

Could the Addition of Alexander Technique Improve the Effectiveness of Physical Therapy in Reducing Violinists' Neck Pain in Comparison to Physical Therapy Alone?

To the editor—Playing-related musculoskeletal disorders (PRMDs) are a major problem among violinists. More than 60% of professional violinists suffer from musculoskeletal disorders, particularly involving the cervical spine and upper extremity.¹ Violinists have a higher risk of neck pain than other musicians, since they must play violin with fast and fine synchronized finger and repetitive upper extremity movements while in a static position.² In addition, the prevalence of psychological distresses, such as performance anxiety and stress, is high among musicians. These distresses have been determined as sources of health problems,³ which could lower the threshold of pain.^{4,5}

One hypothesis for the mechanism of neck pain in musicians, particularly string players, is changed behavior of the superficial neck flexor muscles and impairment of the cervical stabilization system.⁶ In violinists, the cranio-cervical flexor muscles play a stabilizing role between the violin and the chin. It is assumed that stress-induced muscle tension may increase activity of the superficial cervical flexor muscles (SCFM) and reduce the activity of the deep cervical flexor muscles (DCFM),⁷ which are two important causes of neck pain.

To restore the supporting capacity of neck muscles and reduce neck pain, various types of physical therapies and pain educational modalities have been recommended. However, considering the physio-psychological nature of violinists' neck pain,⁴ its treatment may benefit from addition of therapies that address postural and movement habits.⁸ In this regard, we suggest that management of violinists' neck pain might benefit from additional approaches that may help to decrease muscle overactivity during performance movements.

The Alexander technique is a psychoeducational and practical self-help method,⁹ which can be used to prevent and reduce non-beneficial movement patterns⁸ and, as such, may be a useful adjunct to facilitate relaxation of unnecessary cervical muscle activation in combination with physical therapies that enhance restoration of motor control of deep cervical musculature.

Alexander technique is believed to be potentially beneficial to improve postural stability, muscular harmonization, and relaxation in patients with chronic pain.⁹ A few studies have revealed that Alexander technique, used as a single therapeutic approach, is effective in reducing performance anxiety in musicians.¹⁰ So far, research has been inconclusive,⁸⁻¹² although only few studies have been pub-

lished and more well-designed trials are needed. The addition of Alexander technique to the established therapies, and its effects on PRMDs among musicians such as violinists with chronic neck pain, has not been tested.

Therefore, future well-designed trials would be useful to answer this question. Could the addition of Alexander technique improve the effectiveness of physical therapy in reducing violinists' neck pain in comparison to physical therapy alone?

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