to bake a cake, I suppose is the the the answer.

Steven Bruce

Can I take us down a slightly different route? This is a question from Mayori. Mayori we might need some more information for you on this because all I've got in front of me is: I wonder if we could touch on issues with tinnitus that have worked with music therapy. My patient developed severe tinnitus after COVID, male, 63, no dizziness or recent ear infections, and unremarkable MRI scan and neurological tests. Now I'm guessing she's asking can music therapy help with the tinnitus rather than doesn't music cause tinnitus?

Laurence Kirk

Unless you're talking white noise, little white noise generators by the side of your bed do help you go to sleep. But yeah, that's an interesting and difficult question to answer, I think, without any more detail.

Ashley Stafford

I agree. I think tinnitus is so variable in its manifestations, although you can categorise it and it has been the case that some tinnitus has had remarkable, sorry, the treatment has had remarkable efficacy in removing the tinnitus. Equally it's true that there has been nill effect at all. And when somebody comes in and says "Can you help me? I have tinnitus." I say, I will examine you. I will see if there's an osteopathic issue. I do not know whether that osteopathic issue is going to be related to your tinnitus, but I will treat it and if it helps your tinnitus, that's wonderful. But I cannot predict the outcome. However, there may be somebody out there who has a fantastic technique that sometimes working with just with the temporals and decompressing a compression strain or something has an effect. Equally, even in the presence of those strains and releasing them, nothing happens. So to me, I'm always very, not cagey, careful how I word... But I would be anyway.

Steven Bruce

I think most surgeons would say that intervention is only going to be ever successful i you apply it to the right patient. You can't say every tinnitus is the same, some of them are not going to get better. Jolly Local, the system gives them funny names, I don't know why. I'm sure the studio audience have heard this before; it creates funny names for them on one of the systems. Anyway, this one, Jolly Local has told me that he or she is a Kim, doesn't help me know whether they're male or female. But he had a

percussionist who had very painful wrists and was very impatient and wanted immediate results. Well immediate results is what most patients want. So I guess he's going back to my drummer, what you've seen in drummers, where would you go with that? How does a drummer stop using his wrists?

Laurence Kirk

Yes, it's impossible, isn't it? It's patient expectations of outcome as well, isn't it? So you have to be very careful about explaining what you can do, what the potential outcome is. And obviously, in evaluating them, you're going to see whether there is actually a potential issue which could impinge on their ability to continue. But assuming that there isn't a structural problem or an infection or inflammation in one of the carpal bones, for example, then there are ways ways to treat it. And again, treat it differently.

Steven Bruce

You're a fan of K-tape, clearly.

Laurence Kirk

Yeah, mallet finger.

Ashley Stafford

I've found, I mean, it's an interesting one to come up because I actually have an issue with a patient currently who has, on and off, an extremely painful and very variably, dysfunctional wrist after damage that was done to that wrist, which meant that there's a ligament seriously damaged, probably doesn't even have that ligament working anymore. And the wrist is not problematic at all until stresses and strains of life, and the middle of thoracic area gets completely jammed up and when that is resolved, the pain of the wrist goes away. So it's real barometer stuff. This wrist is a barometer. Now, with the drummer, we know that they're using their wrist a lot. So there's potential for a lot of inflammation and damage and who knows what that person's techniques like anyway. Is he a good drummer? And, you know, there's all sorts of questions that need to be answered.

Laurence Kirk

I treated a drummer last week. And he's been drumming for 50 years.

Steven Bruce

What sort of drumming are we talking about?

Laurence Kirk

Jazz. So he's been drumming, jazz style, 50 years. And he's 72 and he can comfortably get through a sort of two- or three-hour set. And he's learned over the years that less is more, in the sense that he doesn't use, he doesn't rely on his arms, most drummers learn not to use their arms because if you can only bash away with big muscles in your arms for a certain period of time before you fatigue. And yeah, so he uses fine movements. But then the problem with that is those fine movements can generate issues. And K-tape, I won't mention the brand, but I do sometimes use K-tape in situations where you want to enhance feedback. So for no other reason than that sometimes just to give them a bit of what used to be called biofeedback. So they're using the wrist in the wrong way or using a joint and sometimes it just

helps to get the extra feedback to the brain from, essentially, it tugs on the skin. And that gives you a little extra stimulus.

Steven Bruce

It's tough though, isn't it? Because if a drummer comes to you with a wrist problem., you can say, well, this is what I think is causing the pain. But actually, you can't advise them on techniques, you've got to say to them get someone to look at your technique. Simon has said drummers generally practice a lot and it's all about technique, as well as a loose grip.

Laurence Kirk

Yeah, my drummer last week was emphasising that, if you loosen your grip, it's like if you're a carpenter using a hammer. Hammering nails, if you try and keep hammering the nails in using your whole arm, you end up with tennis elbow and all sorts of problems, but they use the weight of the hammer and let the hammer do the work. So I suppose like the drumstick do the work.

Steven Bruce

So turning back to Koda Duo over there, do you think there's any hope?

Laurence Kirk

Oh, yeah. Gosh, yeah. Partly because of their age. And partly because the human body is an amazingly adaptive mechanism. And, yeah, just a few little changes in emphasis can make it make a big difference as well. Yeah. And we haven't we imported pieces totally, I think you're both in pretty good fettle, generally.

Steven Bruce

Dhil particularly, do you feel that you've got something that you can use to improve your back pain, knee pain?

