

Anil Umer MIAW 2021

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SPEAKERS

Anil Umer, Rebecca Toal, Hattie Butterworth

- H** Hattie Butterworth 00:03
Hello and welcome to Things Musicians Don't Talk About with your hosts Hattie Butterworth,
- R** Rebecca Toal 00:09
And me Rebecca Toal.
- H** Hattie Butterworth 00:11
Within our vibrant musical world, it can often feel that the struggles and humanity of musicians is lost and restricted.
- R** Rebecca Toal 00:19
Having both dealt in silence with mental, physical and emotional issues. We are now looking for a way to voice musician stories discuss them further and to connect with the many others who suffer like we have.
- H** Hattie Butterworth 00:30
No topic will be out of bounds as we are committed to raising awareness for all varieties of struggle, and hope to do so with some fantastic guests along the way.
- R** Rebecca Toal 00:40
So join me Hattie, and guests, as we attempt to bring an end to stigma by uncovering the things musicians don't talk about

things musicians don't talk about.

H

Hattie Butterworth 01:04

Hello, everyone, it's so nice to see for our second live talk of the week of the Musicians' Injury Awareness Week and today we are at the Royal Academy of Music with the wonderful Anil, and also Rebecca, my co-host. If you're tuning in, for the first time, we are Things Musicians Don't Talk About, and we are a podcast and online platform, looking to raise awareness and campaign for stigmatised issues within the classical music profession. So this week was set up basically, as a response to an overwhelming amount of responses we had that injury and performance injury and pain was something that people wanted spoken about, and people wanted to share their stories because it was crazy how many people have kept an injury secret for so many years. So also, before we get started, I want to say a huge thank you to the Royal Academy and to Dan, for the technical expertise and also for allowing us to come and yeah, speak with Anil about such an important topic, so I'm gonna let Anil introduce himself. Before we get started, do you have anything else you'd like to add Rebecca?

R

Rebecca Toal 02:14

No, just excuse my sweaty appearance, I just cycled hell for leather from Dalston. So, yeah.

H

Hattie Butterworth 02:22

So good, Great.

R

Rebecca Toal 02:23

Very good. Anil, tell us about yourself.

H

Hattie Butterworth 02:25

Yeah.

A

Anil Umer 02:26

Okay, so I, I studied at the Academy a while ago, I did a master's in cello performance. And I had a long-term injury myself and had to stop playing for a while. And then I retrained as a soft tissue therapist and functional rehab specialist, and now I currently work mostly as a soft tissue and functional rehab specialist, but I'm also playing again and I kind of freelance with chamber music mostly.

H

Hattie Butterworth 02:56

Brilliant and can you give us maybe a bit more of like your musical backgrounds? I like how did

... and can you give us maybe a bit more of like your musical background? Like how did you get into the cello? And what was, like, your kind of younger years look like? When did the pain and injury kind of come on as well?

A

Anil Umer 03:08

Okay, yeah. So I played cello when I was at school, but I think I started when I was nine - it's hard to remember these things - but yeah, I started when I was nine. And I, I also did a lot of sport when I was at school, so I was really keen on ... it was either going to be music or was going to be something in sport, whether it was... I love rugby, and I was quite keen on that or even sports physiology, kind of the coaching side of it. And then I kind of decided more towards cello, because I kind of loved it, thought it's what I wanted to do. But yeah, I started getting kind of pain and problems when I was about 15, 16. It was shoulder pain, shoulder issues. And then I went off to university first because that's kind of ... people recommended it instead of going to music college first. I'm sure a lot of people have heard the debate with that. And then I stayed there and I still had a lot of pain. Saw different people for it, which we go into more but yeah, and then went to the Academy and it kind of got worse or stayed just as bad as it ever was really. Yeah.

R

Rebecca Toal 04:13

Did you ever have a diagnosis of what the injury was?

