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From dancers to divas, piano prodigies to pop stars, a Weill Cornell center offers specialized care for artists

Command Performance



ST-RUNNING
BROADWAY HIGH



The Show Must Go On

The Center for the Performing Artist offers comprehensive care for creative types, from ballet dancers to rock stars

By Beth Saulnier

Photographs by John Abbott

Paul Schaefer had been in the Broadway production of *The Phantom of the Opera* for nearly three years when he had his first full-scale rehearsal for the title role. The tenor-baritone had performed various parts in the ensemble and understudied Raoul, the viscount who battles the Phantom for the love of the beautiful Christine. Then, on a Thursday in December, he had a “put-in” rehearsal as the Phantom—those precious hours when an actor runs through a role he’s understudying, not just with a stage manager or musical director but onstage with the entire cast.

Music of the night: After successful vocal cord surgery, Paul Schaefer has been understudying the title role in Broadway’s *The Phantom of the Opera*.

It was a lucky thing, too. In a twist straight out of a stage-door drama, the actor playing the Phantom called in sick that afternoon. Schaefer had to go on that night—and a half-dozen times over the next few days. “Vocally, the Phantom is so difficult—it’s one of the most difficult parts I’ve ever sung,” says Schaefer, a veteran performer whose credits include the national tour of *Thoroughly Modern Millie*. “He’s very intense; he has a huge range and he sings all this high stuff. He comes in, and right away he starts blasting at the top of his range.”

It’s a role that would challenge any singer, and Schaefer’s ability to pull it off only underscored how far he’d come. Two years earlier,

just months into his tenure in *Phantom*—his Broadway debut—Schaefer had experienced voice problems so severe they had required surgery. “When I was able to do the role—not only do it, but for five or six shows in a row and still feel strong—I felt like I had reached a landmark,” he says. “My voice was solid; it wasn’t taxed. I couldn’t believe that I had finally gotten back to that.”

In large part, Schaefer credits his vocal recovery to the surgeon who operated on him: Lucian Sulica, MD. An associate professor of otorhinolaryngology, Sulica is among the specialists at the Center for the Performing Artist at NewYork-Presbyterian Hospital/Weill Cornell Medical Center. Established in 2008, the Center offers comprehensive care for performers in a variety of fields—cellists to ballet dancers, opera singers to rock musicians, piano prodigies to Broadway stars. It comprises some thirty physicians—in such specialties as neurology, gastroenterology, pulmonology, rheumatology, and psychiatry—who see patients through their individual practices; it also offers physical therapy, speech pathology, and audiology. “‘Center’ is probably the best word, but it doesn’t fit particularly well,” observes orthopaedist Robert Hotchkiss, MD, an expert in disorders of the hand and upper extremity, who notes that care occurs throughout the medical center.

One of a handful of programs of its scope

Lucian Sulica, MD



around the country—another is located at the Weill Cornell-affiliated Methodist Hospital in Houston—the Center is geared toward the needs of serious artists. (Although some such practices require professional certification such as a union card, NYP/Weill Cornell’s is less restrictive, and some patients are dedicated amateurs.) “One thing that often happens with artists is that they get fragmented care,” says otorhinolaryngology chairman Michael Stewart, MD, MPH, senior associate dean for clinical affairs and the Center’s director. “They go to this specialist and that super-specialist, and they get good individual care, but each physician doesn’t know what the other has done. They don’t have a connected medical record, and there’s no ‘captain of the ship’ who knows what’s going on. So our Center provides not only expertise for specific problems related to performing artists but coordinated communication among the doctors.”

As Stephen Sondheim wrote in the Broadway musical *Sunday in the Park with George*, art isn’t easy. A career as a professional artist is highly demanding, not only psychologically and emotionally but often physically as well. At the Center, the most common conditions requiring treatment are voice and speech-related problems in actors and singers; hearing loss and neurological conditions like tremors and dystonias (abnormal muscle movements) in musicians; and bone and joint problems in dancers, typically of the foot, ankle, hip, or knee. “They’re an interesting group of patients,” Sulica says. “They force you to be on your game. For somebody who is an average voice user, you can do an OK assessment and an OK surgery and their result is fine. But with somebody who sings or speaks for a living, you’ve got to do the best possible job. It’s a unique challenge.”

