

piano had caused certain muscles to overreact, which in turn produced a neuromuscular reaction of pain and cramping, accompanied by the curled fingers. The injections, two per treatment, would weaken the muscles that caused the debilitating cramps when I played. With the help of diagrams and an electronic device, the neurologist pinpointed which muscles of my right arm should receive the injections of small amounts of toxin.

Unfortunately there are no rules to follow with this treatment; it is simply trial and error. Part of it is learning the right amount and frequency of the injections. The effects set in about five days later when my hand becomes weak as the toxins take effect. Tasks such as buttoning a shirt or unscrewing a jar are difficult. The number of side effects from the toxin will vary with each patient. The best interval between injections for me is four to five months, just before the old symptoms return.

Today the length I can play is limited and my playing is nothing like it used to be. There is a strange irony to this because I had worked hard to make these particular fingers strong. With the injections I have considerably less cramping, until the botox begins to wear off and I need another treatment. It is difficult to pinpoint exactly which area of the arm is right for each injection, and if a doctor injects the wrong place, the wrong muscles weaken until the botox eventually wears off. My right forearm is now atrophied from the medication that helped me return to the piano.

In recent years botox injections have revolutionized treatments of a



Dorothy Taubman with Sondra Tammam

number of maladies, including certain eye conditions that result from a debilitating neuromuscular abnormality, and they are also used in the field of dermatology to remove wrinkles around the eyes. The most important discovery for me was learning that besides being an overuse syndrome, focal dystonia is also a genetic condition. It was a relief to learn my approach to practicing and performing did not cause my affliction.

Although botox treatments are not a miracle drug for focal dystonia, they

have given me the gift of playing again for short periods of time, for which I am thankful. For some reason a year has passed since my last treatment, and I can play for longer periods; I still teach piano students and play musical excerpts or demonstrate an idea. I also play at home for learning and enrichment. Perhaps some day there will be a one-time treatment for focal dystonia that will allow an injured pianist to return to playing at full capacity. My guess is this may emerge from genetic research. □

The Wisdom of Dorothy Taubman

BY MARIA DEL PICO-TAYLOR AND SONDRA TAMMAM

For the past 60 years Dorothy Taubman has been a maverick among piano teachers. She never agreed with the old adage of no pain, no gain, and consistently advises students that "playing the piano should feel absolutely delicious." She believes it is essential to move in natural ways and play without pain. Now 88, she recalls, "When I first talked about hand injuries, many teachers denied that the problem existed, and no one wanted to listen." She knew that many pianists experienced pain but were embarrassed to talk about it. After researching the physiology of

piano playing, she discovered that tendonitis and carpal-tunnel syndrome could be avoided if performers used natural movements.

Taubman had studied with Jacob Hellmann, a pianist from the Russian school who taught students to approach the study of music with an open mind. The influence of Hellmann and Taubman's curiosity led her to research anatomy to learn more about coordination.

As a young teacher, Taubman was struck by the large number of students who struggled with technical difficulties. "I noticed that many of my students

seemed uncomfortable at the keyboard and did not play with the same ease I

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Maria del Pico-Taylor is professor of piano at Temple University, and founding co-director of the Taubman Seminars in New York City. She is an international performer and clinician on Hispanic piano music and the Taubman technique.

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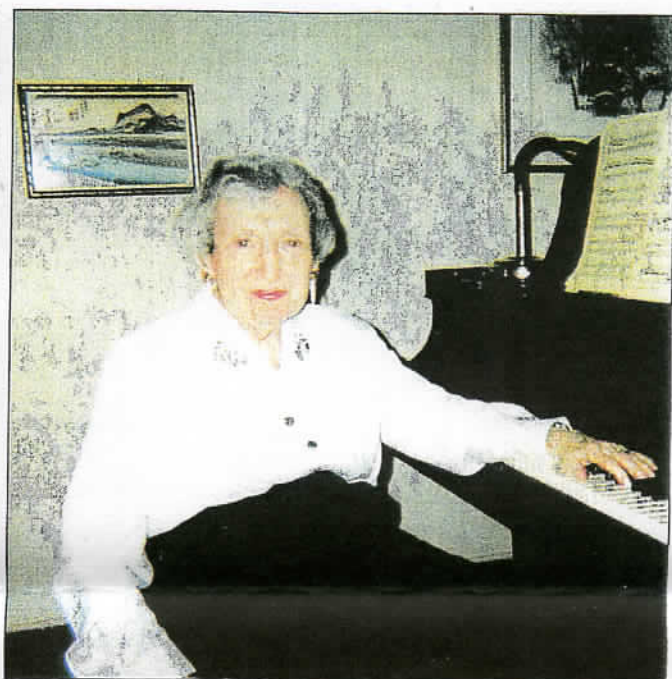
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Dorothy Taubman says playing the piano should feel absolutely delicious.

