

**Performance Related Injuries in a Collegiate School of Music:  
Student and Faculty Approaches**

by

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A thesis submitted to the Faculty of the University of Delaware in partial fulfillment of the requirements for the degree of Honors Bachelor of Arts in Music with Distinction

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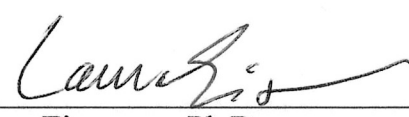
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## **ABSTRACT**

The purpose of this study was to explore the nature of performance injuries at a collegiate-level school of music. Performance Related Injuries (PRIs) are common, and there has been a lot of work to discover the how and why. Studies have examined musicians of all ages, how medical intervention and prevention plans can benefit students, and how the body can affect PRIs (e.g., hypermobility). My study focused on how students and teachers approached a PRI. By considering both perspectives, I was able to discover where these groups overlapped in their ideas and attitudes towards PRIs.

This was a multiple case study of three professors and four undergraduate music majors. Data were collected through an online survey and in-person semi-structured interviews. Data were analyzed, coded, and themed to identify how professors and students approach pain related to music activity. Recommendations were then provided to help students navigate pain.

Through this study, I was able to discover how two groups (professors and students) approached music school and music learning with a PRI. Both students and professors care about their craft and their ability to succeed in their field, leading to a desire to be more conscious of the body and learn more about wellness.

*Key words:* Performance Related Injury, School of Music, music, pain, instrument

## **Chapter 1**

### **INTRODUCTION**

Students working toward a Bachelor of Music degree typically take 16-18 credits a semester, and it is not uncommon for students to go into credit overload. My study observes how students in a collegiate school of music approach Performance Related Injuries (PRIs). When researching the literature for this study, I found information regarding musicians of all ages; as expected, there was a lot of information on college-aged musicians. A study by Alice Brandfonbrenner looked at four classes of incoming first-year music students and if they had already felt pain while playing instrument. This study found that most students had encountered pain, but they were unable to identify the cause of that pain (Brandfonbrenner, 2009). Brandfonbrenner (1990) also studied “joint laxity” as a cause of PRIs. Similarly, Spahn (2014) ran a longitudinal project on university students over four-to-five years. This project split students into three “clusters.” The first was healthy students, the second was students with preclinical symptoms, and the third was clinically symptomatic (p. 8). Zander (2010) ascertained the effectiveness of a preventative curriculum given to music students in their first two years of school. It demonstrated that the curriculum helped students psychologically. Another study, by Christine Guptill, surveyed student musicians who visited medical professionals due to a performance related injury. This study made note of what kind of doctor a student saw and whether students thought that their doctor having musical knowledge was important (Guptill, 2000). A similar study conducted by Kristen Burkholder studied musicians under the age of eighteen

that had seen a medical professional. She found that being a younger musician did not protect a student from performance related injuries (Burkholder, 2004). Other studies, such as one conducted by Stanhope (2014) discovered that every student that participated in the survey wanted to learn more about injury prevention, specifically as it related to practicing and instrumental technique.

Where my study differed from those, was the fact that it highlighted both professor and student knowledge. I wanted to find where these groups overlap in their knowledge of and approach towards PRIs. I strove to discover what worked for both groups in terms of communication, application of solutions, and how to bridge the gap, if there was one, between students and professors.

## Chapter 2

### METHODOLOGY

The purpose of the study was to explore the nature of Performance Related Injuries (PRIs) at a collegiate-level school of music. Research questions for this study included:

1. How do students approach pain while playing?
2. How do professors approach their students who have PRIs?
3. How do students approach their professors while having a PRI?

This was a multiple case study of three professors and four music majors. Stake (1995) wrote that “a case study is expected to catch the complexity of a single case” (p. xi). In a multiple case study, or collective case study, “one issue or concern is...selected, but the inquirer selects multiple case studies to illustrate the issue...Often, the inquirer purposefully selects multiple cases to show different perspectives on the issue” (Creswell, 2007, p. 74). I applied this in my study by selecting professors and students from different instrument families which I expanded on in my Participant Selection.