Professional artists, Sulica says, are exquisitely sensitive to subtle problems or changes that can affect performance—and appreciating that is essential to treating them successfully. “Artists are frequently sidelined or bothered by complaints that in the general medical scheme of things seem trivial or quixotic,” he says. “If physicians aren’t keyed in to that level of sensitivity, patients are not going to get much help. Voice disorders are a perfect example. If somebody comes in and is audibly hoarse, has trouble swallowing, and smokes three packs of cigarettes a day, every physician’s going to take that seriously. But if somebody comes in and says, ‘I’m having trouble completing my eight-show-a-week schedule, and I’ve lost a bit of control in

the upper end of my range,' that's a threat to that person's career—but many otolaryngologists are going to roll their eyes, or shrug and say, 'I don't know what to do.' "

As an example, Sulica cites the current epidemic of acid reflux diagnoses; the condition, he says, has become a common scapegoat for vocal problems. "Too often somebody goes to the doctor with a complaint of voice change, and the otolaryngologist looks at the vocal cords and doesn't see anything, because some of these issues are very subtle and require specialized instrumentation," he says. "And when they don't see anything they say, 'You need reflux medicine.' They'll even recommend people to gastroenterologists rather than take a careful look at the vocal folds. It's not malice; they're just not aware that there can be things that subtle on the vocal cords."

Schaefer sought treatment when, in the midst of a brutal rehearsal schedule after joining the cast of *Phantom*, he developed "tons of respiratory infections" and serious problems with his normally robust singing voice. He went to Sulica for a second opinion, feeling that his problem might not have been diagnosed correctly. At the Center, Sulica examined him with strobolarinoscopy, in which a strobe light is triggered by a microphone, capturing images of the vocal cords as they vibrate; the physician calls it a "game-changing technology" that provides a far more detailed picture than a traditional laryngoscope.

When strict vocal rest didn't help—"My wife became good at reading my lips," says Schaefer, who's married to a fellow thespian who danced in the Broadway revival of *A Chorus Line*—he underwent a three-hour operation in which Sulica removed a large hemorrhagic polyp from beneath his vocal fold. As part of his rehabilitation, Schaefer also had speech therapy through the Center. "Not only did I have a speech therapist, I had a speech therapist who was an opera singer," he says. "She was able to focus not only on my speaking, but on retraining my voice. You don't want to develop the same problems again."

While Schaefer is open about having undergone vocal cord surgery, many performers are more reticent. In contrast to injured sports stars, Sulica says, artists rarely see their ailments as emblems of valor. "If a football player gets hurt, there's a positive vibe—you injured yourself because you played hard, not because you played badly, and the doctors are going to do what they can to get you back on the field," he says. "Different scenario: a singer injures herself during a performance. The first assumption made by the singer is, 'What am I doing wrong?' And frequently the answer is, 'Nothing, you're just doing eight shows a week.' The other



Robert Hotchkiss, MD

assumption is that it's a career ender."

As a result, Sulica says, vocal cord problems are stigmatized; performers in demanding shows may fear that if they admit they're having trouble, they'll be replaced by one of the many aspiring actors desperate to make it to Broadway. "What happens in that environment is that when people have successful vocal cord surgery it's hush-hush—and when people have a bad result, you hear about it," he says. "Everybody's heard the Julie Andrews story. So when they come to the doctor, they're cranked up with anxiety and think they're on the brink of career disaster."

The Center's physicians know that when artists seek treatment for performance-related problems, they're entrusting them with their livelihood. That makes caring for singers, actors, dancers, and musicians a highly gratifying field—but one where the stakes are high. And while mainstream patients tend to see their long-term health as the primary concern, performers are often willing to take a calculated risk for the sake of their art. "It's like taking care of professional athletes; they want to play," says Stewart. "The risk-benefit ratio may say that you don't want to take a chance, but they want to be out there on the stage. If they see somebody who is not used to taking care of artists, they're going to get a conservative view—'The best thing to do is cancel the show'—but the artist

Michael Stewart, MD



Richard A. Friedman, MD



won't go for that. You need to understand the artist's psyche: it's important that the show go on, so how can we get you through it without endangering you?"

For Hotchkiss, one of the field's most interesting aspects is working with performers at varying moments in their careers and tailoring their care accordingly.

Consider, for example, a musician with a compressed nerve in the hand that could lead to permanent damage if left untreated. Does she have the luxury of a month's downtime, having just recorded an album—or is she about to go out on a long-scheduled world tour? Even everyday ailments—from a wrist broken in a fall to the normal effects of aging—are much more fraught when the patient's body is a finely tuned instrument. "This is a different group of patients," Hotchkiss says. "We all have insights into the frailty of the human condition, but this is a different kind of frailty."

