Orchestrating Comprehensive Care for the Performing Artist

While a hoarse voice, a sinus infection, a sore joint, or a bout with asthma may not signal a major concern for most individuals, for professional singers, musicians, actors, and other performing artists, these symptoms could be the harbinger of a career in jeopardy.

The Center for the Performing Artist at NewYork-Presbyterian/Weill Cornell Medical Center offers specialized expertise in performing arts medicine tailored to the needs of professional and aspiring artists. Led by the Department of Otolaryngology - Head and Neck Surgery, the Center provides multispecialty care, including disorders of the ear, nose, and throat, musculoskeletal injuries, neurological conditions and movement disorders, pulmonary conditions, and mental health issues.

“So many times performing artists will come to us with an acute problem, which we address, but they are also able to benefit from the full range of practitioners the Center has available to manage all of their healthcare needs,” says Michael G. Stewart, MD, MPH, Chief of the Department of Otolaryngology - Head and Neck Surgery at Weill Cornell and Director of the Center for the Performing Artist. “One thing that often occurs with artists is that their care is fragmented. They get individual care, but each physician doesn’t know what the other has done. There is no continuity. Our Center provides not only expertise for specific problems related to performing artists, but also coordinated communication among physicians and health practitioners they may need to see.”

“Artists come to us at different stages in their careers and from a great variety of backgrounds,” says Nancy Amigron, Program Manager of the Center. “Each performer is dependent upon physical and mental health to practice a demanding craft. We help to simplify the entire process by directing them to the right physician for assessment and treatment.”

Research Holds Promise for Laryngeal Disorders

When Michael J. Pitman, MD, joined the Department of Otolaryngology - Head and Neck Surgery at NewYork-Presbyterian/Columbia University Medical Center as Chief of the Division of Laryngology and Director of the newly established Voice and Swallowing Institute in 2016, he brought with him expertise in voice restoration and swallowing and airway disorders. An otolaryngologist and fellowship-trained laryngologist, Dr. Pitman specializes in the diagnosis and treatment of vocal fold paralysis, cricopharyngeal dysfunction, spasmodic dysphonia, laryngopharyngeal reflux, chronic cough, laryngotracheal stenosis, vocal fold polyps, nodules, and cysts.

The Voice and Swallowing Institute provides the full spectrum of care for voice, swallowing, and breathing disorders for patients of all ages. Dr. Pitman, a highly regarded laryngologist, is joined by speech/language pathologists Amy Cooper, MS, CCC-SLP, Assistant Director of the Institute, and Carly Cantor, MS, CCC-SLP. Both are also accomplished singers and musical theater performers with extensive training in the evaluation and treatment of voice disorders.
“Importantly,” Dr. Stewart emphasizes, “more than putting out fires and taking care of emergencies, Nancy facilitates incorporating these performing artists into our healthcare system. She is not just making matches with specialists. She facilitates the total care of the artist in need.”

The Center for the Performing Artist, created nearly a decade ago, has affiliations and contractual arrangements with a number of New York City’s most renowned cultural and performing arts institutions, including The Metropolitan Opera, the Manhattan School of Music, Carnegie Hall, The Juilliard School, and Marymount Manhattan College, which is home to a large theatre and performing arts group, and also provides preventive and ongoing care for cast members of Broadway productions.

“The Met is a large and complex organization with more than 3,000 full-time, seasonal, and part-time staff, not to mention visiting artists from across the globe who come through the opera house over the course of a given season,” says Ann Marie Hackett, Director of Human Resources and Labor Relations at The Metropolitan Opera. “Many of our artists have relocated to New York and may not have healthcare providers here. We have been using the Center for the Performing Artist for a few years, and they have exceeded our expectations. We have sent patients for routine healthcare visits, and specialty referrals for complicated problems and other issues. We have even referred the star of a production for an acute problem just a few hours before an evening curtain – and the problem was solved and the show went on as scheduled! We have been very impressed with the responsiveness, breadth of expertise, and integration of care at NewYork-Presbyterian/Weill Cornell.”

In September 2013, the Sean Parker Institute for the Voice made its debut at Weill Cornell under the umbrella of the Department of Otolaryngology - Head and Neck Surgery and functions as a close partner of the Center for the Performing Artist. “The Parker Institute represents an approach to the voice in which excellent clinical care is married to research and innovation,” says Lucian Sulica, MD, Director of the Institute, whose clinical expertise includes care of the performing voice. “During voicing, vocal cords are subject to repetitive stress. This cumulative injury can lead to very subtle abnormalities of performers’ vocal folds that impact voice performance. Artists often have an inclination to blame themselves and question their technique instead of seeking a medical evaluation. It can be very satisfying identifying an underlying anatomic problem, often solvable, for someone who has been second-guessing themselves on technique for weeks.”