A

Anil Umer 04:17

So it took me a long time to get any kind of diagnosis. I saw ... when I was 18, I first saw people 17,18. Didn't get anything, got kind of the classic "take some ibuprofen". I saw a few different people at that age, no diagnosis just to kind of vague, "you've hurt your shoulder, it's overuse, some some tendons or something", probably sore ... in a very generic. Obviously that didn't help the... what I was required to do. Took a bit of rest, did what was requested, required and it didn't really help. Then when I was a university I went and saw kind, I went to hospital... a kind of quite senior shoulder physio who was meant to be quite well-respected and this was in the John Radcliffe Hospital in Oxford, so, you know, really good place. And they kind of said, it's complicated. And they were honest, they did a few scans, not an MRI, but they did some stuff. And they were basically kind of like, "we don't really know what this is". And the lady said, "I've seen another cellist with this", when I was there, and she, "we couldn't really fix it. And basically, it can't really be fixed. It's complicated. We don't know what it is, it could be multiple different things" because shoulders and certain joints are really complex. And so she basically said, "yeah, just manage your pain, really". I was given a bit of potential physiotherapy, but very minimal that might help it but it was quite like "you're going to have it now for the rest of your life. So manage it, take ibuprofen, hot, cold, rest, all that kind of stuff". And I did the best I could. And then I, when I finished it Academy, I'd done a lot of my own reading and research and ... started thinking about courses myself, retraining in that, because I love the sport side of it anyway. And I finally, when I finished Academy, went and got under the care of a kind of orthopaedic surgeon on the NHS at the Royal Free Hospital, and they did some scans and they kind of were a bit more, "okay, you're really gonna do the physio you're gonna we're gonna do it all". And even then, unfortunately, they were like, "We don't know". The scans didn't show up anything conclusive. There were various things it could have been, but they did come up with...

they thought it was some kind of neural tissue irritation through the shoulder area, could be various areas, causing some kind of pain. But that's all I ever really got, as like the best case because it's a complex issue. It wasn't a torn rotator cuff, torn tendons or, you know, something simple. So yeah, that's the ... I never got a very clear this is exactly what it is. Here's how to fix it.

R

Rebecca Toal 06:51

How did you feel like, over those many, well it sounds like many years, of inconclusive medical non-advice?

A

Anil Umer 07:05

I think you don't feel? I think that's probably ... I imagine it might resonate with a lot of people, but you, I think a) unless you're given something specific ...clear, like "stop playing" or "here's what you have to do", you kind of just tried to carry on with life without letting it affect you too much. And b) you don't want to contemplate what it could mean because you know, you're in music, cos you love it and you feel you need to practise, and it's a hard thing to do in itself., so you've got a lot of other stuff... pressures on you that unless you're given something specific, you kind of box it away. I mean, I guess I was probably really worried, but quite good at trying to go, "well, there's nothing I can do just carry on" like I was told. So I guess I didn't feel much until I had to stop.

H

Hattie Butterworth 07:52

In terms of your actual playing, can you explain how the pain would affect your actual physical playing of the cello and how maybe it still does?

A

Anil Umer 08:02

So the pain was kind of all through the front of the shoulder and I was getting it when I was kind of 15, 16 when it first came on yeah, during obviously anything on the A string, anything longer playing legato, less painful on the C string, because the shoulder's under less load and less elevation. So I just, it would just start to hurt. It was just kind of a achy, sore, hot pain. And I was getting it when I went to the gym cos I used to go to the gym a lot. And I was getting it when I was doing basically anything that used the shoulder much, all throughout those years. So it kind of had a massive impact on my life outside of the cello, and that was probably bigger. I couldn't sleep on that side. I couldn't ... it got so bad, some points I couldn't really do washing up, you know, I was just I was playing in pain, and then the rest of the time was trying to not use this arm at all, because it just hurt. And it wasn't agony, but it was just constant mid-level pain, which is really emotionally draining and it affects I think, your psychology, your emotions, how you feel your mood and it's kind of quite pervasive. I think I didn't realise how much it was affecting stuff other than cello until I stopped and kind of the pain ...managed to sort it out more so the pain was gone and I was like, "wow, this is better." Yeah, I think it affected my cello ... I was very technique obsessed, and I think that's partly the type of person I am, and I felt I did need quite a bit of technical help, but they all combined together and then with the

pain, I think I was searching for some kind of technical answer to remove the pain. And because we're often all told "it's bad technique, or sometimes it's your posture or something about the way you're playing whether it be your hand or posture or approach is causing the pain". So I think I was searching for about five, six years when I was practising, and I tried to practise a lot and different methods to try and find a way to think if I could play in a better, more efficient and all these things your told way, would this go away? So I think that actually affected my progress and my approach to the cello and to music.

R Rebecca Toal 10:12

Were you having lessons at this point?

A Anil Umer 10:14

Yeah, I was having lessons.

