Here we present the case of a pianist suffering from unilateral focal hand dystonia for 10 yrs which affected his piano playing as well as other activities of daily life. The treatment applied was sensory motor retuning (SMR), a behavioral treatment for focal hand dystonia. Improvement was clearly achieved from the beginning of therapy. After 10 mos of treatment, performance levels were comparable to those before illness onset. The patient returned to high-level piano playing, and after 8 yrs of follow-up, performance remains normal.

A focal hand dystonia is a relatively frequent affliction in musicians. Among this collective of patients, the symptoms can cause devastating functional disturbances of the hand, usually forcing them to limit their repertoire practice or to entirely abandon the musical profession. Even though pharmacological therapies have been used effectively for the treatment of other forms of dystonias, and even though isolated reports of success with very different kinds of treatments have been published, therapeutic reports on levels of recovery compatible with a high level of musical performance are unusual. Because of the motor involvement of the disorder, it appears that the usefulness of any therapeutic intervention would be dependent on a motor and a concomitant sensory re-education.

All treatment regimens have proved to be ineffective for longstanding cases or those characterized by advanced symptoms. Additionally, those therapies intending sensorimotor reprogramming, which have demonstrated good results for the patients already mentioned, have been criticized mainly because of the preliminarity of the data as well as the lack of a general long-term follow-up. For these reasons, it seems to be of interest to present data from a patient with longstanding and severe focal dystonia symptoms who was treated by means of sensory motor retuning (SMR) and who presented full recovery from the illness, sustained for 8 years’ follow-up.

Dr. Rosset-Llobet is Director of the Institut de Fisiologia i Medicina de l’Art–Tarrassa, and Director of Fundació Ciència i Art, Tarrassa; and Ms. Fàbregas-Molas is Director of the Physiotherapy Department at the Institut de Fisiologia i Medicina de l’Art–Tarrassa, Barcelona, Spain.

Address correspondence to Dr. Jaume Rosset i Llobet, Institut de Fisiologia i Medicina de l’Art–Tarrassa, Ctra de Montcada 668, 08227 Tarrasa (Barcelona), Spain. Tel +34 93 784 47 75. info@institutart.com.

FIGURE 1. The patient showed important extension of the metacarpophalanges, especially of the middle, ring, and little fingers, and hyperflexion of interphalanges while playing the piano.
To assess the functional level of the patient, 10 musical selections clearly affected by the illness (scales, arpeggios, and octaves, as well as three repertoire pieces) were chosen. The patient rated each single item with a score ranging from 0 to 10, with 0 representing dystonia at its worst and 10 indicating normality. All single scores were then added and the resulting value expressed as a percentage.

Before the beginning of treatment, the functional level was rated as 29%. Soon after the first days of treatment, the patient and the therapist observed clear signs of symptom reduction. By the first month of therapy, restrictions concerning his everyday activities disappeared almost completely, and the piano playing score was 60%. By the fifth month of therapy, the score raised to 81%, and at the end of 10 mos, the patient reported his condition as being normal (piano playing score 100%) (Fig. 2).

At the time of the last evaluation, 8 years after returning to professional musical performance, the patient reported sustained success with no loss of any therapeutic gain or reappearance of symptoms during piano playing or everyday activities.

**DISCUSSION**

The present case deserves special attention for different reasons. Firstly, the severity and long-standing nature of the case underscore the power of the results obtained with this kind of treatment, especially bearing in mind the results reported by Tubiana and Chamagne6 with a lack of positive results after treatment in severe cases. Secondly, recovery was amazingly fast, in agreement with some of the cases reported by Candida and coworkers.7,8 Thirdly, after treatment, the secondary symptoms that had appeared during the 2 years prior to therapy onset also disappeared, even though no additional retraining protocol for these daily life symptoms was designed.

Further, the level of recovery reached the point of normal playing, which is an extremely difficult goal for any kind of therapeutic intervention, and especially in the case of focal hand dystonia. Bearing in mind that such a group of patients would probably label every kind of recovery different from normal as being nonsatisfactory,11,12 the present case deserves special mention. Finally, the results presented here are long-term, allowing the patient the continuation of his music profession without any restrictions, and demonstrating that, at least in this case, complete permanent recovery is possible in musician’s focal dystonia.

**REFERENCES**


---

**FIGURE 2.** After 10 mos of retraining, there was no movement disorder during piano playing and everyday activities.