Understanding the physiological problems they are having with their voice and receiving accurate information is tremendously empowering for any patient, but especially performers, notes Dr. Sulica. “It’s very steadying for them,” he says. “They’re excellent to work with because they have much more self-awareness of their voice than most people, as well as very high standards. They are the patients who really push us to do our best.”

As Medical Director of Health Services for The Juilliard School, Howard E. Rosenberg, MD, Clinical Assistant Professor of Medicine at Weill Cornell Medicine, has a bird’s-eye view of the healthcare concerns of dancers, actors, and musicians well on their way to professional careers. “Juilliard Health Services has been collaborating with the Center for the Performing Artist for five years,” says Dr. Rosenberg. “The Center has been an invaluable resource for our students. The level of expertise and accessibility of the Center’s consultants are unparalleled. Moreover, their appreciation of the often unique needs of performing artists enhances the superior care provided to our students.”

Monica Coen Christensen, EdD, Dean of Students of the Manhattan School of Music, concurs. “As a high-profile conservatory with almost 1,000 student musicians, we recognize that the well-being of our students is at the very heart of our enterprise,” says Dr. Christensen. “In a very short period of time, we have come to rely heavily on the resource that is the Center for the Performing Artist. When we send our students to Weill Cornell, we know they will have their health needs met, but we also know that they will be treated with respect. Because Manhattan School of Music students come from 55 countries, many of our students are very far from home. The sense that they have been truly taken care of – in addition to being medically treated – is just so important. For all these reasons, the Center for the Performing Artist has become very valuable to us.”

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A Stimulation Device for Spasmodic Dysphonia

“There have been few improvements in the treatment of spasmodic dysphonia since the early 80s,” notes Dr. Pitman. “Care involves injections with botulin toxin in the neck every three months. The results of this approach are suboptimal for a number of reasons. They’re painful, the optimal voice is only present between 30 to 50 percent of that cycle, and patients are really tethered to their physician.”

In seeking a better treatment for spasmodic dysphonia, Dr. Pitman began investigating the feasibility of an implantable electrical stimulation device—a modification of a cochlear implant—to treat this disorder through neuromodulation of the muscle spindle gamma loop. Dr. Pitman tested the device in five patients who underwent daily stimulation of the left thyroarytenoid muscle below the level of o-motor neuron activation for five consecutive days. The proof-of-concept study evaluated whether electrical stimulation of this muscle would improve symptoms.

“Considering the importance of the gamma loop in the pathophysiology of spasmodic dysphonia, targeting the loop for treatment was prudent,” says Dr. Pitman. “We were able to demonstrate in this early study that by stimulating patients using a wire electrode, their voices got much better. We now need to study this in a larger group of patients, particularly to optimize electrode placement and stimulation parameters.

“This implantable device has the potential to deliver a painless self-administered treatment as an alternative to botulin toxin therapy,” continues Dr. Pitman. “Patients would be able to help themselves by simply turning on the stimulator whenever they need treatment.”

Out of the OR and into the Office

Office-based laryngeal procedures represent a preferred alternative to the use of the operating room or other resource-intensive settings. They are generally very well tolerated by patients for disorders such as recurrent respiratory papilloma, vocal fold polyps, Reinke’s edema, and laryngeal dysplasia. In-office laryngeal procedures (continued on page 4)
decrease patient morbidity and offer cost savings compared to direct laryngoscopy in the OR under general anesthesia.

Marsupialization of laryngeal and vallecular mucoceles is one procedure that lends itself to the office-based environment. To look at this more closely, Dr. Pitman and colleagues evaluated the use of the 532-nanometer pulsed potassium-titanyl-phosphate (KTP) laser for the treatment of benign laryngeal and vallecular mucoceles in the office. They found that patients uniformly tolerated the procedure well with minimal and often no bleeding.

“There were no complications and, in all instances, the pathology was consistent with a benign mucosal cyst and the patients’ symptoms resolved,” says Dr. Pitman. “We were able to demonstrate that using a KTP laser in-office is a safe and effective procedure and should be considered as a viable alternative to treatment in the OR.”

Reference Articles

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