R Rebecca Toal 10:15

How was your relationship with your teacher? Was it tense? Are they supportive? Or?

A Anil Umer 10:20

I mean, they ... I didn't really talk about my pain. As you said, how many musicians have kind of kept it quiet? Just because there's not much a teacher can do. I mentioned it a few times, and they were helpful in that "Ah that's, that's, that's rubbish for you. And maybe go and see someone and maybe you go and try seeing someone?" but there's not much a teacher can do other than go, "yeah, do go through the route that you're supposed to." So yeah, my teacher certainly wasn't unsupportive, but there's only so much that my teacher could do and I think the relationship with my with my teacher was fine in terms of that, but without really me being really open about it. And really going "look, this is actually causing a huge problem with my playing." It'd be unfair to even answer what the teacher could even help with that.

H Hattie Butterworth 11:11

And in terms of there being sort of breaking point for you with your cello playing, how did that come about? Was it very sudden, after graduating that you decided I can't do this anymore, this pain is...is meaning that I don't have the same passion that I used to do or whatever? Can you talk about that movement into knowing "this really can't be my main thing anymore"?

A Anil Umer 11:37

Yeah, I think it'd been so long with the pain that when I graduated, I've obviously finished that thing, so that's done, you've kind of got your degree and I was thinking, right, well, maybe orchestral work or something like that, and I was practising quite a bit to kind of consider

preparing for some auditions and, and then just, it just kind of reached a point where I was practising more, and the pain was increasing, it wasn't staying the same, I was actually getting worse. And so I was like, "okay, can't really practise properly. I'm stressed about the idea of doing auditions. How can I even then, even if I succeed at an audition, how am I going to do a trial or play in an orchestra for four or five days a week, three to four, five, six hours a day, plus practising around it, not gonna happen". And I just started to realise also, because fortunately, a lot of my friends were outside of music, and I just started to see, well other things do matter, which I think is quite hard to remember when you're pursuing such a vocational career that you love and, you know, that requires a lot of dedication. And I just, you know, I was like, I can't even go and play sport, I can't even kind of go for a jog without it hurting, can't ... I was basically a bit debilitated, on a lot of basic things, and so I kind of came to the realisation that I'd rather have to quit or quit for a long time or quit forever, which was really tough, but I'd rather do that, then have this pain get ... stay the same or get worse for the next 30 years. And if it gets worse, maybe I won't even be able to just you know, do anything with my arm, and maybe I'd have to stop playing the cello anyway, so it would kind of be pointless anyway, could end up quitting anyway. So I kind of realised at that point.

R

Rebecca Toal 13:13

So you took about five, six years off is that right?

A

Anil Umer 13:17

About four.

R

Rebecca Toal 13:18

Four?

A

Anil Umer 13:19

Yeah, four, about four years. Yeah.

R

Rebecca Toal 13:21

Can you describe how it was like coming back to it? What prompted you to be like "I think I'll give it another go"?

A

Anil Umer 13:30

It was kind of more of a constantly trying to come back to it then having to stop. I never quit. That was stressful in itself, it was more like, "I'm going to do what I need to do to get my shoulder better to do the cello. But also, to make my shoulder better." I just kind of kept trying to come back to it, kept testing, "No, it's still really painful." I was getting a bit better, kind of

using the cello as a tester for the state of my shoulder. So I was constantly waiting to come ... well trying bits and bobs and I did the odd odd gig here and there on and off through those years too, but yeah, I mean, it's rather than like a watershed point, it was more of a kind of slow, getting better slowly, and then once I reached a point I was like, "oh now actually, oh it's great that I can play chamber music and do quite a bit of playing without any symptoms." So that that was really nice.

H

Hattie Butterworth 14:24

Can you maybe explain about what happened in those years off? You know, I mean, we know your kind of history a bit but for people that don't know you, can you explain the training that you undertook to become what you are now which is a soft tissue rehabilitation specialist? Therapist? Specialist. Can you talk about that process of saying, "Okay, I've got this interest in sports physiology. Obviously I have my injury experience." How did you kind of merge these things and decide, "wow, this could be a route that might be something I'm really interested into"?

