

TO YOUR HEALTH

Dentistry for Musicians

by Caroline Blouin, DDS and Member of AFM Local 406 (Montreal, PQ)

Your passion for playing your instrument or singing means that you practice every day, year after year. Then, suddenly, nothing feels right. Changes in sensation or “feel,” overdevelopment of the muscles of the mouth, constant, prolonged pressure on the mouthpiece—or chin rest in the case of violin and viola players—and tooth movement can lead to physical problems that compromise playing technique, sound, or the formation of the embouchure in wind instrument players.

Musicians are likened to high performance athletes, using as many muscles and anatomic structures as a marathon runner. But musicians are more than high performance athletes, they develop oral musculature in unusual and specific ways by exerting prolonged, repetitive pressure on the teeth and temporomandibular joint (TMJ), often from an early age. In the event of pain or injury, a musician must be able to regain his full ability to play or sing.

When providing oral/dental, head, and neck care to musicians, especially wind players, the dental surgeon must be especially attentive. The doctor should have an understanding of the importance of the teeth, the TMJ, and the specific musculature involved in playing the instrument, in order to provide care that is tailored to each musician patient's condition.

The Incidence of Oral Problems in Musicians

In order to profile the incidence of oral problems in musicians, a questionnaire was submitted to 158 musicians. Responses showed that 26% of the musicians surveyed experienced discomfort and problems. Some reported being unable to play their instrument due to dental, joint, or muscle problems related to the teeth, head, or neck.

Types of Dental Problems Are Encountered

Among musicians who reported discomfort and problems, 28% experienced problems related to wearing orthodontic appliances or tooth movement. Pain in the mandible (lower jaw) and TMJ affected 22% of respondents. Tooth and gum pain affected 11% of respondents, while 6% were bothered by tooth wear and grinding of the teeth (bruxism). Mouth ulcers accounted for 6% of the problems encountered, while muscle strain or focal dystonia (failure of a muscle to respond) affected 3% of musicians surveyed. Twenty-four percent of musicians reported other various types of problems, including tension migraines, hyperacusis (lack of tolerance to normal environmental sounds), recovery time after oral surgery (transplant, implants, or tooth extractions), replacement of one or more teeth that are vital for forming the embouchure (fixed or removable prosthetic appliances and dental implants), aphonia (loss of voice), sore throat (pharynx, larynx), soft palate, pain

and cracks in the teeth caused by the instrument vibrating against the teeth, and temporary loss of feeling or sensitivity in the lips.

Based on the results of the questionnaire, we conclude that musicians are affected by specific dental problems that can interfere with their ability to play either temporarily or for an extended period of time. These findings are consistent with those of other studies conducted on various origins of the dental problems encountered by musicians, which are often related to performing repetitive movements for long hours in stressful performance situations.

Perfect Harmony Between Musician and Dentist

While most respondents told their dentists that they played an instrument, few had asked their dentists to make a model by taking a digital or physical impression of their mouth, an essential precaution in the event of an accident (for example, a recent model of the teeth could be used to reconstruct a fractured tooth as accurately as possible). The slightest change in the position, shape, and location of the teeth could alter airflow or even the position of the tongue or mandible, which would alter how the embouchure feels and, consequently, the sound produced by the musician. Providing dental treatment without taking a musician's unique features and specific needs into account, may mean that the mouth simply doesn't close the way it did before. This could be detrimental to playing and even threaten or end an instrumentalist's career.

Preventive Dental Care and Treatment

There are various ways to prevent or treat the different dental problems faced by musicians. These include lip shields, therapeutic aids to minimize discomfort during orthodontic treatment, treatment to improve occlusion (bite), chin rests for a violinists, or customized mouthpieces for trumpet players. Musicians should complete personalized questionnaires with their dentists to identify needs, expectations, and deficiencies so that the facility in playing and sound are optimal, comfortable, and easy. As often as possible, musicians should bring their instrument to the dentist's office for consultation and treatment. This allows the dentist to help pinpoint problems and create a prosthetic appliance tailored to instrumentalists' specific needs.

Wind players, consider this: having a model made of your dental arches every year is an inexpensive way of safeguarding your sound. And, it might be a good idea to entrust your preventive dental care and treatment to dentists with interest and expertise in conditions affecting your profession.

Dr. Caroline Blouin has her own private practice (www.centredentairecharest.com) in Quebec City. She also holds a Diploma of Advanced Studies (1st Prize for Violin) from the Conservatoire de musique de Québec, as well as a Post-Master's Professional Studies Certificate from Temple University in Philadelphia. She is completing training in Paris and Montauban to obtain a European Diploma in Performing Arts Medicine (Music). She is studying under the mentorship of Dr. Pierre Dana, renowned Parisian Doctor of Dental Surgery, and specialist in the treatment of wind players. Please address your questions and comments to: drecblouindentimusi@gmail.com or (418) 647-4238.



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