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Michael Hawes

University of Texas at Austin

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Abstract

This paper explores my personal experience with a torn *orbicularis oris* muscle, a significant injury for brass musicians, through an autoethnographic lens. Combining personal narrative with academic analysis, I recount the physical, emotional, and psychological challenges of injury, surgery and rehabilitation, and hope for change in the future. Recounting my own experience, I hope to continue conversations surrounding musicians' health, the discussion and stigmatization of injuries within our field, and the lack of preventative education and awareness in music education today. Drawing from key literature and parallels with athletic injuries, I dive deeper into the *orbicularis oris,* other symptoms and injuries related to that important muscle, and argue for systemic changes in music education, greater access to specialized medical care, and a cultural shift toward prioritizing physical and mental health among musicians.

Keywords: Brass injuries, *orbicularis oris*, autoethnography, musician health, embouchure, injury prevention, mental health, physical health.

Introduction

Throughout my career as a professional musician, I often marvel at the physicality of music-making. While audiences hear a beautiful melody, witness acrobatic flexibility, few recognize the immense physical demands behind musical performances. These demands challenge all of us to become as skilled as we can be to master our own craft - however they became more painfully apparent to me when, due to overuse, at the end of my freshman year at Northwestern University in 2010, I suffered a torn *orbicularis oris* muscle, the primary muscle responsible for forming the embouchure.

This injury marked a turning point in my life. It forced me to grapple with the limits of my body, navigate a challenging rehabilitation process, and confront both the cultural stigmas surrounding injuries in the music world and the mental barriers that this injury created for me. As I searched for answers and underwent surgery and recovery, I discovered a frustrating lack of resources and conversations surrounding the *orbicularis oris* and musicians health in general.

Through this paper, I aim to share my personal journey, within a broader context. Musicians, like athletes, face significant risks of injury, yet the support and preventative systems available to them are inadequate. By combining my narrative with insights from literature and research, I hope to contribute to a growing dialogue on the *orbicularis oris,* injury prevention, treatment, and recovery for musicians.

Theoretical Framework and Literature Review

The Orbicularis Oris: Anatomy and Function

The *orbicularis oris* is a circular muscle surrounding the mouth, responsible for puckering, lip closure, and other fundamental facial movements. It plays a vital role in tasks such as eating, speaking, and articulating emotions. For brass players, this muscle is particularly significant because it supports the embouchure, the configuration of the lips and surrounding musculature required to produce sound on a wind instrument. (Jain & Rathee, 2023)

In brass playing, due to it's constant contact with the instruments mouthpiece, the *orbicularis oris* sustains considerable stress, particularly during long practice sessions or performances, and across long periods of heavy playing spanning days, weeks and months. It is the primary muscle responsible for forming the aperture – the opening through which air is propelled into the instrument to create vibrations and sound. Injury to this muscle can severely impair flexibility, tone production and endurance, leading to pain, frustration, and, in severe cases such as my own, an inability to play.

Despite its critical role, it is often overlooked in discussions of musicians' health. While much attention is given to conditions like tendinitis or repetitive strain injuries affecting the hands and wrists, injuries to the *orbicularis oris* are less frequently studied and discussed, leaving a gap in both medical and educational resources. Early in my own education, I remember very few, if any, conversations about the *orbicularis oris,* and while we of course mustn't dwell on anatomy for too long, the importance of understanding just how vital this muscle is to daily function as a brass player can go a long way in supporting its health and our longevity as a brass playing musician.

Early Documentation of Orbicularis Oris Injuries

The earliest documented case of a torn *orbicularis oris* in a brass musician was published by Dr. Jaime Planas in the *International Trumpet Guild Journal* in 1982 (Planas, 1982). This article described a professional trumpet player who experienced embouchure dysfunction, characterized by pain, decreased flexibility, and tonal deterioration. Upon examination, Planas discovered that the musician had a torn *orbicularis oris*. In what is considered the first recorded instance of this procedure, Planas surgically repaired the muscle, allowing the patient to return to professional performance within a year. Planas later published additional studies on this procedure, emphasizing its efficacy and relatively low risk when performed by experienced surgeons (Planas, 1988).

Subsequent research built upon Planas' findings. A 1996 study by Papsin, McGrail, and Maaske documented 10 cases of *orbicularis oris* injuries treated with surgical repair. Nine of these cases were successful, with musicians returning to their pre-injury performance levels.