Data were collected through an online survey and in-person semi-structured interviews. Data analysis included coding survey results and interview transcripts. From Stake (1995), “Coding is...used to classify whole episodes, interviews, or documents, making them more...retrievable at a later time” (p. 32). I then grouped these codes into emergent themes to identify how professors and students approached

issues regarding performance related injuries. In my survey, I utilized open coding, “coding the data for its major categories of information” to highlight the emergent themes (Creswell, 2007, p. 64). As Creswell (2007) explained,

In the open coding phase, the researcher examines the text for salient categories of information supported by the text. Using the constant comparative approach, the researcher attempts to “saturate” the categories—to look for instances that represent the category and to continue looking until the new information obtained does not further provide insight into the category (p. 160).

### **Participant Selection**

Before doing any formal participant selection, I outlined this project for the University of Delaware Institutional Review Board (IRB). I completed a protocol detailing purpose, procedures, recruitment for the study, and potential risks/benefits to participants. I also created two consent forms—one for interviews conducted with instrumental faculty, and one for the student focus group interview. Included in these forms was a brief overview of the purpose, procedures, duration, risks/benefits, and what their participation in the study looks like—either a student focus group or an interview with the knowledge that they can stop participating at any point.

I also created the research survey tool for IRB submission. Since this was an online survey, the consent form acknowledged that

Taking part or not in this research study is your decision. You can decide to participate and then change your mind at any point. Please note that your email address and name are collected. However, in all reports, your identity will not be revealed.

to ensure that students felt comfortable including their name and email. All of this, along with the questions I asked in each interview, were submitted to the IRB for approval before I began any participant selection.

The IRB determined my project as exempt. I started my research by emailing the instrumental faculty and asked if they would be willing to send my student demographic survey to their studio members.<sup>1</sup> In total, I emailed nine professors and eight responded and sent the survey to their studios. Students in those studios filled out the survey at their leisure.

I then reached out to several of the professor respondents and asked if I could interview them. To ensure I had a holistic view of how professors approach PRIs, I interviewed professors from three different instrument families (i.e., single reed, double reed, and brass). My process for selecting the students to participate in the focus group mirrored that of the faculty interviews, and I contacted students from the same musical families from the professor respondents.

### **Data Collection**

The initial data collection process began with the online survey sent to students. Questions in this survey included:

1. What is your primary instrument?
2. Have you ever felt physical pain due to playing your instrument?
3. Do you currently have a method to mitigate physical pain when playing instruments?
4. Would you be willing to participate in a focus group to further discuss similar questions regarding performance injuries?

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<sup>1</sup> My survey dealt with physical pain. The flyer spoke about performance injuries, but the emails I sent professors and the survey itself asked students about pain. Having pain did not indicate a performance injury, and certain performance injuries existed without pain.

These questions provided different data: multiple choice and short answer.

While survey responses were collected, I contacted the professors again to request an interview. Four professors agreed to an interview. These interviews were semi-structured, audio recorded, and transcribed. In addition to this, I handwrote notes in a notebook that only I could access.

Student survey responses were collected for three weeks before closing. Using the results of survey question four and the professor respondents as a guide, I contacted five student respondents to set up the focus group interview. I helped lead this focus group, but let the students take the conversation where they wanted. This provided data that gave me a wider view of my research questions (how students approach pain and how they approach professors).

The focus group interview was also audio recorded and later transcribed.

### **Data Analysis**

I recorded and transcribed each interview to ensure accuracy. I coded all interview transcriptions and student survey results. In doing this with this with my data, I grouped all codes discovered into emergent themes. I used the constant comparative method to code interviews. The constant comparative method is the process in which the researcher “[takes] information from data collection and [compares] it to emerging categories” (Creswell, 2007, p. 64). I chose this method as it allowed me to open code to discover the emergent themes from the data.

### **Researcher’s Bias**

As the sole researcher in this study, I have lived experiences that initially led me to interest in this study’s topic. For the previous four years, I have struggled with a

PRI—specifically tendinitis in both arms. This has led to consistent pain in my hands and wrists while playing my primary instrument (bassoon). However, I have since taken a step back in the music program and am focusing on additional studies. This has lessened the severity of my injury and has given me a clearer outlook on this project. I recognized that I was passionate about advocating for students but knew that this study would not be a call to arms and policy change, just a step in starting a conversation about PRIs in a collegiate music school. Understanding my biases towards PRIs helped me communicate them to other readers and ensured I left them out of my writing. Throughout the research process, I kept these biases in check through peer review—including through conversations with my advisor and team of readers.

