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A PEDAGOGICAL STUDY AND SET OF RECOMMENDATIONS BASED UPON THE EXPERIENCES OF THREE TRUMPET PLAYERS WHO RECOVERED FROM BELL'S PALSY: BEFORE, DURING AND AFTER

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RICKY LEE SPEARS, JR.
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A DOCUMENT APPROVED FOR THE
SCHOOL OF MUSIC

BY THE COMMITTEE CONSISTING OF

Dr. Karl Sievers, Chair

Dr. Judith Pender

Dr. Marvin Lamb

Dr. Irv Wagner

Dr. Matthew Stock

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For Norah.
Kindness is a superpower and optimism creates possibilities.

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Abstract

Bell's palsy is a temporary idiopathic facial paralysis that affects up to one in sixty people in their lifetime. Trumpet players who have been diagnosed with the condition may go through a lengthy recovery process that may involve not being able to practice or perform on their instrument for weeks to years. The purpose of this study is to gain knowledge about the experiences of professional trumpet players who have recovered from Bell's palsy by closely examining three cases through semi-structured interviews. The information gathered from these cases is synthesized with existing literature and other published stories of recovery. It is hoped that the themes identified will aid trumpet players and teachers who encounter Bell's palsy, as well as inform the direction of further research on the topic.

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Chapter One

Statement of Purpose

Bell's palsy is a type of facial paralysis resulting from inflammation of the seventh cranial nerve.[1] The condition is often temporary, usually only affects one side of the face, and can cause anything from mild weakness to severe paralysis.[2] Trumpet players who have been diagnosed with Bell's palsy commonly go through a temporary decline or loss of their trumpet playing abilities. The purpose of this study is to investigate and compare three cases of professional trumpet players who have been diagnosed with and recovered from Bell's palsy. Through synthesis with existing literature, it is hoped that a close examination of these cases will yield information that could benefit other trumpet players who encounter and seek to recover from Bell's palsy.

Need for the Study

Though Bell's palsy is not considered extremely common, key factors warrant further investigation into its effects on trumpet players. Bell's palsy is said to befall approximately one in sixty people in a lifetime, occurs most often between the ages of fifteen and forty, and equally affects men and women.[3] Two of the muscles affected by Bell's palsy are the orbicularis oris and the buccinator,[4] both of which are primary muscles used when playing the trumpet. The cause

[1] "Bell's palsy Overview," Mayo Clinic, n.d., https://www.mayoclinic.org/diseases-conditions/bells-palsy/symptoms-causes/syc-20370028.
[2] "Bell's Palsy," National Institute of Neurological Disorders and Stroke, n.d., https://www.ninds.nih.gov/bells-palsy-fact-sheet.
[3]Julian N Holland and Jonathan M Bernstein. "Bell's palsy." *BMJ Clinical Evidence 2014* (April 2014).
[4]Danette C Taylor DO, "Bell Palsy: Practice Essentials, Background, Anatomy," n.d., https://emedicine.medscape.com/article/1146903-overview?reg=1#a4.

and risk factors for Bell's palsy are not clearly evident, and the paralysis it produces directly impairs the physical aspects of trumpet playing.

There is ample evidence showing what issues Bell's palsy can cause for trumpet players, as well as what techniques are considered effective during recovery. Some of this evidence is anecdotal in nature, such as personal narratives or informal interviews found on the internet. Much of the information about recovery from Bell's palsy can be considered hearsay, such as unsubstantiated comments on message boards or social media. This document seeks to present systematic research about how trumpet players have recovered from Bell's palsy. This could aid individual trumpet players who develop Bell's palsy in the future, as well as reveal areas in which further research on the subject should be concentrated.

Scope and Limitations of the Study

This study's primary focus is to identify important aspects related to recovery from Bell's palsy by trumpet players. The scope of the study is limited to information gathered through semi-structured interviews with three trumpet players who have recovered from Bell's palsy and currently maintain professional careers playing trumpet in a classical or jazz setting. The themes identified in these interviews were synthesized with information from already existing sources.

Procedures and Methodology

The three musicians interviewed in this study were chosen based on their experience as professional trumpet players who have recovered from Bell's palsy, as well as their willingness to participate. They are Dr. Michael Huff, Dr. Rick Holland, and Rich Willey.[5] The participants were first contacted through a recruitment email that included information about the purpose of

[5] See Appendix D for interviewee biographies.

the study, the reason they were being approached, and a brief description of the interview process.

An exhaustive search was done to locate a female trumpet player for participation in the study, but none could be identified. None of the prominent members of the trumpet community who were contacted had encountered a female trumpet player with Bell's palsy. This may be because of the small percentage of professional female trumpet players in general. In 2014, composer and blogger Suby Raman released research that showed only three percent of the trumpet players in the top twenty U.S. orchestras are female.[6] Similarly, business news website Quartz found that in 2018 only one out of 122 trumpet players in the world's top twenty orchestras were female.[7]

Approval for this study has been granted by the University of Oklahoma Institutional Review Board (IRB).[8] The interviews were conducted individually over Zoom and were video recorded for transcription and analysis. Consent to be recorded was given verbally by each participant at the beginning of their interview, and each participant also agreed to the use of their name and interview data in this document. The interviews were semi-structured and guided by ten pre-determined questions.[9] The questions were provided to the participants a week prior to the interview. In Chapter Three of this document, transcriptions of the interviews are analyzed to create individual summaries, and themes across all three interviews are identified. Then, in

[6] Suby Raman, "Graphing Gender in America's Top Orchestras," November 18, 2014, https://subyraman.tumblr.com/post/102965074088/graphing-gender-in-americas-top-orchestras.
[7] Oliver Staley and Amanda Shendruk, "Here's What the Stark Gender Disparity among Top Orchestra Musicians Looks Like," *Quartz*, October 16, 2018, https://qz.com/work/1393078/orchestras.
[8] See Appendix C for IRB approval letter.
[9] See Appendix B for a list of interview questions.

Chapter Four, the findings are explored further through the context of existing literature about Bell's palsy.

Chapter Two

Review of Related Literature

Researchers consider the exact causes of Bell's palsy to be unknown, though there is a consensus that many cases could be the result of inflammation caused by a viral infection.[10] Common treatment options include oral steroids, antiviral medications, and facial physical therapy or exercises,[11] but guidelines for assisting in recovery are not fully standardized. In a 2009 expert review of Bell's palsy treatment evidence, it was concluded that steroids given within seventy-two hours of symptom onset should be the primary strategy when a patient presents with Bell's palsy. Those researchers also noted the ineffectiveness of antiviral therapy alone.[12] A 2014 review of medical literature found that steroid treatment alone is associated with higher rate of recovery and a quicker recovery time in those with Bell's palsy. The same review notes that antiviral therapy is no more effective than a placebo and that facial retraining exercises may have some benefit, although evidence is weak.[13]

Other researchers question the standard use of steroids for all Bell's palsy patients. One study compared patients using facial neuromuscular training (FNT) and patients using both FNT and steroids. There were no great differences found between the groups' recovery degrees or rates, leading researchers to conclude that prescription of steroids for Bell's palsy should be individualized and more research is needed to include factors such as age, gender, and grades of

[10] "Bell's Palsy - Symptoms and Causes - Mayo Clinic," Mayo Clinic, May 4, 2022, https://www.mayoclinic.org/diseases-conditions/bells-palsy/symptoms-causes/syc-20370028.
[11] "Bell's Palsy," n.d.
[12] Richard Davenport et al., "Bell's Palsy: New Evidence Provides a Definitive Drug Therapy Strategy," *British Journal of General Practice* 59, no. 565 (August 1, 2009): 569–70, https://doi.org/10.3399/bjgp09x453765.
[13] Holland and Bernstein, "Bell's Palsy".

facial dysfunction.[14] Research has also shown that the recovery rate for Bell's palsy patients was worse in those who had metabolic syndrome. Metabolic syndrome is a group of conditions, including obesity, high cholesterol, and high blood glucose, that increase the risk of heart disease, diabetes, and stroke. [15]

A 2021 study described the possible psychological and social aspects of adults living with facial palsy. It was noted that those with facial palsy often feel stress from the uncertainty surrounding their condition. In an effort to feel in control, they sometimes spend a great deal of time and/or money on anything they think might help them recover, even if there is no clear evidence those things will help. Researchers also concluded that facial palsy can cause complex psychosocial issues that should be addressed.[16]

Though there is a large amount of medical research relating to Bell's palsy and recovery from it in general, there is very little published research that mentions Bell's palsy in trumpet players. A 2015 study of the facial strength of trumpet players included one subject who had recovered from Bell's palsy. In that player, decreased cheek strength was found on the side that Bell's palsy had occurred, but this difference was no more pronounced than in the rest of the players unaffected by Bell's palsy. In that same study, the trumpet player with Bell's palsy had taken two years to recover enough to return to playing professionally.[17]

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[14] Margarida Ferreira et al., "Are Corticosteroids Useful in All Degrees of Severity and Rapid Recovery of Bell's Palsy?" *Acta Oto-laryngologica* 136, no. 7 (2016): 736-41.
[15] Su Young Jung et al., "The Effect of Metabolic Syndrome on Bell's Palsy Recovery Rate," *Acta Oto-laryngologica* 138, no. 7 (2018): 1-674.
[16] Clare Hamlet et al., "'Your face freezes and so does your life': A qualitative exploration of adults' psychosocial experiences of living with acquired facial palsy," *British Journal of Health Psychology* 26, no. 3 (2021), https://www.doi.org/10.1111/bjhp.12515.
[17] Nancy L. Potter et al. "Facial and Lingual Strength and Endurance in Skilled Trumpet Players," *Medical problems of performing artists* 30, 2 (2015): 90-5, www.doi.org/10.21091/mppa.2015.2015.

In a review of information related to focal peripheral neuropathies, Richard J. Lederman, M.D. discusses a patient with Bell's palsy that he treated. The patient was a French horn player and was able to resume playing horn earlier by shifting her mouthpiece away from the affected side and taping her lips together where air would escape. Lederman notes that wind players with Bell's palsy will still probably have to be patient and wait for their face to recover before playing. He also recommends that antiviral and steroid therapy are appropriate when the condition is treated early on.[18]

In his book *Trumpet Technique*, professor and trumpeter Frank Gabriel Campos notes that the symptoms of Bell's palsy often go away with minimal medical treatment, but there are a relatively small number of cases of people never fully recovering. He also mentions that trumpet players may take months to recover well enough to perform again. [19] Trumpeter David Hickman also mentions Bell's palsy in his book, *Trumpet Pedagogy*, saying that "brass players with Bell's palsy find it extremely difficult to play with good control and endurance."[20]

Information published about woodwind players' experiences with Bell's palsy is also a topic of interest. In an article focused on flute players, it is noted that the scale for rating facial muscle dysfunction may not be useful when dealing with musician embouchures, which are sensitive to small adjustments.[21] It is possible that a non-musician could be considered fully recovered from Bell's palsy, but a wind musician at the same stage of recovery could still experience negative effects to their embouchure and playing.

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[18]Richard J Lederman, "Focal peripheral neuropathies in instrumental musicians." *Physical medicine and rehabilitation clinics of North America* 17, no. 4 (2006): 761-79, https://www.doi.org10.1016/j.pmr.2006.06.009.
[19] Frank Gabriel Campos, *Trumpet Technique* (Oxford University Press, 2005), 132-33.
[20] David Hickman, *Trumpet Pedagogy* (Hickman Music Editions, 2006), 246.
[21] Sasha G Garver and Adam T Scwalje, "Sound Anatomy: Ear, Nose, and Throat Problems of Flutists," *The Flutist Quarterly* 44, no. 2 (2019): 26-30.

A clinical report in the *Journal of Prosthetic Dentistry* described the development of a device for a patient who was a clarinet player recovering from Bell's palsy. The device, made of titanium alloy and affixed to the barrel of his clarinet, included a plate that put pressure on the affected cheek while the patient played. This allowed the player to continue practicing more effectively while he recovered from Bell's palsy.[22] Two prototypes for a similar device were created by researchers in the Biomedical Engineering department at the University of Wisconsin-Madison. The researchers noted that further development would be needed to make the device practical for use by musicians recovering from Bell's palsy, including improvements in comfort, aesthetics, and adjustment of force against the facial muscles.[23]

Some professional and amateur trumpet players have publicly documented their recovery from Bell's palsy. These stories and words of advice can be found on personal websites, blogs, social media pages, message boards, mailing lists, podcasts, YouTube, and in news articles. Though these resources are not scholarly or peer reviewed, they are a common source of information for trumpet players who are seeking guidance in recovery from Bell's palsy.

In his testimonial of his experience with Bell's palsy, NYC session trumpeter Sherwood H. K. Finley II notes that his physical recovery took about eight months, but that gaining his mental confidence in playing took closer to a year. Finley mentions that during his recovery he was prescribed an oral steroid, an antiviral, and performed facial muscle exercises and massages that were self-developed. He also discusses using the energy healing method of Reiki, which he was already a practitioner of prior to encountering Bell's palsy. Also of note in Finley's story is a

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[22] Cynthia Aita-Holmes et al., "Digital Capture, Design, and Manufacturing of an Extraoral Device for a Clarinet Player with Bell's Palsy," *Journal of Prosthetic Dentistry* 14, no.2, (2015), https://doi.org/10.1016/j.prosdent.2015.02.029.

[23] Megan L. Jones, Vivian Chen, and Patrick E. Cassidy, "Development of a Clarinet Embouchure Assistive Device for People Suffering from Synkinesis," https://bmedesign.engr.wisc.edu/projects/file/?fid=2288.

statement he makes about not telling others about his condition during his recovery, because "nothing gets attached to you faster than what you present to others".[24]

Jazz trumpeter Chase Sanborn recovered from Bell's palsy and, like Finley, mentions the possible trouble with sharing his diagnosis with others. He chronicled his experiences in a blog, but as his story spread through other sources on the internet, not everyone realized that his recovery was complete. Sanborn suspects this may have caused him to miss out on possible jobs. He has now summarized his recovery process by week. When diagnosed, he was prescribed steroids, an antiviral, and physiotherapy which included electrostimulation of his facial muscles. He began playing gigs about six weeks into recovery but did not feel completely recovered for closer to five months post symptom onset.[25]

Antony Kearns, a music publisher and a self-described ex-professional trumpet player, has devoted a section of his personal website to discussing his recovery from Bell's palsy in 2015.[26] Kearns also chronicled his recovery in a YouTube video,[27] where he states his belief that one aspect important to his recovery was to not do too much playing too soon, in order to avoid the development of involuntary facial muscle contractions, or synkinesis. He also put a focus on staying positive and physically healthy during recovery. Kearns has a theory that brass and woodwind players may recover more quickly from Bell's palsy than the average person, due to increased muscle memory in the face helping to repair nerve damage.

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[24] Clint McLaughlin, "Recovering from Bell's Palsy," Bbtrumpet.com, November 13, 2017, https://bbtrumpet.com/blogs/Health/recovering-from-bells-palsy.
[25] Clint McLaughlin, "Chase Sanborn & Bell's Palsy" Bbtrumpet.com, November 13, 2017, https://bbtrumpet.com/blogs/Health/recovering-from-bells-palsy.
[26] Antony Kearns, "Bell's Palsy," *antonykearns.com,* accessed October 1, 2022, https://antonykearns.com/bells-palsy/.
[27] AntonyKearns, "Bell's Palsy Recovery: A Trumpeter's Story," March 25, 2015, Youtube video, https://www.youtube.com/watch?v=cw9d5XfGFVQ.

At the 2022 International Trumpet Guild (ITG) conference in San Antonio, Dr. Michael Huff and Dr. Chip Crotts presented a clinic on their experiences with Bell's Palsy, entitled "Overcoming Adversity Through Positivity: A Journey Through Bell's Palsy." They presented information on what Bell's palsy is, how it affects trumpet players, and what recovery can look like. Several audience members were trumpet players who had recovered from Bell's palsy. This presentation has not been published or made available to the public.[28]

Jay Cohen is a trumpet player who has worked at the Santa Anita's Horse Track for over 30 years, playing bugle calls and providing musical entertainment.[29] He contracted Bell's palsy in 2018 at age sixty-three, and claimed to have recovered about eighty percent of his playing ability within three months of symptom onset. He notes that his symptoms came on more gradually than immediately, which is unlike most Bell's palsy sufferers. He also says his struggle with Bell's palsy and inability to do his job temporarily took away his persona,[30] demonstrating the mental and emotional struggles that can go along with the physical impairment during recovery.