The authors noted that untreated injuries often result in permanent damage, underscoring the importance of early diagnosis and intervention (Papsin et al., 1996). Despite these promising results, the procedure remains rare, particularly in the United States, due in part to legal and cultural barriers. Dr. Bernard Kaye, from Jacksonville, Fla responds to the results achieved by Dr. Planas, and in spite of his acknowledgement of the successes achieved by Dr. Planas in his procedures, that "if I were to encounter such cases in this country, I would probably be inclined to treat it nonoperatively. I am not sure that all surgeons would obtain the highly successful results that Dr. Planas had in his case." (Planas, 1982).

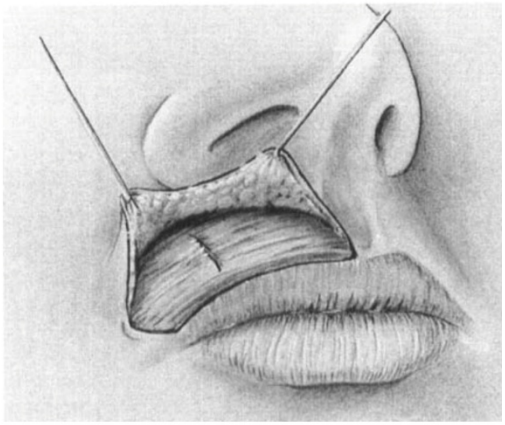

Fig. 1. The pathology is identified after skin lips flaps are raised. It commonly lies at right angles to the fibers of the orbicularis oris muscle. (Papsin et al., 1996)

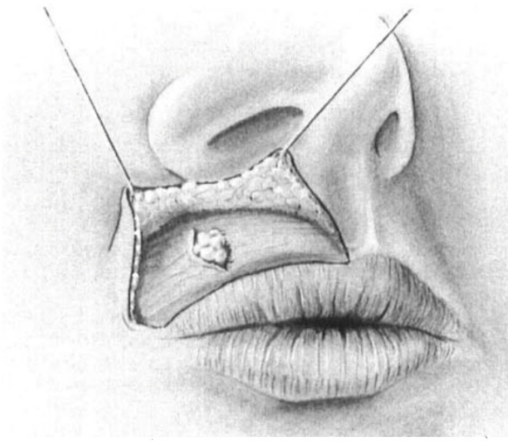

Fig. 2. With the patient "buzzing", the pathology, in this case herniation of fat through the muscle, becomes more easily identifiable. (Papsin et al., 1996).

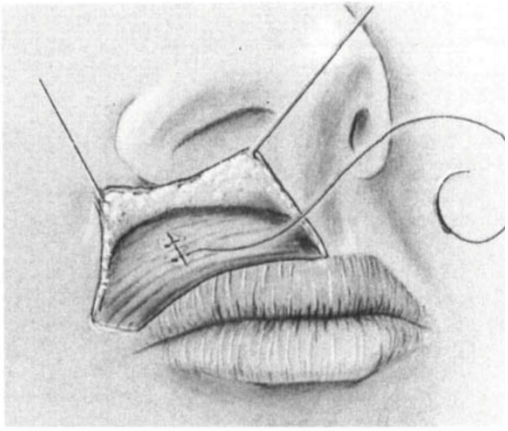

Fig. 3. The edges of healthy muscle are approximately (after excision of scar if required) with interrupted sutures, and the repair is tested with the patient "buzzing". (Papsin et al., 1996).

While he does not give reasoning behind this opinion, my insinuation is that it is a combination of the novelty of the procedure (at the time), as well as the risk included in a procedure of this magnitude - and magnitude purely speaking of how a negative outcome could have a catastrophic effect on a musicians livelihood and performing ability. As this injury is comparatively rare, with regards to other musicians injuries, like tendonitis, or surgeries to repair muscles like the ACL, UCL and achilles in athletes taking place much more frequently, the willingness and confidence to take on this surgery by capable surgeons is just not there.

