



THE UNIVERSITY OF
WESTERN AUSTRALIA

FACULTY OF
Life and Physical
Sciences



An Investigation of Professional and Non-Professional Piano Players' Playing Postures and Techniques

(Self-Administered Questionnaire)

School of Human Movement and Exercise Science

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INFORMATION SHEET

An Investigation of Professional and Non-Professional Piano Players' Playing Techniques

The purpose of this survey questionnaire is to investigate professional and non-professional piano players' playing techniques, postures and habitual practices. The results of this study may allow us better understand the range of postures and playing techniques, and differences between various practice protocols. Another aim is to gain better insight into the absence or presence of injuries and their relationship with playing technique, posture, and practice protocols.

This investigation involves you filling in the questionnaire by answering statements regarding your piano playing. A return stamped envelope is included if you choose to return the questionnaire by mail. There are deemed to be no risks for you from participation in this study. The only inconvenience is that it will take 10 minutes of your time.

You have been invited to participate because we need piano players, aged from 12 to 60+ years, who have been playing piano for two years or more. We are interested in players with and without a history of injury. Your contribution is very important. Your data will be identified only by a number, thus you will remain anonymous at all times. The data is kept securely in the School of Human Movement and Exercise Science and only accessed by the researchers concerned with the study.

There is no direct benefit to you from participation, however your help will contribute to a better understanding of piano techniques and postures and provide insight into the occurrence of injuries. This knowledge might contribute towards the development of piano playing techniques that allow one to succeed in learning piano playing skills without risk of physical injuries.

Completion of the questionnaire is considered evidence of your consent to participate in the study. You are free to withdraw consent to further participation without prejudice. You need give no reason or justification for such a decision. Your participation in this study does not prejudice any right to compensation, which you may have under statute or common law.

Thank you for your participation. If you have any questions, at any time, please ask! We endeavour to provide you with as much help and assistance as you are giving to us during this study.

There is no right or wrong answer.

1) At what age did you start your first piano lesson?

- | | | | | |
|----------------------------|-----------------------------|-----------------------------|--------------------------------|--------------------------------|
| 3 <input type="checkbox"/> | 8 <input type="checkbox"/> | 13 <input type="checkbox"/> | 18 <input type="checkbox"/> | 31-40 <input type="checkbox"/> |
| 4 <input type="checkbox"/> | 9 <input type="checkbox"/> | 14 <input type="checkbox"/> | 19 <input type="checkbox"/> | 41-50 <input type="checkbox"/> |
| 5 <input type="checkbox"/> | 10 <input type="checkbox"/> | 15 <input type="checkbox"/> | 20 <input type="checkbox"/> | 51-60 <input type="checkbox"/> |
| 6 <input type="checkbox"/> | 11 <input type="checkbox"/> | 16 <input type="checkbox"/> | 21-25 <input type="checkbox"/> | 61-70 <input type="checkbox"/> |
| 7 <input type="checkbox"/> | 12 <input type="checkbox"/> | 17 <input type="checkbox"/> | 26-30 <input type="checkbox"/> | 71+ <input type="checkbox"/> |

2) How long (in years) have you been playing?

- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|-------------------------------|
| 1 <input type="checkbox"/> | 3 <input type="checkbox"/> | 5 <input type="checkbox"/> | 7 <input type="checkbox"/> | 9 <input type="checkbox"/> | 20 <input type="checkbox"/> |
| 2 <input type="checkbox"/> | 4 <input type="checkbox"/> | 6 <input type="checkbox"/> | 8 <input type="checkbox"/> | 10 <input type="checkbox"/> | more <input type="checkbox"/> |

3) Have you ever had a break since you began playing? (Apart from the usual holidays)

- Yes , did you go back to play again? Yes No
- No

4) How many hours do/or did you practise within 7 days?

- | | | | |
|--|--------------------------------|--------------------------------|--------------------------------|
| Less than 1hr <input type="checkbox"/> | <2 hr <input type="checkbox"/> | <5hr <input type="checkbox"/> | <10hr <input type="checkbox"/> |
| <20hr <input type="checkbox"/> | <30hr <input type="checkbox"/> | <40hr <input type="checkbox"/> | more <input type="checkbox"/> |

5) Did you have any rests during above practice session?

- Yes No (if no, go to question 8).

6) How many breaks did you have during the daily practice?

- Once twice more none

7) For how long (in minutes) did this break last?

- 3 5 10 15 30 or more

8) On average how many days do you practise a week?