### **Limitations**

This study was focused on one School of Music community, and within that community, only wind instrumentalists. While this data may not be directly applicable to all music education settings, they may still be transferable to other settings or contexts.

## Chapter 3

### FINDINGS

#### Faculty Interviews

From the faculty interviews, three themes emerged: professors taught individually, their students were open about pain/they asked their students about pain, and they learned to teach students with injuries by living through them. Each professor had been playing for over 25 years. When asked about teaching students with performance injuries, each professor responded that they worked individually with students.

Prof B: Completely individualized.

Prof C: I think it is individual. I mean, all of my teaching is individual, I don't have like a blanket statement where I approach students.

Next, when asked if students were open about pain while playing, each professor responded that their students were honest about it and that they checked in with each student:

Prof A: I think most of them are pretty open about it...With a private teacher, you see them one-on-one...I always ask how are you doing, what's going on.

Prof B: Pretty open about it, and if I suspect something, then I'll ask, usually at the beginning of the lesson.

Prof C: I ask them all the time... how are you feeling? How's your wrist doing? Have you ever experienced wrist pain? It's one of the things on my radar...I ask right away because I want to know.

The final theme I investigated with the faculty members was that each of them dealt with their own PRIs at some point in their career and needed medical intervention.

Prof A: I've had issues, they sent me to a chiropractor...I was having pain in my hands...it made it difficult to play.

Prof C: When I was eighteen, getting ready for my college auditions, I had tendonitis...and I went to see a sports medicine doctor.

The faculty members also spoke about wellness with and without the instrument, which I regard as a subsection of my third theme. The professors taught students healthy ways to practice and spoke with them about taking care of themselves—getting enough sleep, stretching/exercising, and eating healthy. Both Prof A and Prof C spoke about Body Mapping and Alexander Technique as solutions for students. On this note, Prof B mentioned if students had a “greater knowledge of anatomy,” it would help them feel more comfortable with teaching students with PRIs.

## **Survey**

There were thirty-six respondents to my survey.<sup>2</sup> Table 1 shows the breakdown of primary instruments played and Table 2 shows what year of school people were in. On average, the students who responded played their instrument for 11.5 years. Per week, people played their primary instrument in classes and personal practice between two and 30 hours, with the average being slightly over 14 hours. With secondary instruments, students ranged between zero and 16.5 hours of playing a week. They

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<sup>2</sup> Two of these respondents were string musicians (seen in Table 1), I did not count their responses in the averages and graphs in this paper.

averaged playing them 3.5 hours a week. Combined, this totals a weekly playing average of 17.5 hours.

Another question I asked was if students had felt pain while playing their instrument and almost over 91% of respondents reported that they had (Figure 1). Approximately, sixty percent of respondents spoke to a professor about their pain (Figure 2).

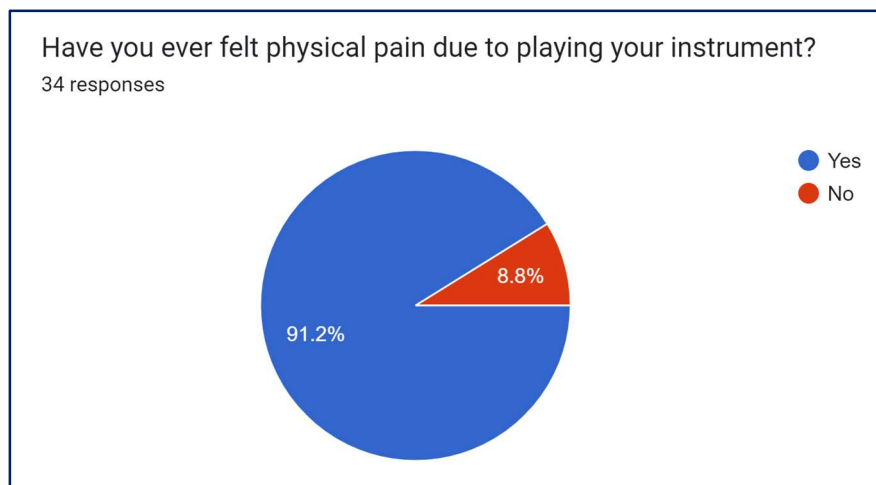


Figure 1 Student responses to the question “Have you ever felt physical pain due to playing your instrument?”