Embouchure Overuse Syndrome and Broader Injury Profiles

The *orbicularis oris* and a brass players embouchure can suffer varying degrees of injury. Ranging from superficial injuries such as dry and cracked skin, progressing more severely to a muscle stretch, and more seriously to a partially or fully torn muscle. Monitoring the health of an embouchure - superficially and internally - is crucial to maintaining a healthy and sound technique, and tone. How we do that is largely dependent on our own personal technique, and of course our practice, performance and personal daily routine. Striving towards efficiency and monitoring our bodies and never pushing past the "point of no return" are crucial.

Mild	Moderate	Severe
Morning swelling	Dull aching pain	Shooting pain
Chapped lips	Superficial injury (cracked lip)	Dull pain that does not subside
Strident/dull sound	Skin wearing away	Blood
Small, tooth-shaped indentations	Deep, tooth-shaped indentations	"Pop" or "snap" sound from the lip, followed by muscle failure
Sunburn (dehydration)	Lip ulcers (dramatic)	Limp, un-taut lip

Fig. 4. Examination of mild to moderate symptoms and conditions affecting a brass players lip (Dill, 2012)

Examining two significant books written by brass playing musicians, the only two of which I have come across which specifically mention the *orbicularis oris*, we encounter wise guidance coupled with deep personal experience and knowledge of injuries suffered by brass players.

Denver Dill's *Still Playing* (Dill, 2012) offers a personal and highly detailed perspective, focusing specifically on his experience with injury and recovery from a torn *orbicularis oris* muscle and surgical repair, the very same procedure that I underwent. Dill's autobiographical account highlights the physical and mental challenges of rehabilitation, while also providing practical tools and a guide for injured musicians making a recovery. This is a truly thoughtful resource and a must have for any professional brass players and pedagogues. One of the most significant inclusions in this book are charts and descriptions diagramming the different levels of injuries that Denver classifies as mild, moderate and severe, including symptoms and solutions. These charts, as well as the proposed solutions and treatments should be widely distributed and discussed amongst brass players worldwide, and included as a foundation of specific brass-health related conversations and courses in high schools, college and university level trumpet (and brass) study. This book is a bit more succinct and specific in relation to the different types of injuries one

can encounter as a brass player, and I would recommend this over Lewis' book as a more direct and helpful examination of injuries and solutions to injuries. I want to include that while these books are very helpful, the most important step in the injury discovery process is the consultation of a medical professional.

Lucinda Lewis's book *Broken Embouchures* (Lewis, 2010) is a thorough and detailed resource into what she calls Embouchure Overuse Syndrome. This book offers a very in depth analysis of the wide ranging net that this "Syndrome" casts, including many of the possible causes, symptoms and offers solutions, to move past what she empathizes very well with any brass player who has suffered any type of injury as a very frustrating and traumatic experience. I would recommend this book to any brass player who is struggling with an injury, or possible injury, situation, and for any and all pedagogues to further deepen their knowledge and understanding of potential problems that can arise for brass players. My only qualm with this book is that Lewis states in the brief section related to specific muscle injuries, when she says that it is extremely rare to encounter muscle damage to the brass player's lip. I can't help but disagree, and argue that muscle damage for brass players, in particular Trumpet players, is the most common injury that I've encountered in my own time as a brass player. Repeated use of words like "Embouchure Twilight Zone", "Embouchure Crisis" and her umbrella term "Embouchure Overuse Syndrome" create the impression that most embouchure issues are non-medical ones.

Lewis argues that if something is wrong, and your embouchure isn't working correctly, it must be either a largely psychological issue, or something that can be solved by exercises using the mouthpiece, her "blocked buzzing" exercises, which while admittedly have some useful applications to them, can decidedly not fix a torn Orbicularis Oris muscle, which can only be repaired through Surgery, as told to me in my own physical examination by Dr. Simon McGrail, mentioned above.

Musicians are athletes, as we will discuss in this paper, and we must acknowledge the incredibly fine and delicate musculature systems that are in use when we play our instruments, and how those muscles can be damaged, just as any athlete can sustain an injury. Despite aspects that I disagree with, this book is a must have for any brass teacher and player hoping to learn more

about the embouchure, as well as potentially diagnose issues that can arise as a player, because it thoroughly discusses aspects of lip injuries, as well as mental hurdles, that players deal with frequently.