A

Anil Umer 15:06

Yeah. Well, I always loved sport, always loved sports performance, and I guess I've obviously become more personally interested in the more injury, rehabilitative injury prevention side because of my own problem. Yeah, I just did loads of reading loads of kind of reading lots of medical journals, lots of research around shoulder problems. And on all that side of stuff, and I've done a lot of reading on kind of exercise physiology when I was at school, because I was considering doing that for a career so I already had a bit of a scientific-y, biological understanding. And yeah, I did, I did a course straight after I decided to quit the cello, because I thought, if I don't manage to succeed in fixing my shoulder, I want to go into that, so I started taking courses that were interesting to me, and that I thought were kind of evidence-based and had kind of a good track record of producing results. So yeah, I kind of started doing that slowly, while I was still trying to sort my own shoulder out. So it's kind of a, a bit of a personal interest to see what these courses I could learn for myself, realising I had to probably fix it quite a bit myself. But also, with the idea that, you know, it would be a career I'd love to go into, because I personally don't really like teaching. So I knew I would never really be able to hack that.

R

Rebecca Toal 16:26

I wonder whether, because now you're sort of dual cellist and soft tissue therapist, I wonder whether, because for me personally, teaching always feels like a sharing and a sort of troubleshooting exercise. And I wonder whether for you that version of it for you is the soft tissue therapy. But yeah, how does it feel doing and sort of dual career? And do they feed into each other?

A

Anil Umer 17:00

Yeah, I think the way you described is like perfect - troubleshooting, because that's what you do as I've kind of physio or as the soft tissue therapist or as exercise rehab, you're kind of

...as a physio, or as the soft tissue therapist, or as exercise rehab, you're kind of trying to troubleshoot. Absolutely. And yeah, I like to treat it as like a sharing thing too, because we don't have all the answers and it's a collaborative approach, especially with complex injuries. It really has to be, because if ... you can't always know, and as I said, I went to some of the best consultants and had all the scans and they still weren't sure what it was. So yeah, I mean, it definitely informs. I think my injury and my experience informs what I do and what I do, teaches me about treating other people, you know, the more people I treat the more I learn. In terms of do they interact with each other? I don't know. Not so much, actually. I mean, my, the kind of chamber music I do is quite separate to the soft tissue I do, I guess, and I work in clinics with a lot of like normal people and athletes, so I'm not always treating musicians. So it's different... my experiences as a cellist definitely helped when I treat musicians, because I understand what is required, the movements, the postures they're in and the emotional states they're in and what their job needs... means they kind of need to do so. Yeah, that definitely helps.

H

Hattie Butterworth 18:19

Can you explain what actually the work of a soft tissue therapist involves?

A

Anil Umer 18:26

Okay, that's a hard question. It's a difficult question, because I guess different soft tissue therapists have different qualifications.

H

Hattie Butterworth 18:35

So what are your kind of qualifications?

A

Anil Umer 18:38

Yeah so I'm... I have ... it's called a soft tissue...clinical soft tissue diploma. And basically, what that means is, I do massage, but I do advanced massage, and I know more anatomy, more pathologies, more techniques to touch base, to treat more advanced things than normal massage is basically what it means. It's basically what... if you go to an osteo or a physio, I'll be doing stuff more similar to them, than having a massage. So that's the idea, it's more advanced, it's more kind of has a clinical basis, evidence-based. That's the soft tissue side, which is purely based on trying to assess what the problem might be, and then using hands on techniques to basically reduce symptoms, and maybe help release areas that could be causing problems, if tightness is a problem, which it really always isn't. Often it's not enough strength and stability. And then the other side of what I do, which is the corrective exercise rehab is the same thing, assessing what areas are weak, not moving properly, unstable, and then trying to find exercises that will get you back to ultimately what you need to do, which in the case of musicians is your cellist is doing that, if you're a trombonist it's holding your trombone often, and if you're an athlete, could be sprinting, running, throwing. This might be a stupid question, but you've got soft tissue. Is there another type of tissue? Yes, I guess the reason they say soft tissue is because I work on muscles, tendons, fascia, and maybe ligaments, but I don't do what a chiropractor does or an osteo which has move bones, you know, the click-clack stuff.

H Hattie Butterworth 20:23
Mhmmm that is a really good question!

A Anil Umer 20:25
But boney manipulation, bones, that's not what I'm trained to do. Yeah, so that yeah, hard tissue, I guess would be bones.

R Rebecca Toal 20:35
Okay cool, so I guess what you're saying is that a lot of the time, the problem isn't tightness, so is it more often than not that you'll treat someone with rehabilitation rather than massage?