- 1 2 3 4 5 6 7

9) **What is the grade level that you are in at present according to the Australian Music Examination Board or equivalent?**

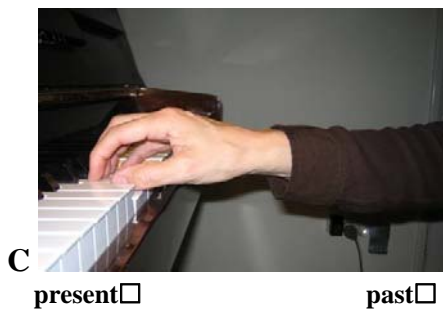
- | | | | |
|--------------------------------------|----------------------------------|----------------------------------|-------------------------------------|
| Preliminary <input type="checkbox"/> | Grade 3 <input type="checkbox"/> | Grade 6 <input type="checkbox"/> | Associate <input type="checkbox"/> |
| Grade 1 <input type="checkbox"/> | Grade 4 <input type="checkbox"/> | Grade 7 <input type="checkbox"/> | Licentiate <input type="checkbox"/> |
| Grade 2 <input type="checkbox"/> | Grade 5 <input type="checkbox"/> | Grade 8 <input type="checkbox"/> | Tertiary <input type="checkbox"/> |

10) **Do/or did you spend most of the time performing /or teaching?**

- performance teaching practicing

11) **Place a tick one box to match your present playing posture.**
(Mark only the present boxes at the style)

Wrist position only



Fingers posture



Elbow posture

A L.H R.H



A present past



B present past

Shoulder posture



A present past



B present past

12) **Did you change your playing posture at any time in the past?**
 Yes **What posture did you use in the past?** (Please mark the posture pictures on the past box under question 11)
 No (go to question 13)

13) **What is your maximum stretch of hands from tip of the thumb to the tip of little finger?** (Please measure with the lines provided on the side of the page. Put your finger 5 at the top where line A is drawn and after stretching your hand mark the tip of your thumb with your own lines.)



14) What are your fingertip movements when pressing the key?



A

Vertical movement (up and down)
(tick A or B or both)



B

Or horizontal motion (sweeping back and forth)
(tick A or B or both)

15) **During the playing period have you ever experienced any physical discomfort/or pain?**

Yes

No (go to question 27)

Mark your discomfort/or pain on the photos

(Please use pen to mark as many places as you need)

A Front



B Back



16) Were you practising any special keyboard technique at the time of the onset of your problems?

Yes

No go to question (18)

17) What kind of techniques when playing causes your discomfort?

Octave

Chord

Scale

Arpeggio

Fortissimo

Fast passage

Pianissimo

Polyphonic music

Trill

Others (Please specify) _____

18) How would you describe your discomfort, and degree of intensity? 0 (none) 1 (mild) 2 (moderate) 3 (severe) 4 (very severe).

Tick your relevant symptoms on the scale

Pain

0 1 2 3 4

Spasm

0 1 2 3 4

Pins and needles

0 1 2 3 4

Numbness

0 1 2 3 4

Fatigue

0 1 2 3 4

Swelling

0 1 2 3 4

Stiffness

0 1 2 3 4

Ache

0 1 2 3 4

19) How long did the discomfort/or pain last?

minutes _____, hours _____, days _____,
weeks _____, months _____, years _____.

20) Was the discomfort/or pain always present when playing piano?

Yes No sometimes present

21) At what age did the discomfort/or pain occur after you had started to play the piano?

22) Have you sought (looked for) help in any way?

Changing playing posture Seek some one's help

Did not seek any help (go to question **27**)

Stopped playing altogether (go to question **27**)

23) Who helped you? (Tick as many boxes as you need)

Teacher

Chiropractor

Medical Doctor

Physiotherapist

Others please specify _____

24) Have you had any medical treatment for the discomfort/or pain? Yes No (go to **26**)

25) Has treatment been successful?

Completely gone Reduced Same as before

It came back when practicing

26) Did the discomfort/or pain stop after changing the playing posture?

Completely gone

Reduced

Same as before

Did not change posture

27) Are you a professional musician?

Yes

No if no, what is your occupation? _____

28) Is piano your major instrument?

Yes

No

29) Do you play any other musical instrument?

Yes what instrument? _____

No

30) What type/types of music have you played?

(1) all the time (2) most of the time (3) some of the time (4) least of the time (5) None

Classical ()

Jazz ()

Church ()

Pop ()

Rock ()

31) You are Male Female

32) What is your present age?

3 – 5

31 – 40

6 – 10

41 – 50

11 – 15

51 – 60

16 – 20

61 – 70

21 – 25

71 – 80

26 – 30

81 – 90

33) Would you like us to contact you for further research work?

Yes

No

If yes, please give

Your name: _____

Telephone No. _____

Email: _____

Thank you for your time.

**Researcher: Lili Allsop
2006**

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