Dhil

I think so. I think the first step towards that is obviously being aware of what the issues are. And then knowing how to comfortably, correctly be aware of them and to correct them. As you mentioned with the curved spine, now I'm aware of it, now I'm sort of trying to obviously counter it in my performance. So yeah, that's definitely given me lots to be conscious of and hopefully work on.

Steven Bruce

Good. Well, we'll be watching you very closely. I don't know if we've got any more questions from the audience online here. We've got 400 people watching online, we have a bunch of people in the audience here. Anybody got any thoughts from the studio audience on patients they've seen themselves? I know we've actually got a singer, songwriter, musician in the audience, but I won't mention who it is. Entire silence from the audience.

Steven Bruce

Hang on a second, let's get you a microphone.

Ashley Stafford

Oh, they're totally satisfied. Either that or stunned by our ignorance.

Audience Member

Thank you, I just wanted to pick up the comment about the drummer. I used to treat a lot of musicians and professional singers, both in the pop world and classical opera singers, but also met quite a few drummers from very well-known bands of days gone past. And for me, my understanding from what they were explaining about their technique is in order to achieve a loose, relaxed grip, you have to have a fulcrum of opposite tension somewhere. And that tended to come from the peri-scapular muscles, and therefore the integrity of diaphragm, thorax, ribcage, all the things that you've gone through, is equally applying to a drummer as it might be to a singer. And the phenomenal force of power going through that peri-scapular area, in order to keep that precision of drumming is is exquisite and extraordinary. And I think I would encourage any physical therapist to work with people in the performing arts, whether they're actors or singers or musicians, because it's just the most phenomenal learning opportunity. So thank you for everything you've said.

Laurence Kirk

Thank you.

Steven Bruce

We've got a comment in from Jen, who says, in defence of Alexander technique, I don't think we're attacking, but in defence of Alexander, I know that there are different schools and that the ICM school is more comprehensive in its approach, from experience Jen has working with a singer Alexander teacher, and thinks that it does take the upward force into account, as with everything else depends so much on the practitioner and where they're coming from. And I think this is Zoe, who is a McTimoney Chiropractor and a sports physio, they say that they were always taught to look at the body as a whole. I was always taught to look at the body as a whole. I'm sure you were always taught to the body as a whole. And you were to but I'm never sure that we ever really did. The stuff that we'd have at college, all that stuff you were talking about, about voice generation and the muscles involved, I don't know if we ever got any of that at college. That's taking osteopathy or physical therapy to another level surely.

Ashley Stafford

I'm not quite sure what your point is.

Steven Bruce

Well, first of all, there's a misconception in some lines that we are whole body, holistic therapists, because coming out of college we're told we are but actually we're not very good at looking at the whole body. And my use as an example, your explanation of the forces generated in projecting voice and the muscles concerned and I don't remember ever been taught that at college.

Ashley Stafford

We weren't really taught, well, when I was trained, we were taught to think holistically, I have to say, but what happens is that when you're learning specific techniques and how to use your hands, you inevitably are focusing on small things, to try to get them right. I think one of the processes, if we're lucky, as practice

evolves, and you see more and more people, that you do become aware of how these things knit up. I find that I'm trying more and more to step back, just as I was told by Howard Klug, many, many years ago, step back and try to see the space around the person and what's the space that they are occupying, and then work from that perspective, rather than getting too close and doing Oh, yes, I know that that vertebra needs adjusting. So I'll do that. And then I'll do that one. So that I do feel that actually I know, and I expect most everybody in this room actually would agree, that we do want to step back and see that person in total context, you mentioned the whole biosocial blah blah from within and from without, so how all those inputs are influencing that person and how that person is as an individual and how that works on all the different levels and the integration between the autonomic and the digestive system and all the other things which are actually empowering that person to live a life, more or less fulfilled. And I feel often my role is to try to, and it's more specific with a, let's say, a musician, because you've got this focus, but it could be anybody, to empower them to live their life as fulfilled an individual as it's feasible within the limitations of practicality, I suppose.

Laurence Kirk

If I can just say add as well, I think that when you are a student and having trained students or taught students for years, you are obviously trying to give them a grounding across the board and they've very focused on lots of time to evaluate and they look at the whole body. But when you get to get into practice, you have to be a bit more pragmatic. And I now think of myself as a catalyst in the sense that I try and find a method to switch their body back into compromising again, because we're all a compromise. I mean, I haven't got perfect posture. I've got a few stresses and strains. Everyone here will have some quirks about their posture and their musculature. But we get on with it most of the time. And as an osteopath, in my view, I should be able to empower someone to get back to some semblance of normality without making them perfect. Otherwise, I could spend, they could come in every week for the next year for me to work on different bits, which weren't quite right.

Ashley Stafford

Sort of set the reorganisation of the body according to it's own principles.

Laurence Kirk

There you go, you put it much better than I did.

Steven Bruce

Ashley and Laurence, thank you very much for brilliant 90 minutes. It flashes by, doesn't it? Especially when you have musical entertainment as well.

Laurence Kirk

It was lovely.

Steven Bruce

Apologies to Marina and Maria and Mayori and Matthew and a few others who were talking about many other aspects of treatment, which I didn't have time to get around to. The value of Pilates, the value of swimming. Some examples of what went on with that percussionist. Sorry, we couldn't get to deal with

all those questions, but hopefully you've got enough information to be going along with from what we did cover. So that brings us to the end of our scheduled CPD.