A Anil Umer 20:51
Yeah, so I think most physios and people in the kind of profession probably generally agree, I think there is a debate, but I think generally there's a consensus that the most evidence-based and effective thing is some form of movement therapy. So going and getting a joint adjustment with an osteo or having a massage, or even shockwave therapy, or these other kind of more advanced new tissue therapies that help reduce pain, or dry needling, which is like acupuncture, these things are all really helpful, but it tends to be the best thing or the thing that you'll need, especially if it's complex is some form of movement-based, whether that's mobility, increasing mobility, or whether it's increasing strength and stability. And then functional loading, which is the ability of the tissue and the body and the posture to deal with a certain amount of loading that you need. So yeah, generally, I would rather treat people and I've most people would agree it's better to treat with movement-based stuff. But the soft tissue's a useful modality to help with that, to be honest.

H Hattie Butterworth 21:56
Can you talk about kind of the treatment of people with movement stuff? I mean what does that look like? Do you give them say a plan of exercises?

A Anil Umer 22:04
Yeah, exactly.

H Hattie Butterworth 22:05
Yeah, so someone comes to you with an injury and you've decided they have an issue with movement? Can you explain maybe what sort of things you might give them?

A

Anil Umer 22:14

Yeah, so I guess this might be useful for people watching, to get an idea of what you should expect from from any any injury, basically. Basically, the first step will be reduce the symptoms. And this is no matter where you go to, and this is the ICU regime ...and if whether it's chronic or acute, it's kind of similar. I'm really simplifying here, but the idea is you reduce the symptoms, which is pain normally, so you do whatever it takes to bring those down, because you can't move properly when you're in pain, and you need the tissues to heal, and then also have a relief from that, so that can be ... often it's taking things away. So taking away the movement, or the thing that's causing the pain or the negative symptoms. That doesn't mean complete rest, which is really not a good idea. It means taking away what's causing it but keeping moving and active within pain tolerance, because complete rest is now just considered not particularly effective, it slows down healing times, it prevents developing, you know, functional strength and all that, so it's basically taking away the problem, and some treatments might help like, massage can help. Certain treatments can help reduce the symptoms. Second part would be getting a diagnosis, or an assessment. Even if you can't get the exact thing, just getting some form of assessment or diagnosis from a good quality musculoskeletal physio, or going to a consultant, or anyone who can basically give you ... assess you fully and give you a good idea of what might be causing it, that will guide the treatment, even if it's, "we're not sure but it could be a, b and c", that's still something. And then the third step, which you can start quite early is functional rehab, which is basically (and this is where it's a bit of an art, not just a science) is a bunch of exercises and corrective exercises that could be any combination of flexibility and mobility, strength, stability, postural work ... any of this stuff to basically get you ... your tissues able to tolerate the load. And there's... that's really simplifying it, but ultimately, the exercises I'd give would be based on where they are in their pains...the pain, how calm the symptoms are, what diagnosis or assessment they've had from someone else, or what I've kind of think it could be, and then I'll develop an exercise programme that will get them slowly, progressively closer to doing whatever they couldn't do and need to do. Kind of the simple version of it.

R

Rebecca Toal 24:48

So you do some work here at the Academy. Could you give us like what are the most common things that you see amongst like conservatoire students for example?

A

Anil Umer 25:01

Most common...

R

Rebecca Toal 25:02

Maybe it's not....I mean, we ... we know, especially from this week, that every injury is individual, but are there like certain areas or certain things that people just keep coming to you time and time again for?

A

Anil Umer 25:13

I would say there's, I mean, I've seen quite a few people. Obviously, I would love to see more to get more of a picture, but there does seem to be certain areas that are a bit common. A lot of upper back...upper back, mid back, and then quite a bit of ... often that leads to or is linked with shoulder, especially in string players. And then also in string players, issues and wrist tendinitis-y things or pain in the forearm. I haven't seen ... I get, I mean, I guess, musicians aren't often up and about running, sprinting and doing that ... kind of those kinds of things so I don't really see many lower body issues, probably because if they have any, it's not become apparent, or they're not really loading it, so there aren't issues. Little bit of lower back, but that's much more common in the general population, like people who are going to start exercising, desk workers. Musicians, it's normally around the neck, upper back shoulders, upper limbs.

R

Rebecca Toal 26:11

I guess for the majority of our projects and work would be sitting down anyway, so ... I wonder, yeah, I suppose ... do you, have you seen any wind players?