TAUBMAN WISDOM,
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had as a child. Many piano teachers at the time believed that children who did not play well were either not gifted or did not practice enough.

"I noticed how easily my hands played, but some students had clenched hands and overly curled fingers. To help break this habit, I asked them to drop their arms to their sides and notice the natural shape of relaxed hands. Then they would drop their hands on the keys and play with the same natural shape."

After Taubman developed the basics of her technique at the piano, she studied the writings of Tobias Matthay and Otto Ortmann, two early pioneers in the field of healthy piano technique who led pianists in the right direction with their ideas. Taubman, who studied scientific journals, anatomy, and researched how to move correctly based on anatomy, thought Ortmann's ideas validated her work.

Rotation and finger movement are central to her teaching. "Rotation is the only movement that is as fast as finger action; I often describe the motion as similar to playing a tambourine. The purpose of rotation is to lift and drop the fingers without strain. During lessons I show rotation by having students hold an arm horizontally across their body, then turn it inward moving from the elbow to the tips of the fingers in one unit, so the palm faces down; this is called pronation.

"Next they turn their arm out, so the palm faces up, which is called supination.

Once students grasp the idea of rotation, they go to the piano and use the same motion to drop the fingers on the keys. The turning motion should be smooth and never labored. Too often students think of rotation as coming from the elbow joint, and they play with a motion similar to turning a screw driver, which is incorrect."

Dorothy says that curling the fingers uses an extreme range of motion. She maintains that clenching and closing the hands strain the long flexor muscles, which can result in develop-

ing a stiff wrist. If you open the hand, the wrist can move freely.

"One of the major reasons some teachers concentrate on playing with rounded fingers is a fear of collapsing the first joint. When a pianist pulls the first joint of the finger inward, he uses a long flexor muscle that extends from the finger tip to the elbow. When the long flexor curls the finger, it also pulls tightly over the wrist and limits hand and finger motion. Many think a joint that bulges out is better than one that falls in. Both can damage the technique or hands, but I have found that playing with curled fingers produces the greatest amount of physical harm; it is one of the chief causes of clenching (spasms) in the fingers. The first joint should be relatively straight, not pushed in or out."

An important part of Taubman's teaching is using in-and-out movement at the keyboard. In-and-out simply refers to the way the hands move to accommodate different finger lengths as well as to comfortably play the black and white keys. Although pianists play with an in-and-out motion for every note, the movements are usually small and go unnoticed; however, larger in-and-out movements become destructive to technique. Neck and shoulder pain often results from them. The fingers,

Editor's Note: The 2006 Taubman Seminar in New York City, June 22-25, will be held at Lincoln Center, directed by Maria del Pico-Taylor, Sondra Tammam, Eleanor Hancock, and Paul Maillet (www.TaubmanSeminar.com)

hands, and forearms should be in a straight line with the pianist and not the keyboard, which will prevent harmful twisting motions.

Taubman often reminds students that pain is a warning that something is wrong. "The first symptom is fatigue, which often precedes discomfort and pain. Lack of speed and volume in sound are also key warning signs."

Taubman believes that pianists who move correctly will be able to play comfortably for many hours, without the worry of overuse injuries. However, repeated bad habits take a toll on the hands. "Many pianists use stretching exercises to build technique, but this actually destroys it. There would be far fewer injuries if pianists stopped playing stretching exercises."

Another mistake pianists make is practicing exercises that have nothing to do with the repertoire. "The best way to practice a difficult passage usually relates to where you are going and where you are coming from in the music. An isolated exercise may be unrelated to the problems in a piece."

In the past musicians often secretly struggled with pain, fearing a loss of reputation. "Many years ago in a speech for a piano teachers' group, I talked about the frightening number of students playing with pain. I suggested it was time to re-examine the traditional approach to teaching to better understand the cause of injury and find solutions; it was received with hostility. Many teachers believed such injuries were mere chance accidents, and that few people suffered from them.

"Most doctors think that the main cause of injury among musicians is overuse or overpracticing, which is called repetitive stress syndrome. I believe the real problem is misuse and not overuse. The answer to the problem of injury is to prevent it by training students how to move at the keyboard. When students move correctly they can practice all day without discomfort."

Dorothy Taubman teaches private piano students and is a visiting professor at Temple University in Philadelphia. She is looking forward to directing daily masterclasses at the annual Taubman Seminar in New York City in June 2006. Certainly she has seen the fruits of her teaching in hundreds of students and performers, who are now playing with the ease and freedom of a healthy piano technique. She is gratified that her work has helped so many people. □



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