American jazz trumpeter Donald Byrd experienced Bell's palsy in the 1960s, which may have prevented him from becoming a mainstream jazz player as the likes of Art Farmer, Lee Morgan, and Freddie Hubbard. His frustrations from struggles with Bell's palsy, along with the pressure of competing with younger and talented jazz players, caused Byrd to temporarily quit

[28]"2022 ITG Conference Report-Day 5," *International Trumpet Guild Photography*, June 4, 2022, https://internationaltrumpetguildphotography.zenfolio.com/blog/2022/6/2022-itg-conference-report---day-5---saturday-june-4.
[29] Ed Golden, "Jay Cohen Overcomes Bell's Palsy, Back on the Horn at Santa Anita," *Paulick Report*, March 29, 2019, https://paulickreport.com/news/people/jay-cohen-overcomes-bells-palsy-back-on-the-horn-at-santa-anita/.
[30] "Santa Anita's Bugler is Confident Bell's Palsy Won't Sideline Him for Long," *Los Angeles Times*, February 16, 2019, https://www.latimes.com/112873083-132.html.

playing the trumpet professionally and focus on teaching. However, there is evidence that Byrd made a successful recovery, as he continued recording albums into the 1980s.[31]

South African jazz trumpeter Feya Faku took just over two years to recover from his case of Bell's palsy, which he suspects was triggered by stress from the passing of five of his close family members in 2019. Faku was fifty-seven at the condition's onset, and at the time expressed frustration at online rumors that he had actually had a stroke or heart attack.[32] In one interview he describes the recovery period when he could not play trumpet as a very dark time in his life in which he learned to be patient and reflect more.[33] A year after he recovered he was able to release two new albums and continue touring.[34]

Luca Aquino, an Italian jazz trumpeter, did not play his trumpet for over a year after being diagnosed with Bell's palsy in 2017. Aquino decided to use this time to reacquaint himself with traditional Italian music he had learned in his youth and released the album *Italian Songbook* after recovery. In reflection of this experience he says, "A Neapolitan song was the first piece I ever played on the trumpet. During my compulsory break through illness, I decided to take a look back at this music, as a way to start over."[35]

On his website, trombonist Tim Smith has a section devoted to Bell's palsy recovery stories from musicians, two of which are from professional trumpet players. Rob Singer of "The

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[31] Michael J West, "JazzTimes 10: Essential Donald Byrd Recordings," *JazzTimes*, August 6, 2019, https://jazztimes.com/features/lists/jazztimes-10-donald-byrd/.
[32] "'Feya' upset at rumours of his illness," *Sunday Independent* (South Africa), June 23, 2019.
[33] SABC News, "Reknowned South Afridan trumpeter Feya Faku on a country wide tour and the release of two albums, February 27, 2022, YouTube video, https://www.youtube.com/watch?v=FeN-_dmACdk.
[34]Keshia Africa, "Feya Faku makes a comeback with double album launch," *IOL* (South Africa), February 27, 2022.
[35]"CD review: Luca Aquino – Italian Songbook 2019: Video, CD cover," Jazz Blues News, June 15, 2019, https://jazzbluesnews.com/2019/06/15/cd-review-luca-aquino-italian-songbook-2019-video-cd-cover/.

President's Own" United States Marine Band experienced Bell's palsy in 2008 and recovered to an extent that he claims he is in some ways a better trumpet player than he was prior to having the condition. He notes that his job allowed him to recover slowly, which lessened his stress and enabled him to restore his playing in a more correct way than if he had been rushed to meet deadlines. Freelance trumpeter Ron Turner describes his experience with Bell's palsy as more minor than others' and recovered in about five weeks. He notes that keeping a positive attitude was important to him during recovery and warns that although he found helpful resources on the internet, there is also a lot of unverified or unhelpful advice there as well. [36]

There are several threads related to Bell's palsy recovery located in the forums of www.trumpethearld.com. One discussion from 2009 contains an initial post from a professional trumpet player asking for assurance from colleagues after receiving a Bell's palsy diagnosis.[37] The replies include advice to take a short time off playing, encouraging words about recovery, second-hand stories of other Bell's palsy recoverees, and mentions of devices or specific exercises that may help in recovery. Other threads on the subject, including one in 2015, have similar replies with general advice to not try to recover playing too quickly, but provide links to specific resources for Bell's palsy recovery in trumpet players are not mentioned or shared.[38]

Facebook is another source of discussions involving trumpet players and Bell's palsy. One post on the public Facebook group TrumpetPlayerOnline.com asks if trumpet players are able to get their playing back after having the condition, and answers are overwhelmingly

[36] Tim Smith, "Bell's Palsy," Tim Smith-trombonist, accessed October 1, 2022, https://timsmithtrombone.com/bells-palsy/.
[37] BeboppinFool, "Bell's Palsy," Trumpetherald.com, January 26, 2009, https://www.trumpetherald.com/forum/viewtopic.php?t=84939.
[38] Mangoant, "Playing again after Bell's Palsy," Trumpethearald.com, March 29, 2015, https://www.trumpetherald.com/forum/viewtopic.php?p=1408671.

positive. Twelve of the replies are from trumpet players who claim to have fully recovered, but there are also comments noting some difficulty or complete absence of recovery.[39]

Another public post on a personal Facebook page credits learning much about Bell's palsy recovery from trumpeter Bobby Shew. [40] Shew has researched the condition extensively since the 1970's and counseled over thirty trumpet players who have recovered from the condition.[41] His advice for recovery includes buzzing exercises (beginning with free buzzing and then buzzing on larger brass mouthpieces), and a facial recovery process involving moist heat on the face followed by a particular facial fluttering exercise.[42] Shew considers himself to be a troubleshooter, saying "I don't tell guys how to play the trumpet or how to play music. I try to show them how to teach themselves to play. It's up to them to play the way they want to play…. I give people tools to help them overcome their problems with playing."[43]

Shew also notes that he has seen substantially more cases on the left side of the face. He theorizes that, just as most people are right-handed, there is also right-side dominance of the face muscles. This leaves the weaker left side of the face more susceptible to side effects from compression in the body while playing trumpet. One player who was advised by Shew during recovery from Bell's palsy on the left side subsequently experienced the condition a second time, but on the right side of the face.

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[39] Vince McCool, "better question for trumpet players, can you get your chops back after bells palsy?" Facebook, January 12, 2021, https://www.facebook.com/groups/961634670555496/permalink/3896902260362041

[40] Mark Schwartz, "Bell's Palsy Update: Yesterday, I was privileged to spend an hour on Zoom with Bobby Shew," Facebook, November 27, 2021, https://www.facebook.com/permalink.php?story_fbid=pfbid0Fb76QT3Kv4vPBMcYsbofNhWSZZz8ugoJjBe2YiERuxD8ukssd4Ue8LphykhMcCNCl&id=100069294123727.

[41] The author conversed with Bobby Shew regarding the topic of Bell's palsy. A transcript of this conversation is not provided, as Shew approved only certain statements for inclusion in this document.

[42] Bobby Shew, conversation with author, July 4, 2023.

[43] Bobby Shew, conversation with author, July 4, 2023.

Shew also has a well-developed theory about a cause of Bell's palsy, believing that it is often activated by cold air hitting a nerve in the inner ear.[44] Numerous scientific studies lend evidence to this theory. Research of over 500 cases of Bell's palsy in Greece showed that there were significantly fewer cases in the summer months, and a positive correlation between a rise in Bell's palsy cases and wind chill factor.[45] One study in Korea revealed higher wind speeds on days prior to Bell's palsy occurrence than on days without Bell's palsy occurrence.[46] Another Korean study found that "seasonal and monthly incidence of Bell's palsy was related to low temperature, high atmospheric pressure, and low relative humidity."[47]

Mr. Shew recounts the story of Doc Severinsen's bout with Bell's palsy, in which he recovered from in just six weeks. In 1992, Severinsen had played a concert in Tulsa and decided to walk back to his hotel, four blocks away, in cold and windy weather. Shortly after falling asleep, he was awakened by a sharp pain in his ear and stricken with Bell's palsy. He received advice to buzz on a low brass mouthpiece and diligently practiced buzzing until he was recovered.[48]

Another expert who is known for helping brass players recover from embouchure issues is Lucinda Lewis, who has published books and exercises on embouchure rehabilitation.[49] A

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[44] Bobby Shew, conversation with author, July 4, 2023.
[45] Panagiotis Kokotis and Serafeim Katsavos, "Effects of Wind Chill Factor, Temperature and Other Meteorological Parameters on the Incidence of Bell's Palsy: Results Based on a Retrospective, 7-Year Long, Greek Population Study," *Neuroepidemiology* 45, no. 1 (2015): 44-9, https://www.doi.org10.1159/000433542.
[46] Eun-Ju Jeon et al., "Effects of meteorological factors on the onset of Bell's palsy," *Auris, Nasus, Larynx* 40, no. 4 (2013): 361-5, https://www.doi.org10.1016/j.anl.2012.10.008.
[47] Min Hee Kim and So Young Park, "Population-based study and a scoping review for the epidemiology and seasonality in and effect of weather on Bell's palsy," *Scientific Reports* 11, no. 1 (2021), https://www.doi.org10.1038/s41598-021-96422-4
[48] Bobby Shew, conversation with author, July 4, 2023.
[49] "Bookstore," Embouchures.com, accessed July 6, 2023, http://www.embouchures.com/index.html.

professional French horn player, Lewis advises brass players with Bell's palsy to initially not play during recovery, but to use blocked buzzing while the facial muscles gain strength. She states that playing, free buzzing, or mouthpiece buzzing "with a still slightly impaired facial motor capacity can cause a player to start adjusting, compensating, and trying to accommodate the lingering weakness."[50]

John Snell is a brass mouthpiece expert who has worked as a manager for Bob Reeves Brass Mouthpieces for over twenty years. A trumpet player himself, Snell has interviewed countless brass musicians for Bob Reeves' "The Other Side of The Bell" podcast, including a handful who have experienced Bell's palsy or a conditioning requiring one to re-learn to play their instrument. Snell considers full recovery from Bell's palsy to be possible for trumpet players when they have "intentional, patient practice on a consistent basis with a focus on both the mental and physical aspects of playing."[51]

One expert and scholar who has researched Bell's palsy and worked with those who recovered from it is trumpet player Dr. Richard Cox,[52] who holds doctorates in psychology, medicine, and theology.[53] He has seen many cases of full recovery in trumpet players, which he says could be due to "daily use of the embouchure and our fighting against keeping that embouchure."[54] Dr. Cox says that treatments for Bell's palsy vary from person-to-person, partly due to the absence of one singular cause of the condition. He does not usually recommend

[50] Lucinda Lewis, email with author, July 6, 2023.
[51] John Snell, email with author, July 6, 2023.
[52] The author conversed with Dr. Cox regarding the topic of Bell's palsy. A transcript of this conversation is not provided, as Dr. Cox approved only certain statements for inclusion in this document.
[53] "Episode 41: Secrets of the Musical Mind with Dr. Richard Cox," Trumpet Teacher Talk, February 24, 2017, www.trumpetteachertalk.libsyn.com/episode-41-secrets-of-the-musical-mind-with-dr-richard-cox
[54] Richard Cox, phone conservation with author, June 30, 2023.

steroids as a treatment but instead focuses on vitamin B1 supplement, hydration, proper sleep, and neuromuscular rehabilitation such as isometric exercises. Additionally, he advises that trumpet players with Bell's palsy continue to attempt to play with their established embouchure, as to avoid shifting the mouthpiece and developing bad habits.[55]

[55] Richard Cox, phone conversation with author, June 30, 2023.

Chapter Three

Summary of Interview with Dr. Michael Huff

Dr. Michael Huff is primarily an orchestral trumpet player and Professor of Music at Troy University. He had not heard of Bell's palsy when he contracted it at the age of thirty, shortly after he accepted his first collegiate teaching job at Mississippi State University. In the period before the condition's onset, he was transitioning from a career in the United States Air Force Band, completing a Doctor of Musical Arts degree, auditioning for orchestral positions, and applying for jobs. He believes that stress may have contributed to the onset of Bell's palsy.

Dr. Huff resumed playing with an orchestra about a year after onset of the condition and performed a solo recital a year later. During his recovery, he first began buzzing on a trombone mouthpiece as soon as he could produce a vibration. Then, when he felt he could firm both corners of his embouchure, he started playing on a trumpet mouthpiece again with success. Though his range was initially limited, his sound was the same as his pre- Bell's palsy sound. Huff acknowledges this isn't the case for everyone who is recovering. When unable to play during recovery, he also started doing Breathing Gym exercises.[56]

Dr. Huff noted that no specific trumpet playing exercises helped him recover until the nerves had regenerated enough for him to play again. Caruso exercises[57] helped a little to get the strength back in the face muscles while recovering. Once he had recovered enough to do a basic routine or Arban set, he started moving away from the buzzing/Caruso exercises and added a wider variety to his practicing.

[56] Exercises designed to improve breath control for wind musicians, developed by tubists Patrick Sheridan and Sam Pilafian, and published in their 2014 book, *The Breathing Gym*.
[57] Sets of trumpet playing exercises developed by brass pedagogue Carmine Caruso.

Dr. Huff feels as though he has made a full recovery playing-wise, but also spoke of recovery as an on-going process. For example, he stated that anytime he encounters an issue in his playing there is not a way to know for sure if it's from remnants of Bell's palsy, normal aging, or something else. He also has noticed a possible residual effect of his left eye squinting and watering more than normal when he is fatigued from playing.

After being diagnosed with Bell's palsy, one of the first individuals Dr. Huff sought advice from was fellow Air Force trumpeter Clarence Mitchell, who had previously recovered from the condition. Mitchell's initial advice was to reduce stress as much as possible. Dr. Huff mentioned that stress in this case refers to lifestyle and long-term stress. When speaking with Mitchell about Bell's palsy, Dr. Huff was reminded of his foundations in the Chicago School of brass playing, specifically the concept of Song and Wind.[58] He stated that "getting back into that concept of focusing on the sound that you're trying to make and trying your best to stay away from the technique of what you think you need to feel like was also really helpful to me with the recovery." After his diagnosis, Dr. Huff also spoke with Ray Crisara, who had Bell's palsy when he was performing with the NBC radio orchestra in the 1940's. Crisara suggested that Dr. Huff should enjoy his time off, try to reduce stress, eat a healthy diet, and focus on healing.

During and after experiencing Bell's palsy, Dr. Huff noticed and networked with more trumpet and brass players who had recovered or were in process of recovering. He and another Bell's palsy recoveree, trumpeter Chip Crotts, developed and presented a clinic session titled "Overcoming Adversity Through Positivity: A Journey Through Bell's palsy" at the 2020 International Trumpet Guild Conference. One of the ideas that he likes to convey to others, both

[58] Chicago School refers to a style of brass pedagogy established by brass musicians in the Chicago Symphony Orchestra, including tubist Arnold Jacobs whose teachings are chronicled in the 1996 book *Song and Wind.*

those with Bell's palsy as well as trumpet players in general, is that being busy does not always equal being successful. He says that every trumpet player should figure out what works for them individually, in terms of reducing lifestyle stress. Dr. Huff states "we all collectively need to do a better job of just not equating being busy and doing a ton of gigs with being successful…you start to get away from that kind of a thought and it actually makes a better musician, a better person."

Summary of Interview with Rich Willey

Rich Willey is a professional commercial/jazz trumpet player who also doubles on various other brass instruments and the EVI (electronic valve instrument). Because of a bad injury to his bottom lip, he did not play trumpet from 1981-1996 but continued to perform on valve trombone and bass trumpet during that time. He was fifty-three when he developed Bell's palsy in 2009. Many years before, he had initially heard of Bell's palsy from a story told by his teacher Dr. Donald "Doc" Reinhardt. Willey was on tour when he developed the condition and noticed some issues in his playing the night before his diagnosis. He tried having an extra practice session on his own later that night but could not seem to get his playing to lock in place. The next day as he was having trouble warming up, a bandmate noticed that one side of his face was drooping as if he might have had a stroke and Willey immediately suspected that he might have Bell's palsy. Within twenty-four hours, he was diagnosed and prescribed an antiviral medication and a steroid. He suspects that he recovered as quickly as he did in part because of this prompt medical treatment.

Willey considers his full recovery from Bell's palsy to have taken six months to a year. Three weeks after onset, he was able to whistle and lip-buzz soon after that. He feels that it took him a while to regain full confidence in his playing, but also that after fully recovered he ended

up with more range and endurance on trumpet than he had ever had. Other than speaking with fellow Reinhardt student David Sheetz, Willey did not personally seek help with recovery, but did read others' stories online.

Regarding taking time off from playing after diagnosis, Willey said "Somehow I intuitively knew that if I tried to compensate for the lack of muscle, that I was going to essentially train my chops to do something that was not right for them, so I just didn't play, man. I didn't touch the horn. I got busy doing other stuff. And personally, I think that was the answer." Waiting to play until his muscles responded on their own and starting off playing bass trumpet during recovery are both elements Willey mentioned as helping with his strong recovery. It took him some time to feel back to normal in terms of range and endurance, but now feels those aspects of his playing are just as good, if not better than before experiencing Bell's palsy.

Willey also believes that keeping a positive attitude contributed to his successful recovery. He notes that the trumpet is a physically demanding instrument, and it takes patience and dedication to make progress on the instrument, even more so when recovering from Bell's palsy. "The answer is, stay calm, focus on something else, make the best use of your time," he stated. He also stresses the importance of keeping a positive self-image, having a good sense of humor, and finding a hobby away from the trumpet if the stress of recovery is difficult.

Summary of Interview with Dr. Rick Holland

Dr. Rick Holland is a classically trained jazz trumpet artist and a veteran private teacher of over twenty-five years. Dr. Holland was diagnosed with Bell's palsy in 2021 and believes its occurrence may have been related to neck surgery he had in 2017. Medical professionals have told him that the muscles of the neck that connect to the face may have some connection to his Bell's palsy related issues. Furthermore, in 2011, Dr. Holland suffered a stroke and a series of

medical issues in the years following, which he says added extra challenges to his recovery. At the moment of onset of Bell's palsy, he was demonstrating an etude during a private lesson and his face all of the sudden began to weaken until he could no longer play. He thought he may have had another stroke, but doctors recognized it immediately as Bell's palsy.

Dr. Holland is recovered in the sense that he feels he can play trumpet at about 80% of the level he could before Bell's palsy. He is open about having some current struggles in his recovery but remains positive in the situation as he believes his attitude is partly responsible for the success he has had in recovery so far. During recovery he sought advice from both Bobby Shew and Brian Nadeau, another trumpet player who had a successful recovery from Bell's palsy. He also mentions acupuncture and electro-magnetic stimulation as some of the tools he feels have encouraged major progress in his recovery. He feels that in the next few months he should be returning fully to his professional playing opportunities.