A

Anil Umer 26:23

Yeah yeah, quite a few of those.

R

Rebecca Toal 26:24

Is it similar sort of just...?

A

Anil Umer 26:26

Similar areas yeah, a bit less shoulder because they tend to be doing less of this or this shoulder movement, so it tends to be more neck, back.

R

Rebecca Toal 26:35

Yeah, yeah. And what would you give them for that? Is that more a massage-based thing, or would you like if they were your private client, for example, would you give them exercises for that?

A

Anil Umer 26:45

It completely depends on the assessment, because neck, back, upper limb, forearm, it could be all kinds of different things. It could be soft tissue pain, it could be muscle tendon, it could be neural stuff, neural irritation, it could be ... and of all the muscles, it can be a variety of different

things. It could even be ... it depends on where they are, how long they've had their pain, because it could be psychological factors, or central nervous system factors, like sensitising their tissues. So it'd be impossible to say one thing what I'd give them, but generally, I'd start with trying to calm their symptoms down by some soft tissue work, and maybe some taking away some stuff or reducing some of what they're doing to give their tissues a break. And then yeah, figure out what exercises they need. But it really would depend completely depends on which exact area and that's why you need a good assessment, and ideally, diagnosis because that will guide the rehab procedure.

R

Rebecca Toal 27:42

So important for everyone to just go and see someone rather than taking advice from their friend.

A

Anil Umer 27:46

And definitely see more than one person. From my experiences I've seen about five or six, really senior consultants, or high level physios and I got, I got probably about four different diagnoses, and when it started to be the same towards the end is like, "Okay, this is probably what it is." But don't go and just see one person, and don't be afraid to... if you think that, if you think "okay, that sounds convincing, but I'll go and see someone else", you know, you can go and, you know, see someone, go and see some good people basically. And if it's complex, if it's an acute injury and you've obviously just strained your back or your rotator cuff or your hand, you're probably going to be more reliable just from what you get told to start with. But if it's complicated, and you've had it for a while, maybe going to see more than one person. I'm always willing to refer people out if I think it could be this, but I really don't know for certain I go "go and see that physio or this guy, they're great, because they'll give you different expertise, different experience, different pair of eyes."

R

Rebecca Toal 28:45

Generally, at what point would you say something goes from acute to chronic?

A

Anil Umer 28:54

Oof that's like a test!

R

Rebecca Toal 28:59

I was thinking about this, like, I feel like this is from typing this week, but it has happened in the past. But I know that it comes on when I do this.

A

Anil Umer 29:09

So that's a chronic issue that's acutely reactive.

R

Rebecca Toal 29:13

Okay, right. So if you sprained your ankle playing football...

A

Anil Umer 29:18

Acute.

R

Rebecca Toal 29:19

Acute, and how long would you expect that to last for maybe?

A

Anil Umer 29:22

Well, a lot of acute issues become chronic. Right? So that's the problem. And let's say you're a musician, you've never had any pain anywhere. And you suddenly start getting some pain in your in your, in your wrists...tendinitis. I'd say that at the moment is an acute issue 'cos it's just happened. And I guess chronic is when you've had it for a while. So it's a bit of a tricky question, because some things have been brewing like tendinitis, you're overloading, overloading it, and then it hurts. But yeah, I mean, if you just got pain that's new, I'd say that's a new issue. Hard to say if it's acute or not. Yeah acute's if you've just torn your ankle or sprained your back or whatever it is. That's acute.

R

Rebecca Toal 30:04

It's probably worth getting both checked out.

A

Anil Umer 30:06

Oh 100%. 100%, don't just think, "Oh, I've, I've just done my back and it will be okay." It probably will be okay. And you probably'll be fine. But do get it checked, it's worth it, especially if you're going to then go and sit for six hours over the next day going, "well, I've got a bad shoulder because I've maybe hurt it playing football or throwing a tennis ball, but now I'm going to go and practice the violin for six hours", then you should definitely just get it checked or seen to.

H

Hattie Butterworth 30:34

In terms of your own shoulder injury, can you explain maybe how it is now? And was it this big break you took that has healed it? Or what do you think, of what you've done, has meant that you can now play without symptoms?

