



VIOLIN

Great Ears and Double Joints — A Deadly Combination

by Sally O'Reilly

After many years of pondering the question, I still don't know why so many musically gifted people are predisposed to the physical abnormality commonly referred to as "double joints," i.e., knuckles that collapse and invert. It must be genetic, but whatever it is, it takes its toll slowly but surely on the hand's musculature and eventually eats away the cartilage at the base of the thumb. If ever the old maxim "An ounce of prevention is worth a pound of cure" was applicable to a situation, this is it!

As teachers most often we will observe this condition in the third and fourth fingers of both hands, but especially in students' thumbs. The second knuckle inverts, depriving itself of needed support from the potentially large and strong muscle at the base of the thumb. Tremendous tension is generated in the hand and, over time, the muscle atrophies for lack of proper use. Am I scaring you? I hope so.

Young bodies are incredibly resilient and can take an enormous amount of punishment. Some students with these problems can play well for years in spite of knuckles that collapse and even lock. In this matter I speak from all-too-personal experience. My left thumb is double jointed and, as a result, it would collapse around the violin neck, especially when I vibrated.

The thumb has only one real job on a string instrument...to stabilize the hand during vibrato. (Yes, cellists also get to use it in thumb position where it can be a real problem if that joint gives way.) The proper correspondence for a fingertip is to the first joint of the thumb. A double-jointed thumb is inclined to slip up on the neck,

grabbing it in an L-shape and producing a correspondence between the fingertip and the inside of the second joint. Now, here's a confession: it feels great and sounds juicy when you vibrate. The drawbacks: 1) It makes shifting similar to a trip to the tables in Las Vegas, and 2) It contributes to a slow but inevitable deterioration of the thumb's cartilage which cushions the thumb in its trapezoidal cradle.

For years I sought a solution because I knew instinctively that such a collapse couldn't be right. When I was at Curtis, I approached Mr. Galamian to express my concern about the tension I believed my thumb was exerting in my left hand. His response was, "Vat works you don't feex." Later at Indiana, I mentioned it to Mr. Gingold. He held up his marvelous Polish sausage of a thumb, wiggled it around and said, "Aw, Baby, look. My thumb's double-jointed, too." So I was getting nowhere fast. It wasn't until Tadeusz Wronski came to Bloomington from Warsaw to teach summer school while Mr. Gingold was at Meadowmount, that someone finally said, "Your left hand is 100% more accurate than it deserves to be!"

Wronski helped me rehabilitate my left thumb through a series of isometric exercises, Sevcik Op. 8 played without my thumb (a trauma), and intense concentration on thumb placement on the violin neck. It took months and, at one point, I had to relearn how to vibrate. It was fiercely difficult and often frustrating, but I am certain that it extended my performance life by ten or fifteen years. Fortunately I never gripped the bow tightly enough to

cause my right thumb to collapse, but some people do.

I am writing this as a cautionary tale because, regarding the problems of double joints, the chickens often don't come home to roost until a pupil is far too removed from any teacher's studio, has become far too professional, or occasionally has become far too famous to be able to seek help. Those of us who witnessed Itzhak Perlman's disastrous 1993 performance of the Beethoven Concerto with the New York Philharmonic on *Live From Lincoln Center* will never forget the horror of watching his vibrato shut down completely in the second movement. All those years of playing with an unorthodox thumb that defied gravity turned on him in a split second in the most public of moments.

Last year, a major artist discussed double thumb problems with me and expressed a desire to make repairs, "because, Sally, I don't *want* to conduct!!"

Recently I have been referring students to hand therapists who have a myriad of treatments and solutions for the unstable hand. I believe that if my condition had been addressed when it first manifested itself in childhood, I would still be concertizing. I am determined not to let benign neglect cost any of my students even one year of playing life!

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