Dr. Holland believes that everyone who has encountered Bell's palsy has different psychological challenges, and that having patience is essential to recovering. He says, "You can't will this to go away…that's not going to happen. If you do, you're just going to get yourself in a bunch of trouble. Possibly make your face tighter." Another piece of advice for Bell's palsy sufferers Dr. Holland gives is being active in reaching out to people and asking for help, even if you have to reach far outside of your own community.

Chapter Four

Findings/Synthesis of Data

The three trumpet players interviewed for this study were all established professional musicians before they encountered Bell's palsy. The condition's onset had to be a traumatic and unsettling event for each of them, considering the uncertainty that surrounds its cause and treatment. Two of the participants were somewhat familiar with Bell's palsy before experiencing it, but all three participants luckily had at least one friend or colleague that they were able to reach out to for advice after being diagnosed. They also all sought medical help soon after symptom onset. Each of them has been through a journey of Bell's palsy recovery, although the meaning of recovery may vary for each of them.

Potential Causes

Each of the participants experienced Bell's palsy in a different decade their lives. Dr. Huff attributes life stress as a possible trigger for his case at age thirty. Willey does not have any strong feelings about what could have caused his case at age fifty-three. Dr. Holland theorizes that his case in his sixties was at least in part because of an unsuccessful neck surgery he had years prior. None of the participants attributed their case to any particular infection or virus or mentioned a possible correlation to cold air or wind such as in many of the players Bobby Shew has helped recover. This is not entirely surprising considering many doctors and medical reference pages on the internet do not mention a possible correlation to cold air or wind despite there being available medical evidence for it.

Similar to Dr. Huff, South African trumpeter Feya Faku mentioned stress as a possible cause or trigger of his Bell's palsy. Medical advice usually lists Bell's palsy as idiopathic, with a likely cause of inflammation caused by some sort of virus. It could be suggested that an

underlying or dormant virus could be the underlying cause of a case of Bell's palsy, and that stress is what triggers that virus or inflammation. Dr. Huff hadn't initially thought of stress as a trigger for Bell's palsy but considers it to be a factor after examining his own lifestyle and hearing similar stories from others. He states, "lifestyle stress… it kind of gradually erodes and kind of grows up into us, until suddenly I think our bodies and our brains just say, all right, reset, time to pay the piper here."

Recovery Time

Medical professionals generally agree that the facial function lost by Bell's palsy will be restored within a few weeks to six months, but sometimes longer. It is important to note that recovery time for a person with Bell's palsy is usually given based on when one has basic control of their facial expressions and movements such as blinking or drinking from a straw. The facial muscles of wind musicians may recover to this extent a good deal before they consider their playing abilities to be completely restored, so a trumpet player who is considered recovered from a medical standpoint may still not consider themselves to be recovered.

The three participants in this study all indicated a timeframe ranging from over six months to two years for the recovery of their trumpet-playing abilities. This is similar to many reported recovery times of other professional trumpeters. Feya Faku's recovery took two years, and Luca Aquino's over a year. Sherwood H.K. Finley felt physically recovered in eight months, but his mental confidence wasn't restored until close to a year. Donald Byrd's recovery time isn't clear, but he did take substantial time off from playing the trumpet before playing and recording again.

Some individuals, such as Anthony Kearns feel as though the increased muscle usage in the faces of wind players may even help them recover more quickly on average. Chase Sanborn

feels he was completely recovered after five months, which is similar to Jay Cohen's reported recovery time. Ron Turner describes his recovery as only taking six weeks, which is more in line with the supposed recovery time by Doc Severinsen. Though he says that medical sources state that recovery from Bell's palsy happens on its own in under a year, Bobby Shew asserts that most people can speed up their recovery by dedicating themselves to using certain exercises and tools on a regular basis.[59]

Patience (Taking Time Off)

Two of the three participants in this study claimed that time off from the trumpet at the initial onset of Bell's palsy was crucial to their recovery, while one feels as though he began trying to play trumpet earlier in the process than he should have. Though they all stated it in different ways, each participant expressed the importance of waiting for some nerve regeneration and muscle recovery before jumping back into their usual trumpet playing routine. They assert that starting before this process can lead to bad habits or the face muscles reacting differently than they did before Bell's palsy. Both Kearns and Singer also described being patient and taking their time before getting back to playing as essential to their successful recovery.

John Snell shares this opinion, saying that recovery can be slowed if players try to get back to their previous level of playing too quickly. He notes that if recovery is rushed, it could create "further damage to the facial muscles or create unnecessary tension elsewhere in the body."[60] Lucinda Lewis similarly says that playing too soon could "undermine a player's highly trained physical technique." [61]

Recovery Tools and Exercises

[59] Bobby Shew, conversation with author, July 4, 2023.
[60] John Snell, email with author, July 6, 2023.
[61] Lucinda Lewis, email with author, July 6, 2023.

The participants in this study had varied experiences with using recovery tools or specific exercises as they began their recovery to play trumpet after Bell's palsy. Dr. Huff used Breathing Gym exercises until his face had recovered to the point where he could start to buzz a mouthpiece again. Dr. Holland used suggestions from Bobby Shew during recovery, such as a warm, moist cloth on the facial muscles and lip flapping exercises. Dr. Holland also used both a type of electrical stimulation therapy and acupuncture during his recovery.

Both Dr. Huff and Willey played on low brass mouthpieces during recovery, which is a technique Bobby Shew also seems to endorse. Shew described one possible tool for recovery, a hybrid crossover mouthpiece made by Chasons Music.[62] Made for doubling musicians,[63] the mouthpiece has a trombone rim with a trumpet shank. Shew says that for trumpet players, using it can aid recovery from Bell's palsy because the mouthpiece covers more muscle area and through repetition can set up a new neuromuscular pattern.[64]

There seems to be a consensus that no particular trumpet exercise is better than another during recovery from Bell's palsy. Dr. Huff noted that it is more important to wait for the nerves to heal or recover than it is to try to play any specific exercise. Similarly, Bobby Shew points out that Bell's palsy is "a neurological response to a stress point of some sort" and says that "...a muscle can't do anything without a message from a nerve. It's not muscle memory, it's neuromuscular. Everything is all kinesthesia. It's a system of neuromuscular memories…everything that we do".[65]

Identity During Recovery

[62] "Hybrid Crossover Mouthpieces", Chasons Music, Accessed July 6, 2023, https://chasonsmusic.com/hybrid-crossover-mouthpieces.
[63] A doubling musician performs on more than one instrument, such as both trumpet and trombone.
[64] Bobby Shew, conversation with author, July 4, 2023.
[65] Bobby Shew, conversation with author, July 4, 2023.

All three participants in this study felt some degree of frustration and loss of confidence during their recovery, just as any trumpet player who experiences a loss of their playing abilities would. A musician's performance on their instrument is often a strong part of their identity, such as in the case of horse track trumpeter Jay Cohen who says his job is what makes his persona. Many trumpet players who experience Bell's palsy are involuntarily sidelined from performing for an extended amount of time. This can cause them to look beyond their identity as a trumpet player and strengthen other musical or non-musical aspects of their identity. Mr. Willey noted that while he had to take time off from playing trumpet, he then had time to develop a hobby, which he kept pursuing after returning to trumpet playing. During recovery, Dr. Holland says, "it was important for me to build my identity without the trumpet."

Trumpet players who are recovering from Bell's palsy also seem to go through somewhat of a rebirth of their trumpet identity. During recovery, Dr. Huff says he revisited ideas he had learned as a trumpet player taught in the Chicago School style of brass pedagogy. Similarly, Willey spent time during recovery working on fundamental exercises he had learned many years before from his teacher Doc Reinhardt. Italian trumpeter Luca Aquino kept in touch with his trumpet identity during his recovery by immersing himself in the music of his childhood and then recorded an album of that music at the end of his recovery process.

Positive Outlook

Keeping a positive attitude through the adversity of Bell's palsy was also a recurring theme in the participants' stories. Willey in particular emphasized the importance of staying calm and focused during recovery, stating "trumpet players, we work harder than any other instrument to do what we do. So the last thing we need is negative self-talk. We need to be our own cheerleader, because let's face it, how many other people are going to cheer us on? Especially if

they hear us practice, right?" He advocates for giving yourself positive affirmations during recovery in order to counter any damaging self-talk. Dr. Huff's ITG presentation with Chip Crotts put an emphasis on positivity during Bell's palsy recovery. Both Turner and Kearns also placed focus on staying positive during recovery. John Snell also points out that it is important to keep positive and have an open mind during recovery, since the techniques and equipment that worked well for a player before Bell's palsy may change after its occurrence.

Positive Outcomes

All three study participants noted the positive things that happened in their lives due to their experience with Bell's palsy. Dr. Huff says that when he was diagnosed it encouraged him to press pause on some of the stress he had in his life, noting that he now has a healthier outlook on what being successful means. Mr. Willey says that many aspects of his trumpet playing are now better than before, including range and endurance. He also was able to spend time on other projects and a new hobby. Dr. Holland describes how he now places more value on aspects of his life such as family and spirituality than he did before Bell's palsy.

Snell states: "I've had clients that have needed to relearn the trumpet three or even four times in their life due to various health conditions and they've come out each time even better than they were before. They've told me that, even though the process can be frustrating, each time they've learned something more about themselves that they wouldn't have known had they not faced adversity."[66]

What is Recovery?

The meaning of recovery from Bell's palsy varies by individual. It can be defined as not simply a single point in time when trumpet playing abilities are back to, "normal" but as an

[66] John Snell, email with author, July 6, 2023.

ongoing process that gradually blends together with everyday trumpet playing maintenance that was happening before Bell's palsy. All the participants in this study mentioned staying focused on a goal as they recovered, but also emphasized being patient and doing what they could to stay positive throughout their individual journey.

Implications

Bell's palsy can affect any person at any time in their life, and can have a detrimental effect, if only for a limited time, on the playing abilities of trumpet players who suffer from it. Every trumpet player benefits from being able to identify symptoms of Bell's palsy and understand the importance of seeking prompt medical care and advice as soon as it is suspected. It should also be recognized that each recovery experience is different and though the majority of players recover fully, there is always a possibility of recovery failing.

Trumpet players who are diagnosed with Bell's palsy must understand that the body needs time to heal, and the recovery process should not be forced. Colleagues, bandleaders, orchestra directors, and others in leadership positions should be aware of this as well and offer patience and flexibility to musicians on a Bell's palsy recovery journey. It is important for both the recoveree and those around them to understand the possible implications of the condition and keep a positive outlook. Mental and emotional well-being are of great importance to Bell's palsy sufferers. Having a strong network of medical professionals, friends, and colleagues to seek advice from should be encouraged.

Recommendations for Future Research

This study highlighted some aspects of Bell's palsy recovery that are not commonly addressed, such as the trauma and emotional struggles possibly faced by trumpet players who are diagnosed with the condition. Researchers could explore these factors more in depth and perhaps

investigate how they relate to other medical or physical conditions that caused a loss of playing ability such as focal dystonia. Bringing awareness to the condition should also encourage medical research involving wind-musician specific Bell's palsy causes. This would hopefully lead to more evidence-based drug therapy or physical therapy treatment options for wind musicians who rely on their facial muscles

Large-scale survey research could be used to document how many trumpet players or other wind instrument players have been diagnosed with Bell's palsy and what percentage of those have recovered. This could also help identify a more diverse group of recoverees. An online repository of Bell's palsy recovery stories could be created where wind players could document what they think may have triggered or caused their case, discuss their recovery timeline, and share things that helped in their recovery process. Currently this kind of networking and sharing of ideas is not located on one central website and it can be difficult to navigate a search for information.

Conclusion

For those who do experience Bell's palsy, it is essential to see a doctor right away and realize that recovery may require substantial time away from playing the trumpet. Keeping a positive attitude and reading others' stories of recovery are vital in helping the player navigate the negative emotions the condition could bring. Reaching out to experts who are familiar with Bell's palsy and being diligent in their recommendations is also an important factor that could aid or speed up recovery. But it is also important to realize that no two Bell's palsy recovery stories are exactly the same.

Bell's palsy recovery in trumpet players isn't only about retraining the facial muscles. For many, it is emotionally and mentally traumatic to experience the condition and recover from it.

Medically, there is not one specific confirmed cause or cure for Bell's palsy. The stories of others who have recovered show that by reducing stress and taking care of their overall health, trumpet players can possibly reduce the risk of getting the condition and improve their lives in general. Sometimes a diagnosis of Bell's palsy leads people to see that their identity as a trumpet player has dominated their lives more than they had realized. There is great value in recognizing the parts of life that fall by the wayside as a professional musician and taking time to develop one's identity apart from the trumpet.

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Appendix A: Author's Bell's Palsy Personal Narrative

When I was seventeen years old, in the summer of 2000, I developed Bell's palsy, also known as idiopathic facial paralysis. Bell's palsy is characterized by facial weakness or paralysis with an unknown cause. It mirrors some effects of a stroke, with paralysis of the left or right side of the face stemming from dysfunction of a cranial nerve. In the morning on the first day of onset of the disorder, my face felt extremely hot, and I noticed some slight change in my facial appearance in the mirror. It was the middle of July, and I figured it was just a sunburn and my eyes were playing tricks on me because it was so early in the morning.

That day I had plans to play cornet as a member of the Brass of the Tri-State, which was putting on a brass band festival at Central Park in my hometown of Ashland, Kentucky. I helped work most of the event that day and we were the last band performing to close out the festival. I warmed up before the tuning note and felt like things were a little off and I had difficulty playing. After ten minutes of a quick warm up the tuning note was given, the full band played the tuning note, and I was having a hard time sustaining that pitch. Another tuning note was given and when I went to play, nothing came out. Not to alarm my fellow bandmates, I chose to act like nothing was wrong and pretended to play the concert. Fortunately, I was playing a part that was doubled by several other players and had no exposed parts.

When the program was completed, I quickly packed up my things and immediately went home. Once I arrived, I used the mirror in the bathroom to view my face and it was more than apparent that something was wrong. I could see the left side of my face was drooping down and I was having trouble closing my left eye. Once I saw the disfigurement, my mother took me straight to the emergency room. After blood work was performed, the doctor examined me and concluded I had Bell's palsy and there was no direct treatment. I was given a steroid packet and

told that was the best they could do. The doctor told me that there was no conclusive cause for Bell's palsy; it could be anything from a viral infection to having a fan blowing on your face for too long. He said the effects could last any amount of time, from two months to two years, or for the rest of your life. At that point I recalled a weird fever blister I had on my lip a week prior when I was at an away band camp with my high school band. The blister had caused me to be very stressed because it made it very difficult to play, and my band director would yell at me for the notes not coming out of my instrument. I was a senior, was playing the lead part, and had a featured solo in the show. It was probably the most stressful summer of my life up to that point.

After leaving the ER I felt an overwhelming feeling of doubt and fear as I thought about my future. I reflected on the concert from earlier that day and imagined it might have been the last time I would ever perform on stage. In the week prior, I auditioned for the Bluecoats Drum and Bugle Corps and was offered a spot in their horn line for the remainder of the season. Regrettably, I was forced to turn down the contract. At this point in the summer, I was less than a month away from starting my senior year in high school.

As the thoughts of the uncertainty of my future began to fill my mind, I started picking up more hours of work at the family-owned restaurant where I worked that summer. Before I knew it, I was working ten to twelve-hour days and fell into a depressive state. I got to the point that I was not eating more than once a day and when I did it was very little. The smell of food began to make me sick to my stomach. I knew at that point I could not let myself continue falling into the trap of self-pity and fear.

I knew it would be a long road back to where I was before with my trumpet playing. However, I decided it was time to push through and find a way to recover. At this point in time, the internet was very young, and not much was readily available. I went to all the surrounding

libraries to see what I could find out about Bell's palsy and to see if any musicians had ever recovered from it and how. After all my efforts, all I found was a few medical articles and books explaining what it was, but nothing about recovery. I contacted my band director and the members of the brass band to see if any of them had any experience with Bell's palsy or knew anyone who did. Sadly, no one had anything to offer on the topic or knew who to talk to about it. At this point, I felt further confirmation that I would be on my own on the road to recovery.

To give more insight into my struggle with Bell's palsy, here is a list of symptoms I experienced:

- Complete loss of feeling on the left side of my face
- Droopy skin
- Reduced ability to taste sweetness.
- Numbness of the tongue
- Inability to close my left eye (taped it shut at night to sleep)
- Hearing issues in my left ear.
- Light sensitivity (wearing sunglasses at all times when I was outside)

Because of the long hours I had worked over the summer, leading up to the start of school, and the effects of the depression/not eating, I lost a tremendous amount of weight. I changed to the point that when school started my fellow students thought I was a transfer student. It took people a few weeks to get used to the new me. I had avoided looking in the mirror so much that I was unaware of the transformation that took place, and I was home so little that no one really took notice.

A month into not playing and ready to not be depressed anymore, I was determined to find a way to play trumpet again. I tried every day to play and little to nothing would come out, and if something did, it was uncontrollable. I decided to try a low brass instrument. The previous school year, I had played euphonium in concert band and valve trombone in jazz band. I tried both, thinking that if I could get enough of my face into the mouthpiece it would create a strong enough facial position that the embouchure would be able to hold in place to play again. Sadly, I

was only able to play a few notes below the staff and with no control. I then tried developing a mouth guard to hold the left side of the facial muscles in place, attempting to create enough pressure to have some control of my embouchure. I used part of a Styrofoam cup to begin with and only a few notes would come out before the cup would lose its placement. I then tried to use tape to hold my facial muscles in a tighter position, hopefully keeping everything firm enough to hold it together but this was sadly another failed experiment.