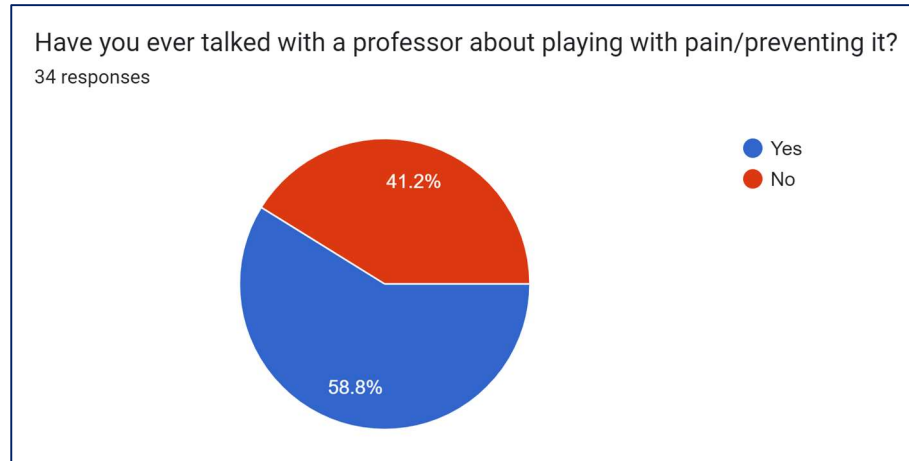


Figure 2 Student responses to the question “Have you ever talked with a professor about playing with pain/preventing it?”

When asked if they had a method to mitigate pain, students responded in short answers, which I coded for emergent themes. Findings show their methods came from three main places. The first was to stop playing if they began to hurt and/or take breaks while practicing. The second was to find alternate ways to practice, including using medical aids while practicing, such as supportive braces. The third method was using medical aids before and after practice sessions, such as taking pain medication, stretching, and going to physical therapy. When asked the question, “Do you currently have a method to mitigate physical pain when playing instruments?” about 60% of students responded affirmatively, that they did have a method. However, over a third of students did not (Figure 3).

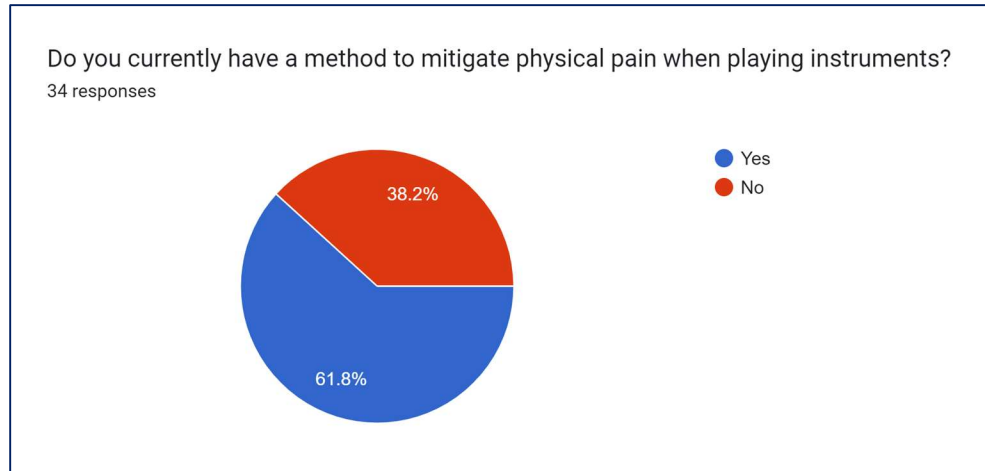


Figure 3 Student responses to the question “Do you currently have a method to mitigate physical pain when playing instruments?”

Though 38.2% of students was not the majority, that was 13 students who did not have a way to ease their pain (Figure 3). There was little overlap between the students who had not spoken to professors and who did not have a way to mitigate pain.

The next question asked where students learned the ways to ease pain. The three main places were professors and peers, online resources, and medical professionals. One student responded with:

The cause of my pain was from inefficient, unhealthy technique. With the help of my studio professor, as well as 2 other professionals in the field who specialize with these kind of issues, I was able to find a healthy way of playing my instrument. Every day before I practice, I have to spend about 5 minutes or so checking my setup to make sure it is efficient.