Parallels Between Musicians and Athletes

The physical demands of brass playing often draw comparisons to those faced by athletes. Both groups require intense strength, coordination, endurance, and precision, making them susceptible to similar injuries. For example, athletes at the highest level frequently suffer torn tendons or muscles due to overuse or strain, conditions that parallel the embouchure injuries experienced by brass musicians such as myself and Denver Dill.

Nicholas Quarrier introduced the concept of musicians as "musical athletes", arguing that their work involves complex physical tasks that warrant the same level of care and attention given to professional athletes (Quarrier, 1993). This analogy is supported by statistical data: a survey by the International Conference of Symphony and Opera Musicians (Brandfonbrener, 1997) found that 76% of respondents had experienced medical issues affecting their performance, mirroring the 91% injury prevalence reported among university athletes (Lemoyne et al., 2017).

Despite these similarities, the resources available to musicians lag far behind those offered to athletes. Professional sports teams typically provide access to specialized medical care, physical therapy, and structured rehabilitation programs, whereas musicians often face a lack of institutional support. This disparity highlights the need for greater investment in musicians' health and the establishment of dedicated resources for injury prevention and recovery. This disparity I believe is also present on the field and in the practice room when it comes to training and practice regimens. Musicians and Athletes share a commonality in pushing our bodies in quite unnatural ways to attempt to achieve greatness. Athletes are constantly monitoring their bodies to achieve optimum efficiency, through intense training and rest periods, with calculated and prescribed rest being a major component of that training. While both fields share certain stereotypical phrases such as "no pain, no gain" and the pride taken with how many hours are spent in the practice room or gym, musicians are oftentimes encouraged to push themselves without much guidance as to what that truly means. Finding a routine in which our tireless desire to push ourselves to be better

is balanced with thoughtful and diligent rest and recovery is crucial not only to improving and discovering our true capabilities as musicians, but also to our longevity and mental and physical health.

Managing Workloads and Stigma and Silence in the Music World

When examining this attitude of "no pain, no gain" brings us to deeper conversations about what might truly be the most important preventative measure for brass injuries. De-stigmatizing talk of self-care and thoughtful rest in the midst of efficient practice, in the midst of our routines, is crucial. One of the most pervasive challenges faced by injured musicians is the cultural stigma surrounding injuries. Unlike athletes, who are often celebrated for their resilience in overcoming physical setbacks, musicians are frequently expected to prioritize perfection and endurance over self-care. I remember in high school, when I essentially would live in the band room practicing before and after school, and in between classes, my teacher at the time voiced concern that perhaps I should rest more in between my etude practice. At the time I acknowledged this, but didn't truly make a change in my routine. Looking back, that practice style - of intensity non-stop, without enough rest, surely contributed to the injury I suffered just a few years later.

I was so lucky to have such a thoughtful teacher to guide me. Band directors and private lesson teachers at the high school and collegiate level are perhaps the most influential to a young brass player. Not only for musical, technical and leadership guidance, but for setting up a young student for success in how rehearsals are conducted, how part assignments are made, and repertoire chosen to best suit the young musicians. It is a huge responsibility to balance the desires for a beautiful and well rounded musical program, while also balancing the physical workloads of students - pushing them outside of their comfort zone musically and physically to achieve greatness, while also not pushing them past what is "doable" for them as a young musician still learning their craft. Managing workloads reasonably and effectively is the primary way to prevent injuries in brass players.

Once an injury occurs, this stigma not only deters musicians from seeking help but also perpetuates a lack of awareness about common injuries and their symptoms. Many musicians, myself included, push through discomfort or pain, believing that it is a normal part of the learning

process. This mindset often leads to more severe injuries that could have been prevented with early intervention and rest. Never pushing past the point of pain.

The Role of Preventive Education

The role of teachers at the high school and collegiate level is crucial to prevent injury and to educate these young players on workload management and health moving forward throughout their careers. As a freshman trumpet player at the university level, I wanted to play my instrument as much as possible. To play in as many ensembles as I could, and perform. Looking back, there is no doubt that this was the cause of my own *orbicularis oris* tear. As an 18 year old, my lip was not able to handle the stress that came with this increased workload coming from high school to the collegiate level. As a freshman, I had the opportunity to play in the top ensembles, and in many different ensembles. I had recently won a solo competition, and was preparing for auditions as well. I was having success, and the success just inspired me to want to play more and more. While much of this playing was incredibly beneficial and a tremendous learning experience for me, I did take on more playing than was going to be physically reasonable for my lip. It is at this point in a young musicians journey to start learning the benefits of just saying "no", and learning how to maintain a schedule of thoughtful balanced musical enrichment, which includes plentiful opportunities to perform and learn their craft, while also maintaining bountiful rest and "off the instrument learning", such as listening, score study, piano practice, aural skills, composition skills, non-music subjects, exercise, the list can go on and on.