It then dawned on me that if I took my index finger and middle finger, held them together, and pressed them against the corner of my embouchure that it might work as an artificial muscle. I had this idea in the middle of class during the school day and we had marching band rehearsal after school. It was towards the end of a song run-through on the field that I finally got brave enough to put my fingers against my face and try to play while I was marching. Up until this point in the rehearsal, I was afraid that people would make fun of me with my hand against my face. When I put my two fingers against my face to play the last chord of that song, a loud beautiful screaming note came out of the bell of that trumpet. It was a sound I hadn't heard out of myself in two months. My band director was watching from the tower and was in complete shock. Then he announced, "Ladies and Gentlemen, please welcome back Ricky Spears". As wonderful as it was to be able to produce a tone again, this was only the beginning to a long road ahead.

Using my hand to hold my face in place to play presented many challenges. At times I felt like I had control and could play trumpet as I did before, then some moments it was like I was starting over. It took about a month to be able to control most of my playing without random notes or octaves coming out of the bell. The upper register was still inconsistent, however, I felt like I could make music again. After two months of having Bell's palsy, I started to get a small

amount of feeling back in the left side of my face and a bit more control of my left eye. After three months I started to get even more feeling back in my face and could tell it was starting to droop less. I made up exercises that, at the time, I felt would speed up my recovery.

Some of these exercises included:

- Massaging the tissue on the left side of my face with my fingers to help stimulate the muscles and nerves
- Placing a hot towel or washcloth on my face before going to bed
- Attempt to buzz my lips together away from the trumpet (this took months before a buzz started to happen)
- While in the shower, focusing hot water on the left side of my face while fanning out my lips (when I could get them to vibrate against each other)

Four months into recovery, I had almost complete feeling back in my face and about 80 percent of my face looked normal. At this point, I felt like I had enough strength in my face that I could finally play without holding my fingers against my face. At first, I could play for a few minutes at a time without fatigue or my facial muscles falling out of place. I played while alternating between holding and not holding my fingers on the muscle. I did this off and on for about a week before I was finally strong enough to completely stop using my fingers to hold the muscle. Six months into recovery I was able to play my previous full range and did not need to rely on my fingers to hold the embouchure in place. My tone was constantly improving and flexibility began to return. However, many things felt much different than before. My left cheek puffed out while playing, and I felt like I had to blow with much more force to make a sound than before Bell's palsy. This became the norm of how I played until my sophomore year at Morehead State University when a new trumpet professor was hired.

Because of having Bell's palsy, I was not able to audition for the Morehead State University (MSU) Department of Music before starting college. I was on probation during my freshman year at MSU due to my trumpet-playing disabilities as well as my lack of formal

training. The trumpet professor at the time stated that she had never encountered a trumpet player with Bell's palsy and the issues I still had due to it. I was assigned to the overflow trumpet professor who stated the same, however, she showed me compassion and was willing to work with me. After a year of lessons and fundamentals in music, my spring semester jury was used as my formal audition and was admitted into the music degree program full-time.

During my sophomore year at MSU, a new trumpet professor was hired after the interim trumpet professor left for another job in Texas. This professor was the first I had met since contracting Bell's palsy that had heard of the disease and had a clear enough understanding of how the facial muscles worked to be able to devise a plan for my recovery and give me a fighting chance at having a career in music. This was not an easy journey. Though it took longer than what was originally planned to recover from Bell's palsy trumpet-wise, working through it with my professor also accelerated and improved my development of trumpet fundamentals.

At MSU my trumpet professor instilled a work ethic that led to my success today. However, during those undergraduate studies, I did not truly understand that I was still recovering, which presented some challenges. Looking back and knowing what I know now brings clarity to issues I experienced and problems that developed in my playing. The biggest challenge was that I would have days where I felt like I did not know how to form an embouchure or would feel like I did not know where to put the mouthpiece against my lips. I called these "facial amnesias" and they would appear in various ways. Sometimes the first notes of the day would be twenty minutes of trying to figure out where the mouthpiece should be placed on my face. Another variation might be thirty minutes into practicing and losing the ability to produce any sounds out of my instrument. A third variation would occur if I took a day

or two off from playing my instrument. When I would come back to playing it would take twenty to forty minutes before I could form an embouchure and play below or above the staff.

These facial amnesias would happen at random times during most of my undergraduate and master's degree studies. It wasn't until I was on my first National Broadway tour (twelve years later) that the amnesia attacks became minimal and only occurred a handful of times a year. This continued until I was in the third year of my doctoral studies and second year of Invisalign treatment. Because of how I had learned to play on my own in high school as well as the shift to stop puffing out my cheeks when playing in college, I believe the face muscles or nerve endings were in a slight bind when I would play the trumpet. The shifting of my teeth, and in turn my embouchure, during Invisalign treatment seemed to help relieve whatever tension or pinched nerve that was occurring in my face. It seemed to allow part of my embouchure to heal or be put back in its original place.

Looking back on the last twenty-three years of my trumpet playing and knowing what I know now, I see the harm I was doing to myself early on in my recovery from Bell's palsy. I did not understand that I was recovering from something that has taken many people years to decades to recover from and was overplaying in volume too often and playing when my facial muscles needed rest. I tried to practice like I did not have an injury and it led to more injuries. This also led to other physical roadblocks in my playing that I had to overcome during my doctoral studies. I believe I still experience some effects of the trauma of Bell's palsy in my trumpet playing, however, I take steps to make sure it doesn't impede my success or growth as a musician. I want my experiences to help guide other trumpet players who encounter the disorder toward possible solutions.

Appendix B: Interview Questions

1. Tell me about your current trumpet-playing career.
2. Were you familiar with Bell's palsy before you encountered it personally?
    a. At the time you encountered it, were you familiar with any other trumpet players or wind players who had experienced Bell's palsy?
3. At what age did you encounter difficulties playing the trumpet because of Bell's palsy?
    a. At what point in your career did this occur?
    b. How long was your recovery period?
    c. When did you start to regain feeling in your face?
    d. For how long do you feel your trumpet playing was affected by Bell's palsy?
4. Did you seek help or advice from any other trumpet players or teachers during recovery?
    a. If yes, what piece of advice did you find the most valuable?
5. Describe what you remember about your trumpet-related recovery process.
    a. Were there specific exercises or techniques that you found to be especially useful during recovery?
    b. Do you have any trumpet warm-ups you do now that helped you during your recovery?
6. Did you make any equipment changes (horns, mouthpieces, etc.) during or after your recovery process?
7. Are you experiencing any long-term effects with your trumpet playing from Bell's palsy?
8. Compare your trumpet playing now to what it was like before Bell's palsy.
9. Is there anything else you would like to add about your recovery process?
10. What advice would you give to someone who is currently recovering or has recovered from Bell's palsy?

Appendix C: IRB Approval Letter

The UNIVERSITY of OKLAHOMA

Institutional Review Board for the Protection of Human Subjects

Approval of Initial Submission – Exempt from IRB Review – AP01

Date: September 23, 2022 **IRB#:** 15043

Principal Investigator: Ricky L Spears

Approval Date: 09/23/2022

Exempt Category: 2

Study Title: The Experiences of Three Trumpet Players who Recovered from Bell's Palsy: Before, During, and After

On behalf of the Institutional Review Board (IRB), I have reviewed the above-referenced research study and determined that it meets the criteria for exemption from IRB review. To view the documents approved for this submission, open this study from the *My Studies* option, go to *Submission History*, go to *Completed Submissions* tab and then click the *Details* icon.

As principal investigator of this research study, you are responsible to:

- Conduct the research study in a manner consistent with the requirements of the IRB and federal regulations 45 CFR 46.
- Request approval from the IRB prior to implementing any/all modifications as changes could affect the exempt status determination.
- Maintain accurate and complete study records for evaluation by the HRPP Quality Improvement Program and, if applicable, inspection by regulatory agencies and/or the study sponsor.
- Notify the IRB at the completion of the project.

If you have questions about this notification or using iRIS, contact the IRB @ 405-325-8110 or irb@ou.edu.

Cordially,

Ioana Cionea, Ph.D.
Vice Chair, Institutional Review Board

Appendix D: Interviewee Biographies

Dr. Michael Huff:
"Dr. Michael Huff serves as Professor of Music at Troy University where he teaches trumpet, brass methods and works with the band program. Dr. Huff has earned degrees from the University of Massachusetts at Amherst, the Eastman School of Music, and the Catholic University of America. He has studied trumpet with Charles Daval, Langston Fitzgerald, Barbara Butler, Charles Geyer, and Walter Chesnut. Prior to his appointment at Troy University, he taught in a similar capacity at Mississippi State University.

Dr. Huff performs as second trumpet with the Mobile Symphony, fourth trumpet with the Pensacola Symphony and third trumpet with the Meridian Symphony. He is a former member of the United States Air Force Band in Washington, D.C. and has performed additionally with the Mississippi Symphony, the Starkville Symphony, the Annapolis Symphony, the Maryland Symphony, the Virginia Symphony and the Rochester Philharmonic.

As a soloist, he has performed with the Troy University Symphony Band, East Hall (Georgia) and Enterprise (Alabama) High School Bands, Metropolitan Chamber Orchestra (Jackson, Mississippi), the Starkville Symphony, the Mississippi State University Wind Ensemble, the Tidewater Winds (Norfolk, Virginia), the University of Northern Colorado Summer Wind Ensemble, the Bishop Ireton Wind Ensemble (Alexandria, Virginia) and the Franklin-Pierce Festival Orchestra.

Past performing projects have included collaborations with artists such as Olga Kern, Yo-Yo Ma, Itzhak Perlman, Allen Vizzutti, Chuck Mangione, the Eroica Trio, Wycliffe Gordon, Lari White, BeBe Winans, Michael McGuire and the New York Voices. Recording projects have included performances with various Air Force ensembles, the Golden Triangle Brass Quintet, the Massachusetts Wind Orchestra, the Tidewater Winds and the University of Massachusetts Wind Ensemble on Albany and Centaur labels.

Dr. Huff is an endorsing artist for Bach Trumpets and is a member of the International Trumpet Guild and the College Music Society."[67]

Rich Willey:
"A Florida native who landed in North Carolina in 2002, Rich Willey (rhymes with "Billy") has been around the block, including playing in the 24th Infantry Division Band in the U.S. Army, attending North Texas State University from 1978–1981, then three years cutting his teeth in the jazz clubs in Philadelphia prior to three years in Atlantic City and then seven years in northern New Jersey across the river from New York City. Rich started calling his bands Boptism in 1986 in New Jersey and in New York, playing in such venues as Birdland, The West End Gate, The Angry Squire and The New York Brass Conference. After going back to school from 1995 through 2001, getting a bachelors from the University of South Florida in Tampa and then a

[67] "Faculty and Staff," *Music Faculty and Staff | Troy University*, accessed October 1, 2022, https://www.troy.edu/academics/colleges-schools/college-communication-fine-arts/departments/john-m-long-school-music/faculty-staff.html.

masters at the Manhattan School of Music, Rich worked again in New York City until going on the road for a tour with Maynard Ferguson right after 9/11/2001.

Since establishing residency in North Carolina, between tours with the Tommy Dorsey Orchestra under the direction of Buddy Morrow, Rich taught at the college level for years at such schools as UNC-Asheville, Clemson University, Limestone College and Gardner-Webb University. In 2001 Rich founded Boptism Music, a publishing company that distributes materials he wrote while teaching as well as his arrangements and original compositions. He and his wife Janet continue running Boptism Music, and Rich freelances on trumpet and bass trumpet throughout the Western Carolina region. Between recording sessions, Rich continues to compose music, write books, practice his trumpet, his bass trumpet, and for nearly three years now his tuba.

Rich has performed with many great musicians, including Maynard Ferguson, Lionel Hampton, Hank Mobley, Don Patterson, Buddy Morrow, Bob Haggart, Dick Hyman, Claudio Roditi, Chris Potter, Conrad Herwig, John Swana, Bob Mintzer, Kenny Drew Jr., Brad Mehldau, Mel Tormé, Bobby Sanabria, Harry Allen, Bill Mobley, Dave Stahl, Jack Jones, Shirley Jones, The Inkspots, Skitch Henderson, Tommy Flanagan, Tony Randall, Andrea McCardle, Debby Boone, and many others."[68]

Dr. Rick Holland:
"A versatile musician and veteran performer with musicians and organizations such as the Louie Bellson Big Band (Chicago Based Band), Jimmy Dorsey, Hendrik Meurkens, Buddy De Franco, Natalie Cole, and the Terry Gibbs Big Band. Rick Holland brings a wealth of experience and musicality to each performance. Holland has now recorded 7 albums as a leader and co-leader with national and international labels.

Rick has now been teaching privately for the last 25 years. He has maintained studios in Chicago, Ill., the Central and Western Michigan areas, and Central New York. He has taught people of all ages, from beginning students to Doctoral candidates in Music. He is currently writing 5 volumes on Jazz Improvisation, and wanting to complete a beginning volume for trumpet for beginning trumpet players. Rick's students can be heard from Professional circles to Community ensembles. In 2005, Rick received his Doctoral degree in Classical performance from Michigan State University. He is a Carol Brass Performing artist, active performer and clinician and has served on the music faculties of Western Michigan University and Kalamazoo College."[69]

[68] "Rich Willey Bio," Boptism.com, accessed October 1, 2022, https://www.boptism.com/epk/rich-willey-bio/.
[69] "Bio," *Rick Holland Music*, accessed October 1, 2022, https://www.rickhollandmusic.com/bio.

Appendix E: Transcript of Interview with Dr. Michael Huff

RS: Do you agree for the interview to be recorded?

MH: Yes.

RS: Do you agree for the interview to be audio recorded?

MH: Yes.

RS: Do you agree that I can use your name and any direct quotes from this?

MH: Yes.

RS: May I contact you in the future for additional data or recruit you for new research?

MH: Yes.

RS: Tell me about your current trumpet-playing career.

MH: I'm a professor of trumpet at Troy University and second trumpet in the Mobile Symphony, and then in addition to that I frequently perform the Pensacola Symphony and the Meridian Symphony in Mississippi, and then whatever else kind of comes through my transom, but those are my primary duties and primary activities that I'm involved with right now.

RS: Fantastic. Were you familiar with Bell's palsy before you encountered it personally?

MH: Not really. I didn't really know what was going on or anything about it. But after I was diagnosed with it, I remembered that one of my colleagues I performed in the Air Force Band just before 2003, just before I had Bell's palsy, and Clarence Mitchell, who was one of the members of the concert band trumpet section for many years, I remember while I was there, Clarence took some time off with the horn and kind of disappeared for a few months. I know he was going through some sort of chop issue. So when I came down with Bell's palsy, he was one of the first people I called, mainly just to get some advice on recovery processes. And it turns out he said, no, actually, I had Bell's palsy. And so he actually was quite a great source of information early on. He gave me some very good advice early in the process, but that's when it suddenly… I started going, "Oh, okay." And then probably like you experienced, as soon as you start talking with colleagues and mentors, you start opening up that box of, "Oh, so-and-so has it!" or "I think they dealt with it!" Or at the time, I think Doc Severinsen had just had a short bout with it, so I was hearing about that and other things. So no, I hadn't heard too much specifically about Bell's palsy before I had it, but quickly learned about it through Clarence and others.

RS: What age were you when this happened?

MH: I was 30. I was just about to turn 31.

RS: So very interesting. And so, where were you in your career at this point?

MH: Well, it was interesting. I did one enlistment with the Air Force Band in Washington, and I had a really great experience there and really enjoyed that job, but while I was there I started a doctorate at Catholic University, and I just, as my enlistment came up, I just saw it as an important time to maybe… if there was ever a time to get some résumés out and take orchestra auditions, it was then. So I was, just before then, towards the end of my enlistment in DC, I was taking a lot of orchestra auditions, and I was advancing, but I was also sending out CVs and applying to college teaching jobs, and I was also getting interviews that route, and I literally just looked at it like, well, if this is meant to be, if I'm meant to go in another direction here, it'll pan out, and if it doesn't, I was going to be very content and happy to stay there in Washington and move forward with that career. And I looked at it like, well, if the orchestra jobs pan out, wonderful, and if the college jobs pan out, wonderful. And so I was advancing in orchestra jobs, but I didn't win any of those at that time, and I did get the opportunity to take the job at Mississippi State. I was hired there to teach trumpet. And so I went through that door and took that job. And it was literally about a month after I got that job that I got Bell's palsy. So I think I moved down there in July and started the job in August. It was September that I came down with Bell's palsy.

RS: Wow.

MH: And looking back at it, it's probably, you know, it was probably…

RS: Some job security.

MH: Well, yeah. It really worked out pretty good, because my colleagues at Mississippi State were very understanding and very supportive, and I was able to do the best I could to continue doing the job, and I was never under threat of being fired—any more than any other… I was an instructor at the time, because I didn't have the doctorate completed. So I felt fairly secure. They were reassuring and supportive of me. And I was very fortunate. But in my mind I'm like, oh my gosh, I was so close to getting an orchestra job where I would have just been starting the tenure process, and I'm going, oh, that would have been a game-changer for me. So in many respects I was very fortunate to have a supportive and good college teaching situation that I was in, and so that's kind of where I was at with that.