For the purpose of this study, advice from medical professionals included stretching before playing and thinking about holding tension while playing.

## Focus Group

The survey provided me with data which the student focus group expanded on. Three themes coded from this interview included: students' schedules were busy, they wanted to learn more about wellness/injury prevention, and they felt discussing PRIs was important.

When asked about a typical day, students responded by saying they tried to practice at least two hours a day in addition to classes and ensembles. Student A cited their Tuesday schedule as an example, "I have three hours of ensembles and two hours of lessons," in addition to personal practice.

As for injury prevention knowledge, all four people participating in the focus group expressed interest in the Alexander Technique class at University of Delaware. When asked about the class, Student D responded by saying "I think it should be a freshman fall class and that everyone should take it." Further on this point, the students wanted to learn more about fundamentals on their instruments—practicing. Student A stated "If there was a rep class day dedicated to preventing injuries, I think it would help a lot;" the idea being, learning about injuries as a studio would encourage healthy habits. With this, Students A, B, and D expressed interested in the idea of learning how to practice:

Student A: I was just told to like practice; you have to practice a lot. When you have free time, go practice.

Student B: In high school, no one ever taught me really how to practice, so I didn't really practice too much, so I had to realize that when I got here.

Student D: I think we got to teach kids to practice before teaching them to make music.

The final theme that emerged from the focus group was that students felt that discussing injuries was important. When asked “Do you think performance injuries are something worth discussing as a School of Music...?” all four students agreed that they were. Student D explained an idea they had regarding communication: “I feel like what we need to do is have semesterly...check-ins or something that people can go to and just be like I got a grievance or like...an anonymous comment box.”

## **Chapter 4**

### **DISCUSSION**

Going into this study, I expected students to have Performance Related Injuries. However, I did not expect that over 90% of respondents would report they felt pain due to their instrument. From interviewing professors and students, it is clear that no one wanted performance pain to be as common as it was shown to be.

Comparing the themes from the faculty interviews I discussed earlier, they all culminated in the fact that professors care about the wellbeing of their students. Prof B encouraged their students to eat healthy, focus on improving sleep, and to take care of themselves outside of their musical life. Prof A reported that “[they] had a lot of tears in...lessons” and that seeing students like this “[broke] [their] heart.” Prof C brought in Alexander Technique teachings into their rep class for their students to learn and apply to their playing. Prof C saw their job as a professor as supporting their students and helping them craft a meaningful educational experience whether it included an injury or not.

This idea of support ties into what the students who participated in the focus group interview desired as well. The students noted that other classes they took had an attendance policy where they had two unexcused absences to use before they started counting against their attendance but did not exist for their ensemble classes. Student C commented that “having something in the attendance policy built into [ensembles], if you need to take a day off because it physically hurts to play, that should be a valid reason to find a sub.” The students agreed with this sentiment, and it sparked further

conversation into the physical demands of being a music major and the kind of support students desired. The focus group spoke a lot about what support was to them. One student noted that “I think supporting us as music majors is not always expecting us to be at our best” and considered how common perfectionism was in the department. This comment led to further discussion in which Student A expressed a want for resources teaching students how to implement healthy habits, rather than just saying “take care of yourself, be healthy.” This ties into an idea that Prof C spoke about in their interview regarding support. When asked “Is there anything that would help you feel more comfortable teaching students with playing injuries?” Prof C responded by saying

I guess if there was like a list of resources on campus for Delaware. I can say go see a physical therapist or go see a doctor...But I don't have people to refer students to who are experts. Some doctors work with musicians a lot, some don't...Also, I don't want financial hardship to get in the way of care and so it would be good to see within the UD health system, whether people who know about this. In particular, physical therapy, like what physical therapy resources are available. We have Alexander Technique...and there's a class students can take on that, but I think like a local resource list could be really valuable.

This response, in addition to what I highlighted from the focus group demonstrated that both professors and students wanted what was best for student health. No one believed that students playing with pain was ideal, instead, everyone wanted students to play without it.

When I compared this to the data collected from the survey, a list of resources—whether focused on the how or on medical help in the area—would help students. As previously expressed, no one wanted students to hurt when playing an instrument. An accessible resource list might help these students find a way to reduce pain.