Many music programs, and brass studios focus primarily on technical and artistic development for young musicians, and leave students unprepared to truly navigate the physical demands of their craft. As Lewis (2002) and Dill (2011) both emphasize, many embouchure injuries are preventable with proper technique, balanced practice schedules, and awareness of early warning signs. We musn't instill fear in students that injuries are just around the corner, because with thoughtful diligent practice, injuries are still quite rare - however, awareness of what can happen can inspire a thoughtful approach that can be the foundation of a healthy routine and mindset for years to come.

In my own experience, the absence of that awareness contributed to my injury. As a young musician, I was never taught about the risks of overuse or the importance of rest. Instead, I internalized the belief that success required relentless effort, a mindset that ultimately pushed me to the brink of physical collapse. I am *still* working past this mindset, which continues to cause me troubles in my daily life, not with injury, but with trying to achieve a balanced life with music, work, and family.

Beyond managing workloads, expanding health education in music curricula could significantly reduce the prevalence of injuries among musicians. Courses on topics such as posture, breathing, exercise for musicians, rehabilitation techniques and of course workload management could provide students with the tools to sustain long-term careers. Additionally, incorporating techniques like Alexander Technique, Body Mapping, and Yoga into required music training could promote physical awareness and resilience.

Narrative and Analysis

The Injury

The injury occurred during the spring of my freshman year at Northwestern University. Balancing a heavy schedule of ensemble rehearsals, private practice, solo competitions and auditions, at the end of one particularly long day of playing I began to notice a burning sensation in my upper lip. I noticed a slight crack and tear in the superficial layer of skin at the right sight of my embouchure, where the mouthpiece rim rests on the lip. At first, I dismissed it as fatigue, and I stopped playing for the day, but the next morning when I tried to play my flexibility and tone production became inconsistent, and my lips felt foreign and unresponsive.

Over the course of the next few days, weeks and months, I tried varying amounts of rest and rehabilitation. Beginning with just a day or two completely off of the trumpet, then several days, to a week and more. After months of trial periods of rest and recovery, and conversations with doctors and musicians asking for advice, in August 2010 I visited Dr. Simon McGrail in Toronto, Canada, who at the time, was the leading doctor who could provide diagnostic and surgical care to brass players, and only one of two that I knew of at the time, the other being Dr.

Craig Vander Kolk, in Baltimore. Within the first few minutes of my examination from Dr. McGrail, I was diagnosed with a torn *orbicularis oris*. Dr. McGrail shared that the muscle was torn, and scar tissue had gathered in the space, preventing it from healing on its own. He recommended a surgical procedure to remove the scar tissue and to sew the *orbicularis oris* muscle tissue back together. The news was both shocking and relieving; I finally had an explanation for my struggles.

Fig. 5. Michael Hawes, post surgery, August, 2010

The Surgery and Recovery

The next day, I underwent a 30-minute surgical procedure to repair the muscle. The operation was a success, but the rehabilitation process was incredibly challenging. Following the surgery my lip felt like a totally foreign entity, and following two months of total rest, I began buzzing again. I felt no pain, but it felt like a completely different embouchure, and was quite disorienting. I had lost my "feel" for my embouchure, I lost my touch and sensitivity, I lost my sound, and all of my skills, and felt like I had lost my identity. As very few people had experience recovering from this particular surgery, my rehabilitation journey was spent mostly on my own and was a struggle, to say the very least. Due to the uncertain and unguided rehabilitation process - simply due to the lack of knowledge surrounding this surgical procedure - I developed several physical and mental barriers which slowed my recovery significantly.

