

EMBOUCHURE DYSTONIA

SYMPTOMS AND HISTORY QUESTIONNAIRE

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Please provide clear answers and descriptive details. There is an answer sheet near the end of this packet that you can use to fill in your answers. If you would rather write or type the answers next to the questions, you can do that instead. Whatever is most suitable. If you do not know the answer, they are not applicable, or feel uncomfortable discussing them, then please write that in the answer field. Thank you for taking the time to fill out this questionnaire.

A. Jaw, Tongue, Tension, and Lip Control Questions

- 1) Air Leaks? (If so, When?)
- 2) Loss of control in upper lip and/or lower lip? (If so, when is it most noticeable?)
 - a. Does the lower or upper lip flair out sometimes or always or never?
- 3) Tension in tongue or feel loss of control in tonguing/articulation?
- 4) Can you roll your R's (flutter tongue without use of throat)? Can you curl your tongue?
- 5) Tension in grip on mouthpiece (If brass mouthpiece, do you feel you have to use a lot of pressure to keep the seal?)...If so, where is the tension in the grip (ex. In teeth more, or lower lip more, or upper lip)?
- 6) Clamping Down or Lock Jaw? (If so, When?)
- 7) Jaw or Jaw joint pain, or Facial Pain, or Neck/Upper Body Pain – Where? (If so, does it occur before or after playing, or always?)
- 8) Does your jaw ever hurt when exercising or doing something physically straining?
- 9) If long hair, do you wear it up a lot?
- 10) Do you notice any difference in symmetry of your face; ex. One side over active, and the other flaccid or seems paralyzed/lacks control?
- 11) If on flute; does your jaw jet out, to the left or right sometimes, always, or never?

B. Tremors, Spasms/Twitches Questions

- 1) Do you experience tremors and/or spasms when forming an embouchure away from your instrument while NOT playing it?
- 2) Do you experience tremors and/or spasms when free-buzzing?
- 3) Do you experience tremors/and or spasms when gently blowing air through the lips while they are relaxed (even letting air into the cheeks sometimes)?
- 4) Do you experience tremors and/or spasms when forming an embouchure around the mouthpiece of the instrument while NOT playing? (If brass m.p. – when resting against lips?)
- 5) Do you experience tremors and/or spasms when blowing into ONLY the mouthpiece (separated from the instrument)?

- 6) Do you experience tremors and/or spasms when blowing into the instrument? (If so, is it every time, sometimes, rarely, or limited to certain notes and/or registers and/or passages?)
- 7) On a scale of 1-10 (10 being worst), How severe would you rate your dystonia?

C. Task-Specific Questions

- 1) How long can you hold a note out on your fundamental pitch?
- 2) Are crescendos, or decrescendos easier?
- 3) Are small interval jumps, or large interval jumps easier? (Are they easier articulated or slurred? Is articulation or slurring easier in general?)
- 4) Are there any other tasks your focal dystonia affects? Ex. Drinking out of a soda/water bottle, or eating, or smiling, or talking....
- 5) Is fast, or slow playing easier?
- 6) Is high, or low playing easier?
- 7) Is more air or less air used easier?
- 8) Is scale-like passages/pieces, or more melodic type pieces easier?
- 9) Are you primarily a right side player, left side, or center?
- 10) Are you a downstream player or upstream?

D. Physical Impact Questions

- 1) Did any heavy periods of playing occur right before you started noticing loss of control or symptoms? (Did you have any big auditions coming up that you were preparing for, or important performances?)
- 2) Did you have any physical trauma to the face and/or upper body in the past, and/or around the time you started noticing loss of control or symptoms?
- 3) Did you go through any embouchure changes in the past, and/or around the time you started noticing loss of control or symptoms?
- 4) Did you upgrade instruments or equipment in the past and/or around the time you started noticing loss of control or symptoms? (If in the past, was it hard adjusting to your new equipment/instrument?)
- 5) Did you change to a different instrument or additionally start learning/playing a different instrument around the time you started noticing loss of control or symptoms?
- 6) If you ever felt like you reached a peak in your playing (a time when your performance level was at its best or improving drastically), when would you say that occurred? What age were you?
- 7) How much did you usually practice? Did you practice in small intervals, or in one large interval of time (example: 4 straight hours every day V.S. 4 hours broken up over the day, every day).
- 8) Before you had focal dystonia, what was your greatest strength(s) in your playing? And your weaknesses in your playing?
- 9) How often do you warm-up? Warm-down?

10) Do you do jaw stretches? Neck stretches? Upper body stretches?

11) Do you know how to ice pack/heat pack properly? Please explain your routine if you do.

12) Describe your music education from the beginning up until now. What was your learning curve like? What were your greatest strengths and weaknesses throughout? And what were your teachers like/methods of teaching? How long have you been playing your instrument? What age range (ex. Started at age 8 through 40)?

E. Psychological Effects

1) Have you had anxiety in the past or currently? If so, how often?

2) Have you had any emotional trauma occur in the past and/or around the time you started noticing loss of control or symptoms? Did you have any happy and/or sad major events happen in your life around the time you started noticing loss of control or symptoms?