## CONCLUSIONS

Students and professors were on the same page regarding performance injuries: they are not ideal. My study suggested that while both parties were on the same page, it was not explicitly stated. Yes, there were rep classes dedicated to speaking about injuries and professors checked in with their students regarding pain, but students desired more communication. On this topic, Student B provided “Sometimes it’s hard to ask when you’re in your lesson, it’s only an hour, you have so much to do, you can’t really talk about it for an extended time” because there is so much else to work on in that timeframe—fundamental exercises, ensemble repertoire, and jury/recital repertoire. To aid in this, more dialogue on the topic of Performance Related Injuries would benefit professors and students alike. Professors needed to know which of their students were in pain to assist them, while students needed to have ample time to discuss their injury and address their schoolwork. Dialogues like this could happen in specific times such as rep class—a previously scheduled event with both parties present. These discussions might include ways to ease pain while playing, before or after playing, or alternate ways to practice. Eleven out of 21 respondents, more than half) who answered the survey question “If so, who/where did you learn this method from (e.g., medical professional, applied professor, online resource)?” reported that they had learned from a professor. Students valued their professor’s advice, and it helped them improve pain on their instrument. If a student were truly suffering from a PRI, a list of resources, like the one I wrote about in the Discussion section, would help them find a dependable medical professional. Not only would this list benefit the student in pain, but their professor as they could provide their student with a recommendation of which doctor/physical therapist to see.

To end on a more positive note, both professors and students understood that being a musician is personal. In their interview, Prof C expressed, “I think we're all human beings. Things happen, people get sick, you know, and injuries. It's just another angle of that. So, we just got to be patient with wherever we are in it.” In the student focus group, Student D stated,

At the end of the day, whether you have an injury or not, the reason that you are here at the School of Music is to become a better musician yourself. And if that means, you know, practicing normally or going through a special program to rehabilitate yourself from an injury, everyone's gotta do different things.

Together, these ideas created the notion that while PRIs were not an ideal situation, they were not the end-all be-all of a student’s career. The path might look different, but it would still be that student’s path to take.

## REFERENCES

- Brandfonbrener, A. G. (2009). History of Playing-related Pain in 330 University Freshman Music Students. *Medical Problems of Performing Artists*, 24(1), 30–36. <https://www.jstor.org/stable/48710807>
- Brandfonbrener, A. G. (1990). Joint Laxity in Instrumental Musicians. *Medical Problems of Performing Artists*, 5(3), 117–119. <http://www.jstor.org/stable/45440300>
- Burkholder, K. R., & Brandfonbrener, A. G. (2004). Performance-Related Injuries Among Student Musicians at a Specialty Clinic. *Medical Problems of Performing Artists*, 19(3), 116–122. <https://www.jstor.org/stable/48710955>
- Creswell, J. W. (2007). *Qualitative Inquiry & Research Design: Choosing Among Five Approaches (Second)*. Sage Publications.
- Fry, H. J. H. (1987). Prevalence of Overuse (Injury) Syndrome in Australian Music Schools. *British Journal of Industrial Medicine*, 44(1), 35–40. <http://www.jstor.org/stable/27726328>
- Guptill, C., Zaza, C., & Paul, S. (2000). An Occupational Study of Physical Playing-related Injuries in College Music Students. *Medical Problems of Performing Artists*, 15(2), 86–90. <https://www.jstor.org/stable/48708313>
- Spahn, C., Nusseck, M., & Zander, M. (2014). Long-term Analysis of Health Status and Preventive Behavior in Music Students Across an Entire University Program. *Medical Problems of Performing Artists*, 29(1), 8–15. <https://www.jstor.org/stable/48714249>
- Stake, R. E. (1995). *The Art of Case Study Research*. Sage Publications.
- Stanhope, J. (2018). University woodwind students' playing-related injuries: A pilot study investigating beliefs, attitudes and prevention strategies. *Australian Journal of Music Education*; v.52 n.1 p.29-42; 2018, 52(1), 29–42. <https://search.informit.org/doi/10.3316/aeipt.222802>
- Sternbach, D. J. (n.d.). Overuse Injury in Musicians. Overuse injury in musicians. <https://centers.gmu.edu/artswellness/overuseinjury.html>

Zander, M. F., Voltmer, E., Spahn, C., & Mus, D. (2010). Health Promotion and Prevention in Higher Music Education: Results of a Longitudinal Study. *Medical Problems of Performing Artists*, 25(2), 54–65.  
<https://www.jstor.org/stable/48710758>

Zaza C. (1998). Playing-related musculoskeletal disorders in musicians: a systematic review of incidence and prevalence. *CMAJ : Canadian Medical Association journal = journal de l'Association medicale canadienne*, 158(8), 1019–1025.