Relearning fundamental aspects of trumpet and pushing myself to rebuild my embouchure and skills, while fighting the urge to be too "careful", required patience, discipline and a certain mental focus. As Denver Dill's *Still Playing* (Dill, 2012) hadn't been published yet, there was no published guidance on a rehabilitation from this particular injury. Unlike athletes, who have access to structured recovery programs, I had to navigate my rehabilitation largely on my own; though I am eternally grateful for the unwavering support and guidance of my trumpet teacher Barbara Butler at the time, who despite not having experience with a procedure like this, guided me expertly with trumpet fundamental work.

Despite guidance from my amazing teaching, the rehabilitation process proceeded a bit like a walk in a totally dark room - I felt like I had no idea if what I was doing was correct, and was just flailing around in the dark for quite a while. I took things day by day, I created plans for myself, where I would play for a few minutes, rest for a few, and very slowly and steadily ramp up the amount I was playing each day. At that time in the several months after the surgery, I was fearful about pushing myself too hard and too fast, and this uncertainty consumed me for quite some time. This caused me to build up many unhealthy mental habits, as well as physical habits which I believe inhibited my technical growth as a trumpeter.

Six months after the surgery, I returned to Toronto for one post operative check up with Dr. McGrail, where it was deemed everything had healed well. Fully in the midst of rehabilitation, my paranoia that my lip wasn't healed, or that I had pushed myself too far again caused me to reach out to Dr. Craig Vander Kolk, in Baltimore - who was the other primary doctor who had experience diagnosing and performing surgery to repair a torn orbicularis oris at the time - for a check up appointment, as Dr. McGrail at the time was in his other office in Halifax, Canada. Dr. Vander Kolk helped assure me that the muscle was healing just fine and I had nothing to worry about. I have heard from other brass players that Dr. Vander Kolk is no longer recommending the surgery to brass players. Dr. McGrail passed away in 2021, after helping countless brass players, myself included.

At some point, I hope to document my recovery process in a more detailed fashion - though due to its incredibly drawn out time period and with considerable ups and downs, that recovery

process has taken years. When I think of how simple the procedure was, and how short many athletes return to form after more complex procedures, I look back at that process with much regret, and alternate between wishing that I had trusted myself more completely that I could jump back in without fear or hesitation, and wishing that I had just given up completely, and perhaps saved myself years of frustration and just given up.

Post Injury, Successes and Failures - Mental Health

Over the last 14 years since this injury, I've gone on to receive my masters in Trumpet, currently (2024) working on my doctorate. I've performed as a professional trumpeter with orchestras across the world, performed three years with Axiom Brass, an award winning brass quintet based in Chicago, and recorded two albums with them. I've recently released an album, *Florence Price, Her Song* which features my trumpet as well as my singing voice and many previously unrecorded pieces by the great American composer. This injury forced me to re-examine how my own personal musical journey was going to proceed, and I learned to sing, and taught myself to play the piano. I've performed as a professional singer on more than 25 recordings, several of which have been nominated or won a Grammy award. I sing with many of the top ensembles around the country, and have toured the world as a singer. I hope to release my first exclusively trumpet album, with pianist Renan Branco, in early 2025. I have worked as a full time music director in the church, where I lead choirs, play at the piano, organ, as a singer, trumpeter, and arranger.

Despite the successes I have had, I still feel like quite the failure. My identity was so wrapped up in the Trumpet, and how successful I was on that instrument, and so when I lost that identity for several years, following this surgery, I felt totally lost. As my planned career path took a major detour, I wish I had sought out a mental health professional to help me navigate this time period in my life. I am still working through those issues and challenging moments that resulted from this injury, and encourage anyone going through a difficult time in their life to seek out help. Whether it be from friends, family or a professional, speaking to someone about your struggles is one of the most important things you can do to overcome them. Incorporating discussions on

mental health, including how students can realistically set school and career related goals, while being realistic in those goals and their methods in achieving them, is vital.

Fig. 6. Following the recording of Florence Price, Her Song (2022)
(left to right) Robert McConnell, John Newton, Eugenia Jeong, Gregory Flint, Renée Vogan, Blanton Alspaugh, Lindsey Frazier, Michael Hawes, Corey Sansolo, Randall Hawes, Kevin Harrison

Cultural Stigma and Lack of Resources

Speaking further on the challenges I faced in the recovery process; the lack of resources and awareness from the music world of an injury such as a torn *orbicularis oris* muscle created a challenging situation to try and navigate. Very few people knew anything about the *orbicularis oris*, let alone recovering from a surgical procedure to the muscle. I often felt like I couldn't talk about it, and I was quite isolated. My hope with this paper is simply to increase the conversation surrounding injuries in the music world and how we can all support each other in better and more productive ways.