3) Have you had any bad teachers/professors? Please explain.

4) Have you had any bad conductors around the time you started noticing loss of control or symptoms? Please explain.

5) Have you had any bad experiences with colleagues in your section, class, circle that affected your well-being/happiness around the time you started noticing loss of control or symptoms? Please explain.

6) How comfortable were you playing a solo in front of people/audience before you had dystonia? Rate on a scale from 1-10 with 1= Not comfortable at all, and 10 = completely comfortable.

7) How comfortable are you currently with practicing around other musicians (example: in a practice room setting where others can hear/see you)?

8) How comfortable are you currently playing with other musicians?

9) Would you be okay stepping away from playing for a long period (months, to years) in order to recover?

10) On a scale from 1-10, how much does stress bother you? 1 = Not at all, 10 = I get stressed out very easily.

F. Genes, Medical History, and Oral Hygiene Questions

1) Would you say the onset of focal dystonia in your playing was gradual, fast, or slow?
What was your first noticeable symptom?

What age were you during the onset?

2) Does anyone else in your family play music?

Are you an identical twin?

3) Does anyone in your family have a neurological disorder (i.e. parkinsons, MS, dystonia, essential tremor...)?

4) Does anyone in your family have the same disorder or similar (writer's cramp, hand dystonia, embouchure dystonia, yips in golf, dysphonia – voice).

- 5) Have you had anything similar in the past happen to you? (ex. Tremors in your arms, muscle spasms in your neck, etc.)
- 6) Is there any type of medication you are taking currently or did take (around the time you started having focal dystonia symptoms) that causes tremors, shakiness, or spasms?
- 7) Do you have high or low blood pressure, or normal?
- 8) How often do you brush your teeth? What is your oral health care like? Do you floss, brush, use mouthwash, or water-pick?
- 9) Do you use tooth whitening?
- 10) Do you use a mouth guard?
- 11) Do you use a dental splint, or braces?
- 12) Do you have sleep apnea?
- 13) Do you snore? If so, is it loud or quiet?
- 14) Do you have your wisdom teeth out?
- 15) Did you have any surgery done in your mouth or to your mouth for any reason in the past?
- 16) Do you smoke?
- 17) How much caffeine do you drink? Be honest.
- 18) How much is sugar a part of your diet? Be honest.
- 19) How is your posture?
- 20) Any food allergies?
- 21) Any medical diagnosis in the past (ex. Diabetes, heart condition, sleep apnea, etc.)?
- 22) Any psychological diagnosis in the past (ex. Anxiety, bi-polar, etc.)
- 23) Do you get any shakiness in only your arms and/or hands sometimes?
- 24) How many hours of sleep do you usually get?
- 25) Do you have any back pain? What area, and how often? Be honest.
- 26) How often do you go to the dentist?
- 27) If experiencing TMJ symptoms, have you asked your dentist to check for a tooth infection and/or gland infection?
- 28) How often do you use ibuprofen, aleve, or Tylenol? Be honest.
- 29) When you touch the spasms/tremor in your face with your hand or fingers, does it calm the symptoms down or stop them?

30) What neurologist/clinic diagnosed you?

31) Have you worked with any other practitioners that help rehabilitate injured/disordered musicians? If so, please list who, and what things you felt helped you best and would like to continue focusing on, and what things least helped you that you don't want to focus on.

32) Do you have tonsils or where they taken out?

OBSERVING PLAYING IN EACH REGISTER and ACROSS REGISTERS

1) Play in Low Register:

- a. **Slurred** Scale 2 octaves, **tongued** scale 2 octaves, **air-puffed** scale 2 octaves.
1st time play fast, 2nd time play slow...apply this to all three articulations/scales listed above: slurred, tongued, air-puffed.
- b. Short melodic excerpt or piece.

2) Play in Middle Register:

- a. **Slurred** Scale 2 octaves, **tongued** scale 2 octaves, **air-puffed** scale 2 octaves.
1st time play fast, 2nd time play slow...apply this to all three articulations/scales listed above: slurred, tongued, air-puffed.
- b. Short melodic excerpt or piece.

3) Play in High Register:

- a. **Slurred** Scale 2 octaves, **tongued** scale 2 octaves, **air-puffed** scale 2 octaves.
1st time play fast, 2nd time play slow...apply this to all three articulations/scales listed above: slurred, tongued, air-puffed.
- b. Short melodic excerpt or piece.

4) Play Chromatic Scale: 1st time slurred, 2nd time tongued/articulated.

5) Play Octave Jumps going from low to high.

6) Play Octave Jumps going from high to low.

ANSWERS – You can write them in this section, or next to the questions on the previous pages. Whichever works best.

A. Jaw, Tongue, Tension, and Lip Control Questions

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a.

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B. Tremors, Spasms/Twitches Questions

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C. Task-Specific Questions

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D. Physical Impact Questions

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E. Psychological Effects

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F. Genes, Medical History, and Oral Hygiene Questions

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