A

Anil Umer 30:52

It's good question. I think the break didn't help. So rest didn't help. I was encouraged rest by quite a few people in the earliest stages and some in the later and then when I saw the kind of more experienced and really elite level physios, there was, you know, the new consensus is "no, don't rest", because you decondition, you lose muscle mass, you lose neural control, you lose strength, you lose conditioning, and your ability to do the task will go down. And because my ... my issue personally was a complex pain issue that was irritated at the slightest thing, resting actually made it worse for me, because I think mine was a neural issue, and resting didn't just make it feel fine. It was always fine at rest, just sitting, not moving. But then resting actually made it more painful and more irritable when I then did anything. So my experience of my injury was that there was no breakthrough diagnosis, there was no breakthrough thing I did, there was a breakthrough principle I applied. And once I applied the idea that "look, there's not going to be one perfect exercise that fixes me" because I tried so much and so many things, there's not gonna be one treatment, one massage, or one needle shoved in a place, or one kind of thing that fixes me, because mine's complex, sometimes those things can clear things up. But I realised I have to just slowly, progressively increase my movement and loading. So it's just really steadily on a graded ladder of how I can, now I can move my arms like this, and I can do that movement, then I can do this, and then I can do something that's a bit like the cello, you know, just slowly increase it while managing the pain, so it didn't overflare but accepting a bit of discomfort, and then eventually got to the point where, "oh, I can sit and play the cello, and there isn't discomfort." But if I was to practice now for four hours all on the A string, it'll be really sore. So it's just kind of, for me, that was the kind of breakthrough approach. And I think that is the approach you have to take with really complex issues, whereas there is no obvious solution or clear medical thing you can do to fix that issue.

R

Rebecca Toal 33:02

How, because it sounds like you have to be quite self-disciplined in gradianting that recovery process...

A

Anil Umer 33:10

Yeah you do yeah.

R

Rebecca Toal 33:11

How did you manage, or how did you balance being self-disciplined, but also mindful and sort of being aware of how it was feeling that day and being a bit more...?

A

Anil Umer 33:22

Loads of mistakes. Years of mistakes. And I didn't even take that approach for the first year or two, thinking maybe if I get the right diagnosis, there could be a clear solution. Yeah, just trial and error and that's honestly what makes me a reasonable therapist because I'm I know that

and error, and that's hopefully what makes me a reasonable therapist, because I'm, I know that you can easily do too much and blow it up, and then you're kind of back a step. It's not a disaster, but you're back a step, or you can not do enough, and you're just not really progressing when ... as good a race as you could. So it's just about that fine balance, and it is trial and error, and no matter who you are, you're going to have some days where maybe you've overpushed it on the rehab journey. They always say a rehab journey is never linear. It looks like that overall, but the actual graph goes like that, so you will improve, but, yeah, it's trial and error and loads of mistakes, to be honest.

R

Rebecca Toal 34:13

That's good to hear.

H

Hattie Butterworth 34:14

Yeah. I'd really like to know, just briefly about the sort of emotional side of moving career, I suppose. I mean, you do have your quartet and things but when you go to the Academy for Masters, I think we talked about this the other day, but you are being treated by your teacher, as if you're playing Haydn D for an orchestra audition, you know, how was the sort of emotional grief of thinking, "right, well, that path is just not sustainable for me"? Like how did that hit you emotionally because you sound like you're incredibly kind of resilient, but I'm wondering like the reality of that was it as simple as just okay, I'll retrain as a massage person.

A

Anil Umer 34:14

Yeah. I think if you asked any of my friends who know me, they will probably say I'm resilient but they probably wouldn't say I'm a very chilled guy. Put it like that. I think these things are really...this is a realm that I'm, you know, this is kind of the realm of therapy, the realm of the psyche and stuff, and I mean, I think you just have to try and talk about it. Try and be honest with yourself. Talk to your friends, talk to whoever you can, get a therapist. With something as big as that, a change a career, I had some therapy, it really helps. But it's a slow process, and a lot of the time, you just have to, I think the hardest thing is, I didn't let myself feel it for a long time. And ultimately, you can intellectualise over these thing because it's less painful, and I was really, it was really tough, because it was for a long time, my goal, my dream, to be a full time cellist in some form. And to have a fine shoulder that meant I could do whatever I wanted and practice for as many hours as I wanted and I could, you know, play whatever I wanted, and I guess I'm still in that process. But I think there does come a point if you keep talking and being honest about it, and you let yourself feel the emotions, of sadness, of grieving something that you thought you were going to do, where you do find a bit of peace with it. But it takes time.