While some physical conditions are common to artists at all levels of success—from carpal tunnel in string players to lung and larynx problems

Stage Fright

There's no tiger
in the audience;
it's just performance
anxiety

Singers can have problems with their vocal cords; dancers can suffer injuries of the muscles, joints, and bone; musicians can have hearing loss and nerve damage. But for some of the patients seen by Richard A. Friedman, MD, the trouble can be traced to another part of the body: the mind.

One of three psychiatrists affiliated with the Center for the Performing Artist, Friedman has treated many cases of performance anxiety. He recalls one patient, a promising young pianist whom Friedman had happened to see perform. "I was struck by the fact that his report on his experience playing was completely unlike what you would see as a member of the audience," says Friedman, a professor of clinical psychiatry at Weill Cornell. "What he projected was confidence, calm, and mastery; what he experienced was terror, anxiety, and inhibition. It was the opposite of his public persona, which goes to show you how distorted social anxiety makes people."

Friedman calls performance anxiety a common condition that has little to do with technical competence; rather, it's an emotional problem. "Psychologically, what's at the root of it is a series of beliefs—usually false—about how terrible things are going to go," he says. "'I'm going to embarrass myself and it will be the worst thing in the world. My career will be over. One false move, one bad note, and I'm finished.' And of course, that provokes more anxiety—and the more anxiety, the more negative and distorted your thinking becomes. So in a way, you're your own worst enemy."

Performance anxiety can be treated psychologically, with methods like cognitive behavioral therapy to break the cycle of negative thoughts. Patients are guided in contemplating the actual consequences of making a mistake—what's the worst thing that could happen, really?—or to question whether the audience is as hypercritical as they fear. It can also be addressed medically, with beta blockers like propranolol to curb such symptoms as sweaty palms, jitters, and "butterflies" in the stomach. "Social anxiety is a fundamental, hard-wired response," Friedman says. "It's part of the fight-or-flight response. Everyone has it to some extent; it's there to help you identify dangers and escape them. We're hard-wired to respond to the saber-toothed tiger, and there aren't any. Yes, a few critics in the audience have their knives sharpened—but it's not most people."



FOTORESEARCH

'You need to understand the artist's psyche: it's important that the show go on, so how can we get you through it without endangering you?'

In January, Friedman lectured on performance anxiety as part of a continuing medical education event, held at Carnegie Hall and sponsored by Weill Cornell's Center and the Methodist Center for Performing Arts Medicine in Houston. The first of what is envisioned as an annual event, the course was attended by some fifty physicians from as far away as London. The speakers included Weill Cornell orthopaedist Robert Hotchkiss, MD, a specialist in disorders of the hand and upper extremity whose talk touched on another psychological issue affecting performing artists: the phenomenon of the prodigy.

In some highly driven young performers, Hotchkiss says, stress can manifest itself in somatic conditions, as they push themselves—or are pushed by their parents—to practice for hours on end. "When you have young people saying that their hands are going numb, we always treat these complaints seriously," he says. "But we also have to be aware of the pressure they're under. Many of them have been groomed from an early age to be professional musicians—and it's a pretty steep pyramid." A different breed of problems can crop up as prodigies mature. As course director and Weill Cornell otorhinolaryngology professor Lucian Sulica, MD, puts it: "There's a psychological challenge to suddenly not being exceptional. The hard thing about being a prodigy is that eventually the rest of the world catches up with you."

in those who play wind instruments—Hotchkiss notes that treating a star has its own special challenges. For one thing, there can be wider considerations at play, since the health of one celebrity can affect the livelihoods of many people. It's not easy to cancel a tour when you have agents, managers, concert promoters, roadies, and backup singers counting on you, not to mention legions of ticket-buying fans. Then there's the fact that a star patient often comes with a coterie of advisers, all with their own opinions and interests. Says Hotchkiss: "You have to be comfortable with the fact that, in general, these patients have enormous numbers of people helping—and, maybe unwittingly, not in a very helpful way."

And there's an all-too-human danger: that the physician might get star struck. Although being invited backstage after a performance can be gratifying and flattering, Hotchkiss says, it's important not to compromise the doctor-patient relationship—to become less a physician than a fan. "Fame is certainly a mixed blessing," he observes. "Part of your role is to normalize the relationship. At one level, you have to be acutely sensitive of who they are—but in your interactions, you almost have to pretend that you don't care." ●

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