RS: Wow. So, what was your recovery like? When did you start getting feeling back in your face and able to play again?

MH: It was… and like you may have experienced, it's really hard to pinpoint, is my recovery complete? It was more a matter of, what can I do now, and then the next stage of that, and so on and so forth. And so in looking at my timeline, I think the process was about two years from diagnosis of Bell's palsy to the point where I could play like a full solo recital. Obviously at about the one-year mark is when I was actually starting to do easy orchestra jobs. Actually it was probably at the six-month mark or so I think I did a real simple second trumpet on an Easter gig.

All the notes were on the staff, that sort of thing. So it was a real gradual process. So I guess the recovery started about six months after I got diagnosed. I was more or less playing real easy things after about a year. And then I was able to kind of resume soloing with bands and doing solo recitals and more active playing after about two years. But I mean, as you probably have found too, people love to ask that question. "Do you feel like you're recovered from Bell's palsy?" And it's always like, well, that's… it's really hard to say, because it's kind of an ongoing process, and then on top of that, I'm aging at the same time, so sometimes I'm dealing with issues and like, is that because of the Bell's palsy or is that because I'm approaching 50 years old now? So it's an interesting question, and I'm glad you're studying this and working on this for your dissertation, because it's more of a transition than anything else. I don't know if you've found that or not.

RS: Yeah. Well, and I think with us who are recovered from it, we have this hyper-sensitivity to how things feel and work.

MH: Yes.

RS: It's hard for us to divorce ourselves from the physical when we're performing, I feel like.

MH: Right. Yeah.

RS: Do you think you have any reoccurring episodes now? Days where things felt more like what you experienced during the process of that? Any scary symptoms that you have?

MH: I don't feel anything like a reoccurrence of Bell's palsy, thank goodness. When I recovered, a lot of my ocular muscles were recruited to assist the lower *orbicularis oris* and those muscles down there, so there are times now, just like any non-musician reports of Bell's palsy, sometimes when you're under fatigue, this eye will start tearing again. So, I have episodes of that, and I can sometimes feel, if I'm playing really hard or I'm particularly fatigued from playing a lot, that these ocular muscles will shut down, this eye will shut a little bit, when I'm playing. That's really the only residual thing. There have been some off-and-on tremors, particularly like you were saying, your stress. But gosh, is that because of the Bell's palsy, is that because of the dip in confidence that kind of comes along with that recovery process, or like I said, is it overuse from age? It could be any one of those things. So to say, "Oh, gosh, the other day at a dress rehearsal, I had a little tremor, I couldn't control a note…" Is that because of Bell's palsy? Maybe. But it could be from a host of other things. Or the other thing I tell people a lot is like, well, [laughs] like any trumpet player, I struggle with certain aspects of my playing, but almost every time now, I can look at my practice habits and go, you know, it's probably just more related to irregular practice habits that come about when you're a college professor [laughs] more so than a medical thing or anything that has to do with Bell's palsy. So that one too, it's a little vague to answer with any sort of certainty, but in general, clearly, I'm making a living and I'm able to contribute and I feel comfortable performing in most scenarios. So I think I'm recovered. But it's a real kind of vague, open question to kind of answer. There's other elements there and other things that contribute to overall playing health that I could be victim to as well.

RS: So if we can dig into a little more detail, what do you remember about your trumpet playing during that recovery process? How things felt, looked, like…?

MH: Yeah. Well, of course, when I had the Bell's palsy, I was playing, like you, playing a Clarke study, and I noticed I could play… I think I was playing Clarke 2s with a student, and I could do about two measures of it, and then the third and fourth measure, I just, I sounded terrible on it, and I had no idea what was going on. And I did have that kind of hot-coffee, spicy-food, burnt-tongue feeling the night before, and the morning of. But, and then it wasn't until I did a studio class and my eye kept watering, and when I went home, could see that the one eye wasn't shutting. It feels like you're blinking but you're really not, so it was drying out.

RS: Was it your left side or right side of the face?

MH: Mine was left. Left side.

RS: Mine too.

MH: Yeah. And so, you know, and at that point, once it was fully, by the end of the day, it was fully onset. I'd been to the doctor, had set up an MRI for a few days later. They thought fairly accurately that it was going to be Bell's palsy, but they said, let's eliminate any other options, any other things that it could be. But I started the steroid and the antiviral medications. But I mean, it was clear. I couldn't blink my eye. I could barely drink. It was useless to even try and play the trumpet at this point, and I just put it away. And yeah, for the first several months, as you know, it's a drag, and I was struggling mostly with just speech and drinking and eating. And then gradually it started coming back where I could, it's like, oh! I could form an embouchure. I started buzzing on a trombone mouthpiece first to kind of help hold it together, that crutch concept. So I could do that on a trombone mouthpiece. So as soon as I could feel that I could even create a vibration, I was on a trombone mouthpiece, and then I kind of went smaller from there. And I was fortunate. I know early on I was real worried that I was going to have to re-learn the embouchure and kind of find where that groove was, where it felt comfortable and normal for me.

RS: Right.

MH: And I know, I think you said you had to do a certain degree of re-learning when you came back. But with me, I was very pleased that once I could firm the corners enough to create the vibration, and once I could get out of that trombone mouthpiece to a trumpet mouthpiece, I think a low C or an E was the first note that I could make resonate. And I was pleased to find out that, like, I knew where to put the mouthpiece [laughs], it all felt very familiar to me. I was, I sounded the same exact way, on that one note, as I did six months before. I could triple-tongue on it like I did before. I could crescendo, I could decrescendo, I could do, like, everything that I could do with the note E, but then that's all I had though, was that one note. But I was pleased. And I know that's not always the case with people.

RS: Yeah.

MH: Sometimes they do have that numbness, that, you know, unfamiliar feeling when they're getting back into playing, but I was fortunate that I was… once I had that one note, I was, ok, this is, that was my E before and now I have it again, and for me it was much more so building the range gradually. And like I found out very quickly, it's not a matter of building range in a muscular kind of way like we all kind of know how to do. It was more just a matter of waiting. In other words, there's no exercise that you could do. You just had to wait until those nerves regenerate, and then once they get plugged in and the brain recalls how to do that, I was able to do it. So as soon as I had a one-octave range, I could pretty much do everything that I could always do with that one octave. And then same thing, then an octave and a third, an octave and a fifth, and kind of progressed from there. So that's a long explanation. I'm glad you're recording this, because there's a lot of [laughs] kind of extraneous stuff there, but basically, I'm fortunate in that I didn't have that foreign sensation or that feeling like I had to re-learn. As soon as I could plug into that one note, I was able to do everything. It came back very quickly.

RS: Right. Now, did you have to do an equipment change or mouthpiece change, or did you stay on the same equipment, other than starting on a trombone mouthpiece in your recovery?

MH: Yeah, I started on a trombone mouthpiece. I found an alto trumpet, I got an alto trumpet mouthpiece, which was even bigger. I mean, bigger than a trumpet mouthpiece, but helped transition me down from that trombone mouthpiece. And then I was playing on a Bach 1C at the time, so then I just stepped into my Bach 1C and go from there. Now, I did talk and work a little bit with Brian McDonald, the lead trumpet player in the Airmen of Note. He's a good friend, has been a friend for a long time. And he recommended—and I did, just for the recovery process—did go to a Marcinkiewicz, something that he recommended. I can't remember what the size was. But I think it was the Chuck Finley model. It's a particularly large diameter. But it's a shallower cup. And his whole concept was like, hey, why don't you get on something that you're getting maximum efficiency on so that you can just play easy? And so I did use that style of equipment for a period of time. But no, I mean, eventually, as I was able to regain more and more of what I could do, I just stepped back into my old equipment again.

RS: Was there any particular exercises or warmups that you would do that seemed to help anything? or was it just random?

MH: No… it didn't help… no exercises that helped specifically. I guess this is the thing that people that haven't gone through Bell's palsy, it kind of blows their mind, and I know people really struggle to comprehend this. But I think, you know, somebody who hasn't had to go through a recovery process like this, and particularly a neurological one, they're like, "Oh, you know, let's… you got a chop problem. Let's do extra Schlossbergs and you should be fine." And like I said earlier, it's not a muscle recovery, it's a nerve regeneration. And so… I talked with Ray Crisara while I was recovering, and he [laughs] gave me the advice of, "Well, enjoy your time off!" And at the time it was maddening, because I was like, "This is what I want to play!" you know. But he totally knew it, because he went through Bell's palsy like in the 40s, when it was first named, is when he went through Bell's palsy with the NBC Radio Orchestra. And so he understood. He was like, "Hey, there's nothing you can really do other than just, you know, reduce your stress, get a good diet, get in lots of rest, and heal." And he was absolutely right. So in terms of exercises that help Bell's palsy more, not really. The benefits that I found, and what

Chip and I discovered in our research, is the benefit is really in taking a period of time, whether that be six months, a year, or two years, however long that recovery process is, and putting a timeout on all your playing obligations, so that, hey, I can go back to my Clarke studies, but do them in a much more refined, and kind of smooth out a lot of the wrinkles that I think all of us have in all those technical studies from trying to progress on the trumpet while doing concerts and while doing recitals and everything else. So the point that we made at ITG was like, look, really, these studies, the exercises, it does not matter. You could pick a smattering of whatever exercises you want to work on. You could take any trumpet player, healthy or not, and say, ok, stop all performing for two years, and just practice the way you want to, and they're going to gain that efficiency and learn wonderful things from that. And that was what I gleaned from it all. It was more the benefit of being able to take time off and then go back to the studies and the routines and all the things that I should have been doing more consistently and more carefully, but I had that timeout to say, you just focus on this for now. Now, the other thing too is, I was able to say, when I started vibrating, it's like, well, I can't practice, so what do I do with my day now? I did a lot of breathing [gym], which as a student I did sporadically, and I could always tell that breathing exercises were helpful, but I looked at it more like, well, I can't do anything else, so I might as well do breathing exercises. So I did breathing exercises, and of course, doing that over two years or longer, and I still do them, it's like, well, of course that's going to benefit things! So the benefit was just in having that time to focus on those studies that I knew I had to do anyway. And then once I got the trombone buzzing, trombone mouthpiece starting to buzz, I was like, oh, buzzing basics. It was a no-brainer. And Jim Thompson had done those earlier versions of the buzzing basics exercises, and I had a copy of those. So I did whatever buzzing basic exercise I could do on the trombone mouthpiece, which at first was only one or two of them, but then my daily routine was… it kind of gave me a barometer of, where am I at? And then once I was able to do four or five of them on trombone, I could do the first say on trumpet mouthpiece and then switch over to trombone to progress. So yeah, I… did buzzing basics help Bell's palsy specifically? No, I don't think so, but it gave me something that I could practice, and it gave me a real positive thing to work on that had a profound impact on my playing, because I did it so much more consistently and so much more in-depth than I ever would have done it if I was trying to do it while gigging or playing. So there's that. The Caruso studies are probably the only one it's like, well, that probably helped develop that strength back up. Or any isometric, you know, examples of isometric studies. And I'd never been a real big fan of those, and I only use them sporadically now, because I think I'm getting plenty of other playing in. But at the time, in my recovery, that's another thing. I was like, well, I haven't done a whole lot of work on Carusos, so let me reinvestigate these, and let me talk to a few people that are a little more knowledge about these Caruso studies and see how these can help. And same thing. Started on the trombone mouthpiece, moved to the trumpet mouthpiece, and just kind of did those. And then once that recovery got to a point where I could do maybe a simple routine of Clarke, and Schlossberg scales. Then I was able to diversify my practicing a little more.

RS: Did you feel like lip-bends helped at all? Did you ever do any lip-bends through that process?

MH: I don't know if lip-bends helped the recovery process. Doing some lip-bends as part of different routines during that time benefited my trumpet playing. So there again it had more to do with the fact that I finally had time to sit and do more lip-bends and thing about it a little bit

more than I ever had in the past. So yeah, I don't know. No, I mean, I don't think, I don't remember working on lip-bends and going, "Oh, these are really helping." I don't think anything really helped until those nerves regenerate and I could utilize the muscles to be able to play the notes that I needed to play.

RS: I think we've said this earlier. Just so I kind of have it clear for my notes. So no real long-term effects that you're feeling from Bell's palsy now, other than hard to decipher between the two?

MH: Yeah, no, like I said, the only thing is the normal, when I'm fatigued, the left eye will water a little bit more than it normally would.

RS: That happens to me. I get the watery left eye.

MH: Yep. Yeah. It'll water… but I don't know, I guess with me it's usually a result of fatigue, worn down. Happened yesterday in a faculty meeting. And it's not… I mean, literally all I do is take out my glasses and wipe my eye a couple times and that'll be the extent of it. It's not a big deal. It's not messing up my life or anything like that, or people are like, "Oh my god, what's going on?" My eye's watering, that's it. So, happened to me yesterday in a 4:00 faculty meeting after a long day of teaching, so it's happening to me and I'm going, well, yeah, it's been a long… [laughs] a long day!

RS: A long day.

MH: So that's, yeah, exactly, I noticed that. But that seems to be consistent with anybody that has Bell's palsy, regardless of whether they're a musician or not. They tend to talk about that a little bit.

RS: Yeah. And then you said that when you play, your left eye kind of squints when you play, is that correct?

MH: Yeah, and the longer I play, the more that seems to be going away. But especially if I'm playing hard or if we're doing a heavy piece with the orchestra or something like that. Yeah, it'll, these muscles continue to kind of recruit and assist these that are surely still just a little bit weaker than the ones on this side. Yep.

RS: there anything else you would like to add about your recovery process that you think would be helpful, or as a side note?

MH: No. I don't think so. I think we've covered a lot of that sort of stuff. The… yeah, you're working down… we're only about halfway through, is that right? Because I'm looking, there's some good things to discuss through as well on the rest of your lists. But no, in terms of the recovery, that was my experience.

RS: We kind of covered in the beginning. Seek out advice from other trumpet players or teachers during the recovery, you mentioned your friend who had it.

MH: Yes, yeah, and this is one of the things that… Clarence right away… and further on down the sheet, you said, "What advice do you give to somebody currently recovering?" And I've got a lot of people that, both Chip and I seem to have a lot of people that reach out. Seems like every month or two I'll have somebody out of the blue contact me on Facebook or call me through a colleague, and say, "I'm going through this. What do you think?" So he and I both have found—and you may be doing this as well—giving a lot of kind of, you know, musician advice to a lot of folks that are out there going through it. And so the concept of reducing lifestyle stress was something that Clarence told me as soon as I talked with him, and you know, because… I told him, I said, I got Bell's palsy, and he verified that he had it too, so he started talking about the recovery process, and he said, "Mike," he said, "the first thing you have to do," he said, "you have to address the stress in your life, and you gotta find a way to reduce that stress." He said, "That's real important. Be glad it showed itself as a Bell's palsy and not as a stroke 20 years from now or something like that." And he wasn't wrong. But that was the first mention to me of stress, and so I did a lot of research on stress levels and talked with a lot of folks and that reoccurring theme of stress levels came about a lot. And what I learned was that it's really not the… it's not that anxious stress like, I'm having a bad day kind of thing, that hurts us as much as the lifestyle stress, the long-term stress. And I remember when Clarence said, "You gotta reduce the stress!" And I was like, "Clarence…" I had just moved to Starkville, Mississippi, which was probably like Norman, Oklahoma… you're out in the middle of nowhere, and I was like, I go from my house to my studio and back again. I didn't even have a cell phone back then because I'm either at my office phone or my home phone, so I didn't even need that. And so when Clarence told me, he's like, "Man, you gotta get rid of your stress," I was like, "Clarence, I don't, I live in Mississippi now, this is ridiculous!" But I hung up with him and I was thinking about it, and I said, and I discovered just through mu own thoughts and what had transpired over the months before… this was September. In July, I moved, and in June and July, I separated from the Air Force, and the year before that, I was at Catholic University while performing full time with the Air Force Band, and so I was working on a doctorate. While I was doing that, I was also top-call sub for the Maryland Symphony and Indianapolis Symphony. While I was doing that, I was also teaching… and so, you know, I started thinking about it, and I was like, oh, crap, I see what I did. And you start thinking about lifestyle stress and how it kind of gradually erodes and kind of grows up into us, until suddenly I think our bodies and our brains just say, all right, reset, time to pay the piper here. I think we're actually fortunate to have that pause button pressed and give us a chance to kind of revisit that, but that's one of my bits of advice that I always tell people that are recovering from Bell's palsy. I said, you know, this virus probably attacked that nerve as a result of stress, and I said, you want to spend some time thinking about lifestyle stress. And then the other concept that he and I talk about in that presentation was, as trumpet players especially, we've gotta give up that concept of being busy means being successful. Because I think all of us as musicians, the more gigs we got, the more… that equates to, I guess I'm a good trumpet player. We all have to do a better job of maybe giving that concept up and figuring out what works for us individually. And I have to revisit this constantly. I'm in the process right now of kind of revisiting this too, because all of us, I think, myself included, will have that tendency to allow more and more work kind of erode into our lives, and then suddenly it's like, yeah, you have some sort of stressful event or something that's impacted by that. And so that's one of those concepts of, try to reduce overall stress, because that's probably what triggered that virus to attack that nerve in the first place.

MH: You don't think about it while you're in the midst of it, and then something happens and you look back and you're like, oh, yeah, that was pretty stupid. I was doing all that stuff. No wonder my body was like… this is what it is. And the other thing for me, and Clarence mentioned this too, he said… of course, I'm a Barbara Butler, Charlie Geyer, Charlie Daval, I studied with all three of them, and they're all Cichowicz students.