Insights from Athletes

When athletes - collegiate and professional - suffer injury, they have expert guidance from medically trained professionals to assist and guide their recovery and rehabilitation process, often with routines prescribed to them, and step-by-step guidance along the way. I believe much of this is due to the financial support that athletic programs have, along with the plethora of research and experience that medical professionals have undertaken with regards to those particular injuries and surgical procedures that are required to repair many injuries related to athletic endeavors.

Examining the experiences of athletes who have recovered from injuries provides valuable lessons. Their structured rehabilitation plans guided by medical professionals with emphasis on mental resilience highlighted gaps in the support available to musicians. Bridging this gap requires a cultural shift and greater investment in musicians' health.

Discussion and Implications

For Musicians

My experience underscores the importance of self-awareness and proactive health management. Musicians must prioritize rest, monitor symptoms, and seek professional help without fear of judgment. We must realize how physical our daily endeavors are. Whether it be as a brass player and the strain that our *orbicularis oris* takes on a daily basis, or as a woodwind or string player dealing with risk of tendonitis and carpal tunnel syndrome, the more awareness of how our bodies health and function are crucial to the success of our music making, the more thoughtful we can all be in how we approach our daily routines.

For Educators

Music educators play a critical role in fostering a positive culture in their studios and ensembles. A culture where all voices can be heard, where students feel that support and care, while also being pushed to be the best musicians, students and humans that they can. This sort of environment goes a long way to creating a successful professional musician, whether it be as an educator, performer, or none of the above.

Specifically related to injury prevention, educators must thoughtfully assess each student's ability level, as well as their physical, musical and mental capabilities before assigning them music to learn, part assignments in ensembles, and their overall workload. The key to all of this injury prevention discussion I truly believe is workload management, and mindful and efficient practice. While trusting a student to make decisions that is best for them is a wonderful thing, there are times when young musicians must be more forcefully guided, and sometimes difficult conversations must be had. Diligent observation, guidance and support is the main role of the teacher, in order to help a student become more self aware, and self sufficient by the time they leave their academic institution.

Ensemble directors, especially wind ensemble, bands and brass ensembles, must be thoughtful when it comes to programming, assigning parts, and rehearsal schedules. We can't be over cautious, but when you are working with young brass players who are only recently out of high school, mindfulness of how much you are asking of them is absolutely critical to avoid unnecessary injuries. Certain seemingly simple things like the repetition of physically demanding sections of music, including loud, high, sustained passages, must be thoughtfully rehearsed. In rehearsals, balancing quiet passage work with loud passage work, incorporating moments of listening, singing and rhythm work, can be ways to minimize injury risk. I've had countless conversations with students who are simply playing too much. In too many ensembles, and perhaps pushed past their comfortable limits in the parts they are assigned. No one wants to disappoint their directors and teachers, so they step up to the plate and swing as hard as they can - for better or for worse. Ensemble directors working together to foster an environment of trust and honesty is crucial, so if there is a situation where a student feels like they are overmatched with their assignments, they feel like they can approach their teachers and ask for help.

For Institutions

Universities and conservatories must provide academic resources and access to specialized medical care. Courses focused on musicians' physical and mental health must be a required part of any musician's degree plan. Establishing partnerships with performing arts health centers, like the Texas Center for Performing Arts Health, can bridge the gap between musicians and healthcare

professionals. Creating resources for musicians where they have access to medical support and care on campus is crucial to bridging this gap and fostering education and awareness growth amongst musicians. The more we all learn, the quicker and more accurately musicians can begin receiving care following initial symptoms of injury, and this awareness will foster stronger preventative measures amongst music faculty and students alike.

Conclusion

My journey with a torn *orbicularis oris* muscle was a transformative experience, revealing the immense physical and mental challenges we all encounter as musicians attempting to master our crafts. By sharing my story, I hope to simply continue the conversation surrounding musicians' health, and to decrease the amount of stigma attached to discussions of self-care, workload management and injuries in general. Musicians, educators, and institutions must work together to create a supportive environment where injury prevention and recovery are normalized and celebrated.

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