R

Rebecca Toal 36:34

Would you say you're at peace with it now?

A

Anil Umer 36:37

Yeah, mostly, and yeah, I think. Yeah, I think so. I think I am yeah. It's complicated.

H

Hattie Butterworth 36:38

Yeah, thank you for your honesty.

A

Anil Umer 36:47

You know, I'm, I think, as I've only become at peace with it in the last kind of six months to year, actually. And now that I feel like that, it's, it's not something that's gone, it's, it's, I'm easing into that new "this is now what it is. I'm okay with that and I'm quite happy with it". But it's taken...it's kind of new for me to be happy with it. Like, "Oh, yeah. Okay. You know, this, I'm happy what I'm doing now. That's okay."

H

Hattie Butterworth 37:09

Kind of feeling like having a conflicting side that's very present any more, is that what you're saying?

A

Anil Umer 37:15

Exactly, yeah, that's the way to put it. It's less present. No, now it's kind of going away. But before it was so present, like "no, but maybe you need to somehow get yourself to be able to do five hours of practice a day."

H

Hattie Butterworth 37:25

Yeah.

A

Anil Umer 37:25

Which you should never really need to do, but you know, loads of practice to go and achieve these things that you were going to but yeah, I think it's less present now. And it's kind of, kind of gone. So it's easing into that.

R

Rebecca Toal 37:37

I ... yeah, I think that's a resilience that you have to build up against the like, that hasn't come from within you, that's come from how we've been conditioned and actually, especially through conservatoires, we are often...we develop the sense that the goal is to be one thing, potentially. And actually, yeah, it takes a lot to, as you say, find peace with being something else. So yeah I'm in awe.

A

Anil Umer 38:10

Ah well, I mean ... I think one big thing that I ... probably the biggest thing that I helped me find more peace with it, is examining why I wasn't at peace with it, and realising what it was that made me feel I hadn't made it or I wasn't good enough, or I'd failed. And trying to figure out, was that really coming from me? And do I really think that now. And kind of, yeah, because I think it's so easy to go through music, college or any career, but especially a really vocational, really kind of intense thing like this, and you feel you, you at some point along the way you pick up these ideas that are maybe subconscious or maybe conscious where you go, "that's what I have to do to make it." And if you can't, because of an injury, or it no longer actually works for you, or you, you actually don't really want that anymore, but you're still trying but you're not really achieving, because you don't really want it, that's when you get pretty stuck. And I think that's some ... you know, I realised at one point, even if I had a fine shoulder, I wouldn't want what I was trying to achieve before now, even if I could have it, because it doesn't work for me in other ways. But then I realised, well, why am I bothering? So that was quite helpful.

H

Hattie Butterworth 39:23

That's a good point. Maybe one of the last questions, I suppose, do you think if you had discovered, "this is what I really want", do you think you would have ever found a way to work with your shoulder to become a cellist? Like do you think there's ever...I don't know how...what I'm trying to ask but do you think, yeah, if you had really really wanted it the whole way through, you would've...?

A

Anil Umer 39:44

Yeah, I mean, yeah, I think there's, yeah, because I played with pain for years and I think I could have carried on playing with pain and I could have practised enough to have a good shot at really trying to do I wanted, but I'd be sacrificing a lot to be in constant pain, but maybe then have a shot at the kind of full time career playing loads that I want ...that I thought I wanted. And yeah, I think it was a toss up for me. But it was so ... I'm just I'm so much happier now. I'm happy with the chamber music I do and the performances that I do have and I'm happy with that stuff. But yeah, maybe I could have done if I really wanted it badly enough. But I don't think the trade off would've actually been worth it 'cos I would never have done it I guess.

R

Rebecca Toal 40:31

It sounds like you made the right decision for you.

A

Anil Umer 40:33

Yeah, yeah, I think that's what it is. It's about a personal decision. If somebody thinks "no is all I want, and that really is worth it," then then you should do it.

R Rebecca Toal 40:46
Thank you so much for talking to us.

A Anil Umer 40:48
It's alright. No problem.

R Rebecca Toal 40:48
I've been so captivated the entire time.

H Hattie Butterworth 40:53
Thank you everyone for tuning in. And thank you Anil once again. You are awesome.

A Anil Umer 40:57
Well thanks for having me. Thanks guys.

H Hattie Butterworth 40:59
Thank you.