RS: Ah.

MH: I've been kind of groomed in that Chicago school of brass playing, and I understood song and wind and all that, and when I talked with Clarence, he said, "Hey, listen, it really helped me to go back and revisit song and wind concepts." And I was like, yeah, I know song and wind, right? But like so many other things, it had been a long time since I'd re-read the book and thought about that specifically. So getting back into that concept of focusing on the sound that you're trying to make and trying your best to stay away from the technique of what you think you need to feel like was also really helpful to me with the recovery, and usually what I tell folks as well. That if there's somebody that has studied with somebody in that Chicago school and familiar with those concepts, it's not a bad idea to revisit them, usually with fresh eyes and a new perspective. But if it's somebody that's never spent any time studying with somebody from that Chicago school of brass playing, usually I say, "Hey, pick up a copy of the *Song and Wind* book and focus on the second half of it that's all the information about that style of producing sound." And it was helpful to me and I think that's helpful to people. For me, there's a little bit of energy that I need to make sure that I'm breathing the way I know I need to, but then outside of that I have to be focused on the sound that I'm trying to make and the music that I'm trying to convey, and as soon as I allow my brain to think more technically, things get very bad very fast.

MH: We all collectively need to do a better job of just not equating being busy and doing a ton of gigs with being successful. That hurts all of us not just with Bell's palsy but with a lot of things in life, and so you start to get away from that kind of a thought and it actually makes a better musician, better person. So, yeah.

RS: Yes, I agree. Do you have any other advice or tips that we haven't covered yet?

MH: No, I don't think so. Did you… anything in the PowerPoint stuff from that presentation that you weren't aware of? It's all pretty straightforward stuff, and I guess what we tried to convey out there is like, look, there's, Bell's palsy is the sort of thing that you can't exactly speed it up. There's very little you can do that would influence. It's more a matter of just waiting for the body to heal, and that recovery time could vary from person to person. There's things you could do to kind of help it along a little bit, but I think it's more just a matter of letting the body heal. But we also tried to make our presentation with some general concepts like, hey, if you're injured, you gotta focus on what you can do, not what you can't do, and other things like that.

RS: Yeah.

MH: You may be one of the young-… that's not true. I had somebody else who was in a high-school band around here and they contacted me. But as early as high school and as old as, Doc Severinsen had it in his late 80s or early 90s. And of course the older you are, the more at risk you are for permanent damage and permanent problems, but he seems to have bounced back fine. He said his was pretty minor. He had symptoms for three or four weeks and he was able to work through it pretty quickly, even at that early stage.

RS: Oh, wow.

MH: Yeah. Yeah. Fred Ennis, who's at Ball State, the horn teacher there, he was like, "Yeah, I had to cancel a few gigs and then I was back to it after about three or four weeks." I was like, aw, that would have been nice.

RS: Yes, it would.

MH: Sometimes you hear about real, real light cases. But yeah, all those people… TJ Perry, I met him a few summers ago. We did a festival together, and he's a great guy. He had some similar experiences, and he sounds terrific. Yeah. So anything else you can think of?

RS: Not at the moment. I think we have cleared everything plus a few extra things, and so if I have any more questions, I will definitely reach out.

MH: Please do.

RS: I really appreciate you donating your time for this.

MH: No problem, no problem. And of course, once it's done, once your dissertation's done and everything, let me know. I'd love to see the final product and the whole thing.

RS: I'll send it to you.

MH: Awesome, awesome. Keep me posted, I'm anxious to see how it goes.

RS: Yes!

MH: Yep. Get through it. Just be careful.

RS: Thank you so much.

MH: No problem. My pleasure. Keep in touch.

Appendix F: Transcript of Interview with Rich Willey

RS: Do you agree for the interview to be recorded?

RW: Yes.

RS: Do you agree for your interview to be audio recorded?

RW: Yes.

RS: Do you agree to the use of direct quotes from your interview?

RW: Yes.

RS: Can I include your name with any quotes?

RW: Yes.

RS: May I contact you to gather additional data or recruit you for new research?

RW: Yes.

RS. Tell me about your current trumpet-playing career.

RW: I'm still playing trumpet, bass trumpet, tuba and EVI (electronic valve instrument) on gigs around the Western North Carolina region.

RW: Career implies that it's been going on for a while, which it has. I started playing trumpet in sixth grade. I was born in 1955, so a total of about 55 years, I think. And it was interrupted from '81 to '96. I had an injury. You might be able to see the scar on my bottom lip. It actually went all the way through the lip, on the inside. It was nasty. So I played the valve trombone and bass trumpet through those years, and then in '96 I was able to creep back into trumpet slowly. And next thing you know, I was doubling, and life was good, man. I was doing a lot of work, just gigs basically. I'm not an orchestral player; I'm a commercial player. Jazz improviser. So yeah, and let's see, five years ago I started playing tuba. I got this thing in my head. It's like, whoa, there's a bass player living in here. So I've been playing a lot of tuba gigs. But I'm a Doc Reinhardt student. I started with him in '78. So on trumpet and bass trumpet, I was what he called a 3B, which means I sort of tend to pull everything down a little as I ascend and push everything up a little as a descend. So on tuba I thought I was doing that, but what I was actually doing was I was looking down to ascend, which was pushing, and then I was looking up. And I thought I was doing the exact same thing, but I wasn't. So it took, kind of put me in a little bit of a playing spin that Doug Elliot has helped me out of. So I played almost no trumpet gigs from 2019 to… well, last year. Well, most people didn't play any trumpet gigs, right? [laughs] End of 2019? But, and that worked out pretty good. So now I'm back on track. I have a trumpet gig tomorrow night. I play tuba gigs. And I started playing EV. Are you familiar with EV? Electronic valve instrument? Yeah, I've been playing that.

[plays a passage on EVI]

So that's really helped. That's helped on gigs. I play with this one guy. He does these five-hour gigs on Fridays and has done many of those. And trumpet for five hours, 45 on, 15 off, you're blowing solos, right? It can be demanding. So the EV has really come in handy. But yeah, I'm still playing gigs, still accepting gigs, and there you… and tuba… I don't know if, can you see my… there's my tuba, and my bass trumpet right next to my trumpet. Can you see my trumpet? Yeah, you can kind of see it. So I just got done practicing before I saw you. I practice every instrument every day. I have to. There you go. That's all. Not concise, sorry.

RS: No, I'm with you. I try to keep it on my face as much as I can.

RS: Were you familiar with Bell's palsy before you encountered it personally?

RW: I was. Doc Reinhardt had talked about a student.. he had never heard of it. It was probably '79 or '80 when he told me the story, and when it crept in with me, it was the last day of this tour that I was doing with Stewart Cox, great trumpet player from Nashville, was my roommate, and I had gone out somewhere that morning, and we were going to play that evening. And I came back, and every day I take the mouthpiece out and I blow through my horn to blow all the moisture out of my horn, and I couldn't close my lips on my right side, and I'm thinking, "Oh, man, I wonder if this is Bell's palsy." And I didn't really think about it, I didn't try to warm up or anything, and Stewart came back from breakfast or wherever it was he was, and he looked at me, and he says, "Man, I'm calling the ambulance." He says, "It looks like you've had a stroke," because my face was all droopy on my right side. So I said, "You know what, I think it's Bell's palsy." And I tried to get ahold of Dave Sheetz that day. He was like a long-time Reinhardt student since, I don't know, 1946 or something. And Dave kind of confirmed my suspicions. Well, so I go to the hospital. Run around, right? But the doctor, he's doing all these tests and whatever, and he finally comes in and says, "Well, what do you think's going on?" I said, "Well, I think it's Bell's palsy. I'm waiting for you guys to tell me if that's what it is." So he had done all his tests by then. He says, "Yeah, it's Bell's palsy." So they prescribe me aciclovir, which is an antibiotic. And I got it right this time. And prednisone, which is a steroid. That was on a Saturday. On Monday I came back here to Asheville and I went to the VA and saw my doctor, and she confirmed that, yeah, it was Bell's palsy, and yes, they prescribed the exact right things. So I got it within the first 24 hours that it crept in, and I'm convinced today that that's a big part of why my recovery was relatively quick. Long answer, sorry.

RS: And you said that yours was on the right side?

RW: Yeah, it affected my eye, my chops, my eardrum. Your eardrum needs muscles to constrict when it hears loud noises, and I didn't realize that until I started to play gigs again. I was in the trombone section at first, and I couldn't believe how loud everything was over here, so I had to wear an earplug for a while in my right ear, until things got a little bit back to, well, less abnormal.

RS: That's interesting, because most folks that I have talked to, including myself, it happened on the left side.

RW: Well, maybe I'm more right-brained than you, I don't know.

RS: Maybe

RW: I don't even know the difference between being right-brained and left-brained, I just know that it's a thing, right? As they say nowadays. "It's a thing."

RW: That's very interesting. Wow.

RS: At the time you encountered it, were you familiar with any other trumpet players or wind players who had experienced Bell's palsy?

RW: One guy, Jerry DeMarco, who sold all his horns thinking he could never play again, but he was wrong.

RW: I wasn't. I'd only heard that one story from Doc Reinhardt. But I immediately, when I got home, I went online and was looking things up, and I found a couple guys, and the main guy, I can't remember his name right now, he's like a Jersey trumpet player whose name I knew, and then I found that Chase Sandborn had gone through it, and… oh, no, that's not true, because there was a student of mine, Jerry DeMarco, had had Bell's palsy, and he sold all his horns. He gave me one of his horns. Which I confessed to him later that I sold, because I needed the money [laughs]. But yeah, Jerry DeMarco, trumpet player from West Virginia. And last I knew, he was playing again. And he thought he was never going to play again. I refused to accept that. I did not accept it, once you have it you can never play again.

RS: At what age did you encounter difficulties playing the trumpet because of Bell's palsy?

RW: I had just turned 53.

RS: At what point in your career did this occur?

RW: It was January 19th of 2009 the night before the final night of a big band tour.

RW: December right before… I think it was January 19 of 2009 when that happened. So I'd have to check my calendar, but it was a Saturday there, mid-January of 2009.

RS: So as you were discovering that something was wrong, thinking that you're getting Bell's palsy, were there any other facial sensations or anything that you remember happening during that time, or was it just, it all happened in a moment and that was it?

RW: Well, the night before, we had a… we didn't play a gig the night before, but he wanted to have us play in the hall where the gig was going to be on Saturday night, so we played a few tunes, and it did not feel good. Something felt back. It's like I couldn't really get it going, and it

was at a school… and I went up to a practice room afterwards, to see if I could knock it into submission, and it wouldn't happen, man, so I finally just called it a day. So I think it had been creeping in the night before, and then the next day, it was like, full blown. Because most of the time, when I had a bad day… I should say, prior to this, when I had a bad day, sometimes my first practice session of the day would be horrible, and I just knew that all I had to do was rest for a while, come back later, I'm going to be ok. I don't know if you've experienced that, but sometimes it's like you gotta bang your way through the initial damage [laughs] and then things are ok.

RS: Now, did you feel like you had that happen more often after you recovered from Bell's palsy than before?

RW: Uh… [sighs]. I mean, that's been the normal for me all my life. A lousy first session and just rest assured it's going to be ok. Not get upset that it's going so terrible, because I knew later on… I don't know, man… Well, ok, at the time, I was a 3B, which Doc Reinhardt called the "blood and guts type," because 3B downstream, you work hard to earn every ounce of endurance and range that you have. It's really like a lifelong struggle. Some guys, they just happen to place everything just right. Bill Chase was a 3B. Al Vizzutti is a 3B. Brian McDonald, lead player for Airmen of Note, he's a 3B. So a lot of 3Bs, they just hit all the right factors and everything goes good for them. But I think I was always… what did I used to say? RW: My embouchure is fundamentally flawed. Because I would have to kind of beat it into submission, or whip it into submission, daily. But, you know, as long as I was patient and did the drill, the first thing, during the day, and take a respectable rest, when I came back later, it's like… and the same thing, it's like, practicing in the practice room always seems terrible and then I get on a gig and it's like, bammo, I feel great! So I think that's always been my makeup.

RS: I think we're cut from the same cloth

RW: And practicing, man. There's no joy, most of the time, in practicing. There is no joy. It is work. People say, "Oh, you're just playing, you're having fun, you're having a good time out there." Man, shut up. I'm working. Good gravy.

RW: Right.

RS: Yeah! I'm working for every note!

RW: Telling you, man.

RS. How long was your recovery period?

RW: I'm not sure I recovered 100% as I occasionally experience what I call the "Bell's palsy Blob" in my lower lip. I did manage to play an "important" gig on trumpet at about the one-month mark, but it was a supreme struggle.

RS:. When did you start to regain feeling in your face?

RW: About a week before I played that "important" gig — February 21st of 2009 (third trumpet with Natalie Cole).

RS: How long did you feel your trumpet playing was affected by Bell's palsy?

RW: I was completely out of commission for a solid three weeks. I eased back into bass trumpet when I was able to form my lips to whistle and buzz a low note (I call it buzzing, non-Reinhardt students call it "free buzzing").

RW: Well, I had a gig coming up that I did not want to cancel. I did cancel many trumpet gigs, and at about three weeks… [*whistles*]. I was able to whistle, and I hadn't been able to do that. I couldn't even form my lips. I didn't even know what they were doing, right? I would try to drink water; it would all just run down my face. So things started coming together. I realized that the muscles were starting to become active again. And so, [*buzzes lips*], when I was finally able to buzz my lips… [*buzzes lips*] it was probably about that pitch. I said, ok. I picked up the bass trumpet and I played a few notes. And within like three or four days, I knew I could, some of the trumpet gigs that I had been afraid to turn down, I asked… they were like, small-group gigs, and I said, ok if I just bring my bass trumpet? So I played a couple of gigs, maybe three gigs, the week before this… it was Natalie Cole. I was supposed to play second, under Dave Trigg, who I know, February 21 in South Carolina of 2009. And I wanted so bad to play with Dave Trigg, play beside him. I had played beside him in New York, but it had been a while. So, anyway, when I got there, I said, "Hey, man, is it possible for me to move down to third?" So I did play third trumpet. And there was only one note in the show that I just couldn't… it didn't come out at all. It was a high C. Just a high-school high C. So, but… I was playing in this 30s big band around here, and it's just constant blowing. I don't know if you know any of those ancient stock charts from the 20s and 30s, but you're lucky if you get four bars off your face in a whole chart, and then you're playing a whole set of these old charts. But yeah, and… like, the first time through, you play the top line; the second time through, you play the bottom line, like if there's a vocalist or the saxes take the melody. So I would just wave everybody off and say, "Let's rest the second time through." So I was doing everything I could to try to get through. And it might have taken me a good five or six months before I didn't have to tread lightly as far as endurance. And the range did come back. Because within a couple years, my range was probably better than it ever had been. So that's the good news. After Bell's palsy, you can actually improve everything. Your range, your endurance, everything. So that was my good news.

RS: How long would you say that it actually took you to 100% recover, from the time it happened to where you felt like everything was kind of back where it used to be?

RW: I still have what I call this, I call it the Bell's palsy "blob." Every once in a while, in my lower lip, it's like there's something inside my lip that will either go inside the mouthpiece or outside the mouthpiece. And if it goes outside the mouthpiece, then everything kind of falls flat. If it stays inside the mouthpiece, I feel like I'm secure. And I just noticed that maybe a month ago. So that has not completely left. What was the exact question again?

RS: What was the time frame of when it happened, to when you felt like you recovered from it.

RW: Yeah, I would say probably between six months and a year. Because there were some lingering… and you know, the confidence thing. Once your confidence gets shaken, sometimes that's hard to overcome. But no, I think within a year I was back gangbusters.

RS: Did you seek help or advice from any other trumpet players or teachers during recovery?

RW: I called Dave Sheetz and started reading all I could about other trumpet players who had gone through it.

RW: Just Dave Sheetz, and I did some stuff online looking at people's stories online. I don't think I reached out and called anybody. Somehow I intuitively knew that if I tried to compensate for the lack of muscle, that I was going to essentially train my chops to do something that was not right for them, so I just didn't play, man. I didn't touch the horn. I got busy doing other stuff. And personally, I think that was the answer. Just stay calm. Enjoy your time off. I had a little vacation from the drudgery of that daily beating, right?

RS:. What piece of advice did you find the most valuable?

RW: My own, which was to do nothing on the horn until I could whistle and buzz my chops, and even then I took it really easy at first.

RS: Describe what you remember about your trumpet-related recovery process.

RW: I just remember thinking that if I tried to play when my lips couldn't even remember how to whistle or buzz that I might form "new bad habits" from trying to compensate for an embouchure that didn't have the strength to achieve a satisfactory embouchure formation required to play a trumpet.

RW: Well, I think bass trumpet, coming back on bass trumpet, was huge. I was thinking, there was a guy I knew in Florida… Marcus Hampton, a trumpet player I used to do gigs with, and I heard that he had Bell's palsy, and this repairman, Ed Kennedy, mounted a quarter on the side of his mouthpiece to keep his lips from blowing open. And I remember thinking, man, that's ridiculous. You just need to take time off and wait. So I don't think I answered your question because I wanted to talk about Marcus real quick. What was the question?

RS: Describe what you remember about your trumpet-related recovery process.