## Appendix A

### ABBREVIATIONS & VOCABULARY

**School of Music:** SOM

**Performance Related Injury:** PRI

Injury related to playing and (for my study) an instrument

**Methods Classes:**

Classes that teach students how to teach other instruments

**Sub:**

A substitute in an ensemble; if you cannot be at rehearsal one day, the person covering your parts

**Studio:**

Group of music majors/minors that play the same instrument

Ex: Flute Studio—all the flutes, Trumpet Studio—all the trumpets

Studios have **Studio Class** or **Rep Class**

**Rep Class:**

Students play for each other and receive feedback from their peers

## Appendix B

### TABLES

Instrument	# of Respondents
Flute	4
Oboe	2
Bassoon	1
Clarinet	3
Saxophone	5
Trumpet	2
French Horn	3
Trombone	9
Euphonium	2
Tuba	3
Violin	1
Double Bass	1 <sup>3</sup>

Table 1 Number of respondents by instrument.

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<sup>3</sup> Two of the respondents were string musicians, I did not count their responses in the averages and graphs in this paper.

<b>Year in School</b>	<b># of Respondents</b>
First-Year	6
Sophomore	7
Junior	7
Senior	5
Super Senior	2
1st Year Grad	2
2nd Year Grad	4
Alum	3

Table 2      Number of respondents by academic year.

## **Appendix C**

### **FACULTY INTERVIEW QUESTIONS**

#### **Faculty Interview**

1. How long have you been working with your primary instrument? Have you seen performance injuries happen in that time?
2. Do any of your students currently have a performance injury? If yes, how do you navigate teaching that student?
3. How did you create that teaching plan? Was it individual to that student or something you do with all students? Was it personal experience through a playing injury or did someone teach you?
4. If you do not have an established teaching plan, how would you approach teaching a student with a performance injury? Are these teaching methods based on personal experience with an injury, previous education from a professor or professional, or something else?
5. Is there anything that would help you feel more comfortable teaching students with playing injuries?
6. Do you notice that your students are open about pain they might be having, or do they keep it to themselves?

**Appendix D**  
**SURVEY QUESTIONS**

1. What year in school are you?
2. What is your primary instrument?
3. How long have you played your primary instrument (years)?
4. Approximately how many hours a week do you play your primary instrument in classes (including ensembles)?
5. Approximately how many hours a week do you spend practicing your primary instrument?
6. Do you play any secondary instruments? If yes, what are they?
7. Approximately how many hours a week do you play any secondary instruments in classes (including ensembles)?
8. Approximately how many hours a week do you spend practicing any secondary instruments?
9. Have you ever felt physical pain due to playing your instrument?
10. Have you ever talked with a professor about playing with pain/preventing it?
11. If yes, what did they say?
12. Do you currently have a method to mitigate physical pain when playing instruments?
13. If so, who/where did you learn this method from (e.g., medical professional, applied professor, online resource)?

14. Would you be willing to participate in a small, student focus group to further discuss similar questions regarding performance injuries (this would take less than an hour of your time)?

## **Appendix E**

### **FOCUS GROUP QUESTIONS**

1. Describe a typical day in the life of a music major. What are the physical demands felt by students?
2. Have there been times where you've discussed the physical demands of the music degree with professors?
3. What would make you feel most safe to talk with a professor about this?
4. What does support mean to you?
5. What would help you feel supported as a music student?
6. Describe how performance injuries impact your education. Do you notice other people feeling a similar way?
7. Do you think performance injuries are something worth discussing as a School of Music? Would an open dialogue help you feel more comfortable if you were ever injured?
8. As students, is there a change you'd like to see in the way you are supported through the School of Music? Brainstorm ideas include: talking with professors, bringing in professionals who have first-hand experience with performance injuries to lead discussions and masterclasses, advertising classes like Alexander Technique, etc.