

ARE YOUR RINGERS READY TO RING?

As you stand in front of your ensemble while they are ringing, have you ever noticed facial grimaces, even when the right note has been played? Do members of your ensemble sit down somewhere while you are working with another section at the table? Do you notice that some of your ringers have difficulty moving the bell easily while ringing, even when encouraged? Are there times when a ringer just can't get the effect that you want with the bell? Do your ringers ever actually tell you that they are experiencing soreness or pain, making it harder for them to ring? Do you have members in your group who have arthritis, tendonitis, or low back pain?

The reason for these questions is to increase your awareness of the potential physical impact of ringing on the people you lead. Often ringing is not the root cause of the problems your ringers may be experiencing. They bring the impact of everyday physical activity with them each time they come to the table. It is your job as the Director to be ever mindful of that fact, and to increase the ringers' awareness of this as well. It is important to nurture their ability to take care of themselves and remedy or avoid difficulty. Keep in mind this also applies to your wellbeing. Everyone engages in repetitive motion activities throughout the day, from work related use of the computer to cleaning, home maintenance, and leisure activities, including ringing or directing. Ringing may just be the "straw that breaks the camel's back".

If a ringer is experiencing discomfort, there are several things you can do, in collaboration with the individual, to help determine how best, first to alleviate, and then to prevent the problem from recurring. No matter the complaint, it is important to ask the ringer if this is a new problem, or have they experienced similar discomfort in the past. Find out if they have ever been treated for this type of pain by a health care professional. If this is a new complaint, is the discomfort mild or excruciating, or somewhere in between? Do they know if they injured themselves in this area recently?

Initially, ringers experiencing new or mild symptoms, with no known injury should be encouraged to play only if ringing does not aggravate their symptoms. If ringing makes things worse, then they should take a break from ringing and/or seek medical advice. Sometimes rest, use of an over-the-counter pain reliever and/or icing or heat applications are sufficient. Once symptoms are under control then it may be sufficient to suggest that the ringers engage in some mild stretching

exercises, to stretch tight muscles and warm up their body for the task at hand. These exercises can also enhance general relaxation. Their use should be encouraged both before and after every ringing experience.

The person's method of ringing should be assessed. Are they holding the bell properly? Is their grip on the bell relaxed? Are they keeping their wrists relaxed and aligned? Do they use arm, rather than wrist movement to extract sound? Do they appear tense? Do they stand with their feet apart and knees slightly bent? Do they move to the bell, rather than reach for the bell? Improper ringing technique should be addressed immediately. Proper grip of the bell, correct wrist alignment and the use of arm, rather than wrist movement to produce sound, can be taught, reviewed, or practiced as necessary. Wristbands (wrist supports) can improve a ringer's awareness of wrist position. Their purpose is to provide information to the brain about wrist position and movement (proprioceptive awareness) thus helping in the development and maintenance of proper ringing technique. They should be worn tight enough to prevent slipping, but loose enough that awareness of them is minimal after a few minutes. If they are too tight they can actually exacerbate the problem. Conditioning exercises can be used to strengthen the wrist and arm so that ringing properly becomes more spontaneous. Back exercises can be used to help improve standing posture and alleviate low back pain. Proper body mechanics can also be taught to help avoid low back pain or discomfort between the shoulder blades. Establishing a gentle stretching and strengthening exercise routine for the entire ensemble that can be used every time ringers come to the table is worth the few minutes it takes to reinforce the entire group's readiness to ring.

If the ringer's discomfort is severe due to an acute injury, or it is the result of a chronic injury, condition or disability, the approach used to address it would be very different. If there has been an acute injury or the pain is severe, the ringer should not be allowed to ring until they have either sought medical attention or used appropriate first aid measures until the injury resolves. Following such an episode, the individual should be encouraged to use the exercises and proper ringing technique described above. If the discomfort is a recurrence of symptoms from a previous injury, or the result of a chronic condition such as arthritis, carpal tunnel syndrome, or tendonitis, for which the ringer has previously received medical attention, it would be appropriate to ask the individual to seek the advice of their health care provider. It may be helpful or necessary to resume the exercises or treatment used previously to address the issue. It will still be important, once the person resumes ringing, to use conditioning and warm up exercises, good body

mechanics, and appropriate supportive devices such as wrist or tendonitis bands. A health care provider may also have helpful recommendations for accommodations to make ringing possible.

Careful consideration of bell assignments can help reduce or prevent injury. It will be important for ringers to be truthful about how they feel, physically, with any bell assignment. For example: If the individual has arthritis, the weight of the bell, or the size of the grip required may affect ringing comfort. Individuals who have experienced bursitis or tendonitis of the shoulder or elbow may need to limit the time they spend playing bass bells. Ringers of short stature may also find it uncomfortable playing bass bells all the time. Those with small hands may have difficulty playing bass bells or ringing four-in-hand. Varying bell assignments, from piece to piece, may reduce strain on the body while improving the versatility and musicality of the group.

Bell ringing is an artful sport. Our bodies are part of the instrument. The Director and ringer share in the responsibility for being in the best physical condition possible when playing. It is worth the effort, with dividends in quality, musicality, and enjoyment of this art form.

--Nancy G. Reynolds, Vermont Ringer, Retired Physical Therapist