RW: Yeah. I think seriously, anybody recovering from Bell's palsy, I think they should try to start back on a larger mouthpiece, wait until your muscles are doing something like the buzzing and the whistling. Because if your muscles… so it was described to me that… the hard drive was formatted. So there were zero muscles. Zero. Absolutely atrophied, zero muscle. So if I'm trying to do something that requires… let's face it. Playing trumpet is an athletic activity. It requires muscles. So if I'm trying to do something and I don't have the muscles, I'm either going to hurt myself or I'm going to compensate and retrain those ineffective muscles to do something they're not able to do, and I'm going to end up coming back with terrible habits. So I am so glad… I mean, it seemed 100% clear to me that the best thing to do is just don't do anything. Just wait

until I could feel. Even that! I couldn't, there was no way I could blow my cheeks out, because they wouldn't close. My lips wouldn't close. So there's all kinds of things you can… in fact, there was a guy at ITG I think in 2012 maybe. He's a doctor, Richard Cox. And he had… in fact, I think I still have this thing. He had this little gizmo. It's kind of like the burp, but it's…

RW: And he had me pull in different areas on my lip. Yes, it was about 2012, because had been about three years since I had Bell's palsy. Pull this thing and see if you can hold it, and see how much strength it takes to pop it out. Where is that thing? It was white. It was not metal like the… I'm bummed, man. I thought it was right here. Well, what are you going to do? My organizational system is, mine.

RW: Anyway, so he maintained that you never 100% regain muscle control, because your muscles never come back fully. I think that was the bottom line of his point. And he wanted me to do these exercises, which I did do those for years. Now, this is going to bother me. I thought I had it right here in this drawer by my desk. Anyway, I don't see it.

RS: Were there specific exercises or techniques that you found to be especially useful during recovery?

RW: First, doing nothing was very good. Then when I started having some muscle response in my chops I did Reinhardt's buzzing procedures, his pencil trick and his jaw retention drills. I also began playing bass trumpet using breath (not tongue) attacks. Easing in gradually was the key, even though I did do a couple of bass trumpet gigs the week before my first "important" trumpet gig on February 21st.

RW: Well, it gave me a chance to get back to my fundamentals that Reinhardt had given me however many… I mean, I started with him in '78. He has something called Warmup 57, which basically centers everything at the tuning note C, so you kind of work both ways. You work up and down at the same time. But that's your starting point and you make that your most comfortable note on the horn rather than low C or G. And if you do that, then when you think about it, he called it the "hub" of your range, like a wheel. The center of your range. If you make that the hub of your range, so an octave, C to C, and then F#... of course you can't… so he would have you move your hub higher. He wanted you to eventually make E above tuning note C your hub, and then G. And even with E, think about, like, an octave and then E down to, what, low F#, so that's like a seventh, right? E up an octave, E and a seventh, that would be the E above double C, right? So anyway, so yeah, I started getting serious about some of the concepts that he had taught me. And I was pretty serious about that for a while. I was also teaching at UMCA and Clemson at the time. I was teaching a lot of students. So I kind of, you know, it was kind of a chance to do a deep house cleaning and overhauling of my playing. Warmup 57 was kind of the basis of a lot of things that, conceptually, that I still do. including this book I wrote, *Focal Point*, which I actually wrote that a year before I had Bell's palsy, and I do believe I practiced it quite a bit after I had Bell's palsy. You have that book?

RS: I don't. I'm going to write that down to look for it.

RW: Chris Gekker loves that book. Thanks to Chris Gekker, we've sold a lot of those books. I should send him royalty checks.

RS: Did you make any equipment changes during or after your recovery process?

RW: None whatsoever. I am not an equipment freak. I've played the same trumpet mouthpiece for I don't even know how many years now. I think I changed it because I was playing a Bach 3C and Mark Curry fell in love with some of my books, and he just woke up one day and said, "Tell me what mouthpiece you play with." I said, "A Bach 3C." About a week later in the mail I get the Mark Curry 3C. I've been playing that ever since. So that was probably about… that might have been… that was about 2007 or 2008. I can't remember when it was. But I've been playing the same mouthpiece… I don't believe in switching equipment. I think it's the player. If you play equipment that makes sense, that's not stupid… like Clark Terry. Any kid could hand Clark Terry their horn and say hey, play my horn, and he would sound like Clark Terry. You know what I mean? So it ain't the equipment, man, it's the player.

RS: You better put in the hours.

RW: Yeah, man.

RS: Compare your trumpet playing now to what it was like before Bell's palsy.

RW: Well, at this point, I'm still coming back from that catastrophic type-switching episode where I was going back and forth between type 3B and type 3A, which Doc Reinhardt had told me probably in 1980, type switching is the most destructive thing you can do to an embouchure. So there I was doing it again in 2018, 2019. So I'm about a year back on track as a 3A now, and everything is different than it was as a 3B. So this morning I really felt fantastic, so… let's see what happens tomorrow night on the gig, right?

RW: And if I have a fantastic practice session before a gig, I know the gig is going to probably suck. But this is today, not tomorrow. So hopefully I'll have a lousy first session, you know what I mean?

RS: Is there anything else you would like to add about your recovery process?

RW: I'm convinced that it's a mental attitude. If I had gotten all depressed and gone and checked into a motel room and drank myself to death or something, that's not the answer. The answer is, stay calm, focus on something else, make the best use of your time. Panicking and flipping out is so counterproductive, in all aspects of trumpet playing. It's a long-term proposition, playing trumpet. You don't get good, you don't practice real hard one day and expect to shine on the gig the next day. You gotta practice real hard for years and suck on a lot of gigs before you shine on gigs. So you gotta apply the same thing to Bell's palsy. You just patiently, calmly, and positive affirmations. There was a book by Og Mandino called *The Littlest Angel*, I think. It was about a baseball team. And this little kid was handicapped, with some physical disabilities. He was the littlest angel. The name of the team was the Angels. And the kids would make fun of him and everything, but he would say, "Day by day, in every way, I'm getting better." So I came up with

a more rhythmic version of that. “Every day in every way I’m getting better better better.” So you say that out loud to yourself, you become your own cheerleader. That damaging self-talk is the last thing trumpet players need. We play the most physically demanding of all instruments. I don’t say what they say about drummers who sweat a lot. What they do is nowhere near… have you seen the studies where they hook up all the things to the guys playing various instruments? Trumpet players, like our heart rate and everything… We work harder than any other instrument to do what we do. So the last thing we need is negative self-talk. We need to be our own cheerleader, because let’s face it [laughs], how many other people are going to cheer us on? Especially if they hear us practice, right?

RW: Shut up! Bang on the hotel wall. Shut up! Bang on the floor or whatever. So yeah, positive mental attitude. Stay focused on the goal, not on the process. Now, there is some joy in the journey, because every once in a while you have good moments. I think that’s why it’s important to keep a practice journal, I don’t know if a lot of people keep practice journals. I started doing it maybe 30 years ago and I did it for quite a while. I haven’t done it lately. But yeah, you can really find out a lot about the results of the various things that you do. But yeah, positive mental attitude. I think that’s the key to getting through Bell's palsy. For me, anyway.

RS: I’m under the same belief, and in general, Bell's palsy or not, that’s the only way to get through it, play it the best that you can, keeping that positive mental image of yourself.

RW: And a sense of humor, too. If I get all morose and gloomy and the end of the world and on and on, come on, man. There’s no joy in that. In fact, if I don’t laugh at myself, I’m probably missing the best joke in town 90% of the time. Seriously gotta laugh. Gotta be able to laugh. Gotta be able to see the humor in things.

RS: What advice would you give to someone who is currently recovering or has recovered from Bell's palsy?

RW: Stay focused, stay positive, find something that gives you joy and do it. If trumpet playing is really difficult for you, do something else to balance that. Something that gives you a hobby. I went through a lot of years and never had a hobby. So I do have a hobby now, and I’ll keep people guessing. I do have a hobby now, and it gives me a lot of joy. I used to think that being a musician is enough. I write music; I arrange music; I’m a publisher now. I play four different instruments now. I used to think that was enough. But no, we need something else. We definitely need something else.

RS: That’s all the questions I have. Thank you for agreeing to do this.

Appendix G: Transcript of Interview with Dr. Rick Holland

RS: Do you agree for the interview to be recorded?

RH: Yes.

RS: Do you agree for your interview to be audio recorded?

RH: Sure.

RS: Do you agree to the use of direct quotes from your interview?

RH: Yes.

RS: Can I include your name with any quotes?

RH: Yes.

RS: May I contact you to gather additional data or recruit you for new research?

RH: Yes.

RS: All right. Well, thank you for joining me here today. To get started with everything, why don't you tell me a little bit about your current trumpet-playing career?

RH: Everything was going fine until about 2017, when I had neck surgery, they ended up fusing my entire neck.

RS: Wow.

RH: This was to fix actually a lower-back problem, but it didn't. You know, I should have known better. It didn't. It didn't fix anything. The reason I'm bringing that up is because when I contracted Bell's palsy in 2021, the one thing that the current physical therapist, who concentrates more on the neurological than the orthopedic, really believes that my lower neck, the muscle down here, which connects to the face, especially on my left side, where I'm still struggling with the most weakness, they're directly connected. And so we've been working on my neck, we've been working on, of course… I'm improving. You know, I almost have a straight face. Most of my weakness is like right in here.

RS: Can you turn your camera on?

RH: Oh, yeah. Sure can. So my, they've been working on my neck here and stretching it out, to… if you notice, when I put my finger on my left side, my eye opens up. So, you know, it's all connected. The reason I bring that up is because, you know, I'm not playing professionally right now. I really hope to be. The way it's going, though, with this new therapist, I think I'll be

playing out again in a couple months. I have, my range is starting to return. I still have, you know, some problems with flexibility, but this current physical therapist believes we're going to be able to get this to settle down right in here. If that settles down, that's going to open up a big world to me. So currently I'm not playing professionally, but I'm preparing to play professionally. I'm going to… I play an Olds Super. It's an old trumpet, 1939. But I'm going to get a Schilke cornet, and I'm also going to get a '72 lightweight to help me with response. You know, I believe the cornet actually could help a lot, a little bit… well, help a lot, actually, with response. Now, it's conical, and I've always been really connected to the flugelhorn. I don't practice the flugelhorn, but I play the flugelhorn. And I play it with a great amount of success. So I'm hoping that the Schilke cornet can help me with my air flow, and help me a little bit because the left side of my face is still just a little bit weak, and I plan on… I was talking to Ryan Resky last night, who's the Broadway trumpet player, plays full time out… he's one of the few left that actually plays full time. He just reminded me how important the isometric practice is for now on, to tighten the corners. I mean, I'm not a big believer in the, what Carmine Caruso taught, but I did take lessons with Carmine for a short time, and I do believe that there was a lot of positive things he said in tightening the corners. I think when you're healthy, too much of that makes you a little bit stiff and can make you permanently sharp, but I do believe that, like, that type of practice is what I really need right now, as far as getting the corners even and set and get this side a little bit stronger. So currently I'm not playing that much, but currently I am practicing. Currently I am working on all my basics. I'm still writing my methodology for the jazz thing that I'm working on. I'm having a lot of success with that. I've picked up a lot of students with that. I'm really excited about it. But… and I'm able to demonstrate in my lesson the exercises, which is important. I don't always play the entire range. I'm really restricted right now. But I can demonstrate the… if you don't mind.

RS: Oh, no! Yeah.

RH: I work on, in the beginning, with students, playing arpeggios, and I like to… I work on, I isolate the arpeggios, of course, but then I like to quickly as possible put them through a progression so that they can see how the arpeggios voice-lead.

[plays an extended arpeggio]

RH: And I'll go through the entire blues progression, working on extended the air pitch, putting in a triplet. I'll also put straight eights or sixteenths.

[plays an extended arpeggio]

RH: I mean, and I work on the resolves, to the closest note, things like that. And I'm excited because I can at least demonstrate that now in my teaching—whereas before, having to explain everything. Which I guess is good. You have to learn how to teach, and you have to be able to explain. You have to be able to really know your pedagogy and stuff like that. I understand all that, but I think it's like… it's so much better if you can get these things working, and make sure that the student is listening. So I'm really excited that I've been able to be able to play during my lessons. So like from that aspect, I am playing, but I'm waiting a little bit to perform with my daughter and perform with my quartet, when I'm a little bit more healthy.

RS: So, were you familiar with Bell's palsy before you encountered it personally?

RH: Yeah, I was, because my lead trumpet player up in New York, Ron DeAngelo, who's just a great player, had it for like two years before I got it. So occasionally I'll talk to him about, hey, did you experience this? Were you sort of playing before you were playing? Stuff like that. I mean, you have doubts, when you have this. You have doubts that you'll ever play again. And you just, you don't know what the future holds, because some people with this predicament not only get it once, they get it several times, once they've cracked it. Doc Severinsen comes to mind. He's had it three times.

RS: Wow.

RH: But Doc Severinsen has the money and the resources to get the very best therapy, and I didn't have the money and the resources to get the very best therapy. So now that I know exactly what works and what wakes up the muscles in your face, I'll know how to approach it next time if it happens again. I really think, if I get it again, like a lot of people do, I'll be able to overcome it a lot quicker than I did this time. This was a long bout. I've had this since May of 2021. And I was playing a Bousquet etude for a student, demonstrating, and suddenly I was getting weaker in the phrase and weaker in the phrase, and suddenly I couldn't play the phrase at all. It was the weirdest thing. I thought I was having a stroke. Because I did have a stroke in 2011, and I thought, oh man, this is happening all over again. But my wife took me to the hospital, of course, and he recognized right away it was Bell's palsy. I mean, I was really, really crooked. I was something like this, you know. So I think I really do know what to do next time this happens, if it does, and I'll consider myself lucky if I don't contract it again.

RS: I understand what you're saying.

RH: Right. It's awful.

RS: Horrifying daily mental battles. The trumpet can be such our identity, that without it, we're like, all right, what do we do now? Or to do the normal things you usually do.

RH: Yep, that's right. But I'll tell you, Ricky. I mean, speaking to which, I mean, it's… it was important for me to build my identity without the trumpet. It really was. It was important for me to make sure I was healthy spiritually, healthy physically, you know, and… and family became absolutely the most important thing through all this for me. And my church family became very important to me. It was before, actually. I mean, it's nothing new. It was before. But I mean, I noticed myself placing more value on my resources. So my relationship with my three daughters has gotten better. I mean, there's room to grow, of course, but you gotta start somewhere. And like the… I'm so driven with our identity as a trumpet player, that sometimes we lose sight of, like, everything else that really is… like when you die, and people remember your life, do they remember you playing trumpet, or do they remember you? So I've become more generous. I've become… I'm really working on my life with my partner, my wife of, since 1991. And I tell you, man, I… I miss trumpet playing. I'm not going to deny that. But I wasn't addicted to it. I was like, I had… there was a point in my recovery where I didn't think I was going to ever play

again. And so, I didn't get depressed. I didn't get… it's like Job. It's like, the Lord giveth and the Lord taketh away. And whatever your beliefs are out there on all that, it's beside the point. It's like, life gives things to you and life takes things from you. I believe it's more spiritual, but a lot of people may not believe in that. But still, life will do that to you. It will… you could be right on the brink of ultimate success or right in the thick of it, and all of a sudden, what you have is gone, for a variety of reasons. And you just can't… for your own personal health, and your… and I've had to come, overcome a lot of health situations. I had a stroke in 2011. I had this failed neck surgery in 2017, where they put a cage in. I couldn't swallow. And then they had to go back and put it in. I was in the hospital bed for way too long. I got sepsis. And then after sepsis, I thought, ok, finally I'm home free. Got a pulmonary embolism. I thought I was home free. Pneumonia.

RS: Oh My.

RH: It's like, life just… life does that to you, you know? And I remember… gosh, I remember having one of those machines down my neck, and respirators, and… [laughs] there was this, I don't know who he was, just this guy who would come visit patients, and he'd be praying over me and all that. But I was really grateful for him, because when I finally got that respirator out, I met him. He just made me realize, what really is important? So he really was a strong, I think, influence on my life. So, you know, Ricky, I got out of there in 2017, and I got all the way back, like in six months, and I was like a force again in Buffalo. I had my big band going, my daughter was singing by my side, and she's a great singer, and we were teaming it up, and we were really doing some damage, right? And then what happens? Bell's palsy.

[laughter]

RH: Oh, man. So, you know, I mean, call it whatever, but I'm learning that life does that to you. Especially at my age. And I don't' feel any different than I did when I was 25. I'm 64 now. I don't feel any different, but man, I am different. Physically I'm way different. I'm not nearly as healthy as I was when I was 25. So that is something that we are going to have to deal with. And so I'd like to think that through this, I'm dealing with it the best I can.

RS: Wow.

RH: That's a long explanation, but…

RS: No, that's great.

RH: Ok.

RS: Yeah. No, that's… let's see here. So, when did you start regaining feeling in your face?

RH: Well, it was a real gradual process, if you can remember how it happened for you. And so I would say it… at least six months. Six to nine months, I was like, just making a sound, but not really playing at all. I mean, now, now

[briefly blows through lips, then plays an ascending sequence of descending arpeggios, including a high C]

RH: People can't tell that I have it, you know. I can tell. I can tell. That warmup that I do, I'd really like to do it like this.

[plays an extended descending and ascending arpeggio]

RH: But the low G that I'm playing right now, it doesn't really slot like I want it, need it to, ok? So I just do one trip down there. And then I work on my Goldmans, you know, where I take it down an octave.

[plays brief articulation exercise]

RH: See, that G is kind of stuffy, so what I do is I just transpose chromatically all the way down.

[plays more extended articulation exercise]

RH: Then go down a half step.

[plays extended articulation exercise]

RH: And I'll take that all the way down to the low C. And that isometric starts to kick in. So, nine months, I wasn't really playing anything. Now, I can do my warmup routine. I can work on my basics. To me, I don't… see, Ron and I have talked about this a lot, because he had it. I don't know if I was doing myself any good by playing early. Ron didn't play at all until his Bell's palsy was straight. He had straight, because even when he started playing… he told me it took him at least a year to start feeling sort of natural again. And I was in I'm the impatient kind. I'm the one that you have to pour water over the head, like, several times before I feel the cold.

RS: I understand.

RH: Yeah. So I was trying for half a year up until now, but it's really not until about a month ago that I started feeling, started actually, I could actually feel my face and the muscles moving. And when I'm in physical therapy now, what they're looking for is they're looking for my muscles to move, when they stretch, when they stretch, when they do the exercises and stretch. I can't feel it, but they can see the muscles move, like in my nose and in my face. That's why they think I have a good shot at complete recovery. Because the way I understand it, is that the muscles are asleep. It's really different from a stroke. I mean, my stroke was, the doctors showed me a picture of my brain where I had the stroke, and it's like a burn. It's a burn in your brain. It goes all the way down. So that part of the brain can't be used anymore. But the brain is massive, right? So it just takes time for the brain to readjust to where it can start to work. So that took me about a year, too. So I would say a year and two months, before I started to feel something in my face. Actually feel it. And I'm still feeling it as I do my exercises when I play. And I know Chip Crotts totally kicked it in three months, and I know that Brian Nadeau was playing lead again in one year. I've heard all the stories, you know. But everybody is different. I've had some physical

challenges already on top of everything else I'm doing. So it takes time, man, and you gotta have patience. That's a must. Because you can't will it. You can't will this to go away. It's not, that's not going to happen. If you do, you're just going to get yourself in a bunch of trouble. Possibly make your face tighter. And you just can't will it.

RS: Did you seek help or advice from other trumpet players or teachers during recovery? And if so, what piece of advice did you find the most valuable?

RH: Not one thing more than another, but yeah, I sought, I've been seeking advice ever since the beginning. Become really good friends with Brian Nadeau out of Portland, Maine. I took some lessons with Bobby Shew. I feel like what he had to say was extremely valuable, which was, put a warm cloth over the muscles to, and the hot water, trying to wake them up. I thought that was really, really, really good advice. And the flapping.

[blows air through lips]

RH: Those type of things. But honestly, I've made more progress in the last three weeks than I have in that year and two months. What I recommend that every trumpet player do is find somebody who understands neurological problems, that works on strokes, works on that can include Bell's palsy in their work. There are some acupuncturists…they're expensive. In Buffalo, they're about 150 a session, the ones that are really good. I recommend electrolysis[70] on your face. They wet your face and… and they use like a TENS unit. It's not a TENS unit, but it's like a gun, and…the electrolysis stimulates the nerves in the face. And if the therapist is good, they know all the pinpoints in your face. Like, there are certain pinpoints that you shoot for, and a lot of them are really, like, right above your eye. They're down here in your face. And you have to hit those nerves in order to wake them up. Now that I can, now that I've had some of that therapy, and I'm going to have it for another three weeks, I believe that that is what has caused me to have the rejuvenation in my practice, rejuvenation in my playing. My range has opened up from barely getting over the staff to playing up to high C, C#, and D. I can do that every day now. I approach the high register by playing softly, but it's slowly starting to come. Ryan Resky reminded me of the isometric practice. I can do all that now. But it took some waking up, waking up the face first, in order to put me in the position where I could start thinking about some other ways to try to help my face. The main thing now is like, my corners don't stay sealed. And I can't really work on my long-line playing or anything, but I can sort of improvise.

[plays a simple improvised melody]

RH: I mean, I can do simple… when I'm trying to teach a student about a reharmonization…

[plays a melody]

RH: I can do it simply. I can't run up a scale and come back down. I don't have control of my glissandos yet. That'll come. That'll come with time. I'm not worried about that. What I'm grateful for is that I can show a student the chords and they can hear it and I can demonstrate it on the trumpet. So am I playing the trumpet again? Yes. Am I still expecting much better results?

[70] Electro-magnetic stimulation.

Well, absolutely. I had really fast technique there for a while. It'll come back. I'm not really stressed about it at all. So did I answer the question?

RS: Yes.

RH: Ok.

RS: You kind of have said this, but just to kind of keep it in one unit here, were there specific exercises or techniques that you found to be especially useful during recovery?

RH: Yes. Now, there's all kinds of stretches that you'll find on the internet. There's a guy in Seattle, for example, a physical therapist who claims he healed his Bell's palsy in one month, by certain stretches. I don't know, man. This therapist has done more for me… so like the type of exercises that he does, he does things like puckering.

RH: Chin. The frown. The wrinkled nose. Angry face. I take my eyebrows. Lifting the eye. Lifting… so I get the teeth out. I didn't want to do this interview without looking at some of these exercises, because man, I do those daily, and I'm religiously doing them. Blowing up a balloon. Which, I've seen people hold pencils in their mouth and everything like that.

RS: Yep.

RH: But see, I feel it all in here. So yeah, and then doing those exercises with the electrolysis at the same time has helped stimulate my face, so yeah, I'm… when I go back to Buffalo here in a short while, in two or three weeks, I'm going to be looking for somebody like this who really concentrates their physical therapy on neurology and not orthopedic. Who understands how the facial muscles work. So it's not anything I'm doing on the trumpet. I'd like to say I'm helping by practicing the correct things on the trumpet, which are isometric exercises, taking the Goldman down, transposing it in every key, and ending the day with a Carmine Caruso exercise where you're breathing through your nose and keeping your corners still. Not tight, but still. Because then the isometric kicks in. Yeah, there are some things that I do on trumpet that I'm hoping will help, but really, it's this guy, who… I think everybody needs to find… I mean, I just feel like, jeez. You know, the way I found out about him, I was walking by my cleaning lady in my condominium building, and I looked at her face and I said, "Oh my God, you have Bell's palsy." She said, "Yep, had it for two years now.

RH: Yeah, and she said, "Well, you know, I heard about this really good guy does rehab on it, but I haven't been able to get over there because of my job." So I went. And he was just, he's just been… he's been my [laughs]… he's been my gift, man. I mean, I wouldn't have even known about this guy if I just didn't happen to look at my cleaning lady one day!

RH: We're in the same boat! And he's been really great, man.

RS: What was his name, again?

RH: John Paul something. I could get you his name.

RS: Ok.

RH: There's actually three therapists at that clinic who concentrate on Bell's palsy issues. And I'm sure he'd welcome a call.

RS: Did you make any equipment changes, horn, mouthpiece, etc., during or after your recovery process?

RH: I plan to. My horn, the '39 Olds, is very responsive. But it's… and I know that because I've played a lot of other trumpets along the way, and the Olds is like one of the more responsive trumpets I've played. That's a luck of the draw. You get these old Olds, Supers, and some of them are good and some of them aren't, you know? But me and one of my favorite students, retired guy up in Holland, he bought one online, and man, he got the gem of the year, that Super. His is dated 1940, and it just, it came in perfect playing shape. Now, am I planning on it? Yeah. I was thinking about getting a Carol Pocket, but the Colletti. But now I'm not… I'm thinking that would be just a waste of money. I'm thinking what I'm going to do is get a Schilke cornet and play conical for a while. I've got a King Silver Flair right now, and it works, but it's not as nice as the Schilkes. It's not even the same league. I don't know how old a Silver Flair is. I think it's in the 60s. But it's a little stuffy, and I… compared to a Schilke cornet, where you'll get just this pure sound…

RS: Yeah.

RH: I received a little bit of inheritance, you know, and that's what I'm going to spend my money on. I'm going to spend it on a Schilke cornet, and I hope to get a '72 Larson rebuilt to help with the response, too. So that's what I plan on doing. I am going to do an equipment change, yeah. But until I receive the money, whatever, whenever, it's all in God's hands right now. I'll get the horn when he says I should have the horn. So I'm fine with that. And finances with my wife and I are tight, so… I have to wait. But I think that's what I'm going to do. I mean… because I've played one before, and I just remember it playing super responsive. That's what I liked about it.

RS: Yeah.

RH: Matter of fact, I like all the Schilkes for that. It's just that most of the Schilkes are just too bright for my taste. They're great trumpets. They really are. But they're just a little bit too bright. The Schilke cornets, like right there. It's right there about the sound. And it sounds like a cornet. Doesn't sound like a flugelhorn. So yeah, I think that's what I'm going to do, Ricky, because, man, I'm going to need some help moving forward. I mean, this guy will help me get so far, and then it's going to be up to me to practice my way through it. So I want to be on a user-friendly system from now on. And with those instruments, I don't feel like I'll ever really have to sell them, or… could I get something better? Yeah, possibly, but they should really keep me content for like a long time.

RS: Yeah.

RH: So yeah, I am thinking about. I do play Mark Curry mouthpieces. I think they're really good.

RS: What size are you on, just for reference?

RH: The one I like to use the most is… what is this thing called? 2C. But before I switched to the Curry… and I got a whole bunch of Curry mouthpieces, but this is the one I play most of the time. It's my home base. But before I played a 2C Curry, I played a 2 ½ Mt. Vernon Bach for… I just wore it out. I played it for 30 years. The rim on it was like… it had gotten all flat. And so I had to replace it, and I trust… I mean, Mark's cuts… it doesn't feel like a 2C Bach. It feels more like my 2 ½ C. I don't want to get into like all the mouthpiece discoveries I've made, but it's just like, a lot of people claim that they cut for Mt. Vernon, but they aren't. They're not Mt. Vernons. They used to claim that. I don't know. I don't know about that. It could be. I don't think they were accurate if they were. So I trust Mark's measurements, and I've never been disappointed with any mouthpiece I've gotten from him. So that's the way I roll. [laughs]

RS: Compare your trumpet playing now to what it was like before Bell's palsy. What could you do? What can you do now? What can't you do, and what was it like before?

RH: Well, before, it just felt like it didn't matter the changes or the tempo. It just didn't matter what I was playing. I was just comfortable. Bell's palsy makes you really uncomfortable, and it's something you're aware of the whole time you play. Especially with this tightness in my face, pulling on my nose. It's hard for me to imagine life without the pull on the nose, I've had it so long, you know. And that pull on the nose, I know, is affecting my just overall playing. I used to be able to warm up to double-Gs softly, so that means I had about a D, Eb, E range, depending on the day. And thing is, I never used it. You know, I've been listening a lot to Enrico Rava, and I've been listening a lot to Tony Glausi. And they both have comfortably orchestra range, E down to F#, but they can go higher. And one of the things I really have been listening for is just how they phrase. Gosh, their phrasing is like… is just something I want to be able to do, and Tony of course has unbelievable technique, but Enrico has unbelievable sound. And I just love his sound, and I love his ideas, the way he goes up and down and he spaces it out, and then he sets and comes in here, then he rests… you know… you know, I'm going to be listening a lot to players like that, moving forward, because not only is it absolutely the most beautiful thing in the universe—besides my wife, that is.

RH: You know what I'm saying. It's just, it's something that you can really listen to. And so, if anything… Chet Baker had that conundrum late in his career. A lot of people don't realize in the 50s he was just playing really fast and running all over his phrases. And then in the 60s, with his addiction to heroin, he came out of prison without two front teeth. I knew Chet, and he just he would say things in the most sassy, quiet way. Like, [*very quietly and slowly*] "Well, you just you just the biggest bullshitter in the whole…" He used to say that! He'll say it to your face, and he didn't care what happened to him. He would just say what's on his mind. Well, he paid for it. He lost his two front teeth. So came out and he got some dentures, and he started playing flugelhorn. And, matter of fact, this is what gives me confidence that we'll all be able to play again if we just wait and be patient and practice. He comes out of prison, he hadn't been out but

a short time, somebody gives him a flugelhorn because he didn't own any trumpets. He lost them all because of drugs. So he had this flugelhorn, and then he records "Time After Time." Ahhh. And then he records "Have You Met Miss Jones" with George Coleman. Ahhh! You know, it's like, holy smack. I mean, they're… for somebody who didn't know the tune, he sure did play like he knew the tune on that flugelhorn. He played it a lot more confidently than he played it on trumpet, and so… yeah. I'm listening to guys who… and that moment forward, he played different the rest of his life. He used space. He lost more teeth. He used even more space. And his playing just opened right up. He whole harmonic vocabulary changed, so every time he played, he was extremely accurate on what he laid down. And that's what Enrico and Tony do, and so yeah, I'm going to… I'm really drawn to that, and I'll be listening mostly to those guys moving forward, and working on the amount of space that I can use. Because I'm one who hates to rest. When I talk, when I play, when I live my life. I mean, it's like, I don't rest. I move. I'm an action guy, right? Music's just not about that. Music just has never been about that. And so you can learn when you're 64. You can really learn how to use space, and you can learn how to be more effective as you get older if you just use these things. God gave them to us. I hope he doesn't strike my eyesight next, to force me to listen, but I mean, yeah, listening is my main goal moving forward, and practicing great mechanics, practicing consistent mechanics. Which I've always been pretty good at, actually. That won't be that hard. But then translating them so that things sound so pleasing. And I love to play classical music, and just refining some of my etudes and just making everything just… precision. That's going to be my goal, moving forward.

RS: Is there anything else you'd like to add about your recovery process that we haven't covered so far?

RH: No. I appreciate you asking me. I'm very happy to contribute. I hope the… what I say can help you in your world of discovering more about palsy. It's just that, I want to emphasize a couple things, you know, to any trumpet player who gets this. And number one is, be patient. Don't rush the process. Begin doing facial expressions and exercises. And find yourself a physical therapist that understands neurology. Can't emphasize that enough. I mean, most physical therapists concentrate on orthopedic. There is a trend in therapy, in Western, in American… a good acupuncturist or a good therapist who really knows where the pinpoints… it'll help your healing. It'll help you heal up so much quicker. I mean, John told me, if he just could have got me when this happened, he could have had me healed in three months completely.

RS: Wow.

RH: Right. I know. And when he first saw me, he said, "Well, I'm going to try, but it's been so long." And it's working. The last thing he said at the last appointment, he said, "I have no doubts we're going to completely get this for you. You're doing the exercises, you're doing everything we're asking you to do. The electro-magnetic stimulation is helping you." So you gotta find the right person.

RS: Yeah.

RH: I don't. I mean, I think there's more, and I respect what he told me, and I did that, and I still do it, and… but physical therapy has got an in on this treatment. And they're figuring it out. They really are. If you don't have one in your area, just look. I'm telling you. It's fantastic. I mean, I owe John and Alicia and Sarah, all those people in my life, [I feel], they've saved me. So yeah, I'm really grateful. I'm really, really, really grateful that I found them, and I believe that there's a couple therapists back in Buffalo when I get out of here that I'll be able to do follow-up on. So yeah, make sure… I didn't think there was, and now I know what to look for, and boom, it pops right up.

RS: Well, and that's the thing. When I had it, nobody even knew what it was, and there was no information, no physical therapy or anything.

RH: Yeah. Well, you know, the doctors told me I wouldn't be able to get any help. So there's that thought process still out there.

RS: Yeah.

RH: I mean, "Aw, you're going to have to live with it. Too bad. Wish you the best of luck." And I told John that when I first got to his clinic. He said, "Man, that's just unacceptable. We don't accept that here." You gotta find that guy who's really driven to find answers. Kalamazoo is a kind of small municipality, and there's a DO over in Parchment area who sees patients all the way down from Canada and beyond, and helps them with vitamin B shots, helps them with just overall living and stuff. And I found John, a physical therapist. So you never know what's in your own community unless you look, and if they're not in your community, you gotta go outside your community to get the help, because it's there. This therapy isn't exclusive to this one therapist up here in Kalamazoo. I mean, I'm really grateful for what he's done, because I didn't know anything about this, but I'm telling you, there are other guys. I mean, most physical therapists just don't concentrate on the neurological. And they'll say it right on their websites. They'll talk about knee pain and back pain and so on and so forth, and it's all orthopedic. But when I start seeing Bell's palsy and laser treatment and stuff like that, I start looking. I don't know if laser works or not, but I do know that this Electro-magnetic stimulation really really helps.

RS: Ok. That's fantastic. And we really answered this, but I'm just going to say it just in case there is anything else, advice you would give to someone who is currently recovering or has recovered from Bell's palsy.

RH: So what you're asking is, what advice would I give them?

RS: Yes.

RH: Oh, yeah, well… I would tell them that healing on its own and just doing trumpet isometrics is not enough. That's what I would tell them. And I would tell them same thing I told you a few minutes ago. Find a physical therapist who does electro-magnetic stimulation or a neurologist that practices electrolysis in the face. Because that is definitely one answer. I'm not saying there aren't other answers. I mean, I've tried everything. I've tried ointments and… man, I've gone

through all the drops and everything. And they felt good, but the bottom line is, I didn't see much change after I used them. I would say this electro-magnetic stimulation treatment is the best thing that's happened to me, and that is definitely something that you should consider including in your paper.

RS: Ok.

RH: Yeah.

RS: Well, Rick, thank you so much. We've been at this for a while, and this has been very informative. I mean, for me, this is going to go beyond just my dissertation here. It's actually been very helpful for me personally. But your side of this story I think is so important for the folks who are experiencing this now in their life or if they have recovered.

RH: You're welcome.

RS: This has been very helpful. Thank you so much again for agreeing to do this, and I'll keep in touch.

RH: All right, that sounds great, man. Good luck with everything. I'll keep plugging away up here. Don't worry about me! I'm fine.

RS: Keep it on your face and keep going! Thank you so much.

RH: All right, see you soon.