# Musicians Health

# PHYSIOBOE Masterclass at the Conservatory of Modena, June 11 and 12, 2026

## *WHEN MUSIC COMES FROM THE BODY*

## Report and interview with the creator of the “Physioboe” method, Susanne Schlusnus

## by Davide Bertozzi

It's June 11th, and the two-day PHYSIOBOE Masterclass is about to start. By 10 a.m., well ahead of time, I arrive at the Modena Conservatory branch (recently named after Luciano Pavarotti) on Via Selmi, where the lessons will take place. When I walk in, Susanne is already there: she has set up the chairs and is inflating a large ball that she’ll use along with other equipment for the exercises. After we greet each other in person, we immediately dive into an intense conversation, linking her personal and professional journey — which led her to develop PHYSIOBOE — with mine, as well as the reasons why I wanted to organize this Masterclass with her. Gradually, the participants start arriving. I notice Susanne’s growing excited anticipation, almost an urgency to get started. It reminds me of kids arriving on the field with the ball under their arm, barely able to wait to start the game.

Over the course of the two days, individual and group sessions alternated, during which Susanne systematically explained her method and the principles behind it. The lessons included plenty of hands-on exercises: Starting from short performances by the participants, Susanne pointed out the technical aspects that needed work and demonstrated how targeted changes could influence the effectiveness of musical expression.

By the end of the course, the sense of 'urgency' that had shaped her approach became more apparent. This urgency seems to come from an inner desire to lead musicians to greater physical and mental awareness, a necessary prerequisite for improving the artistic quality of their performance. From this perspective, having solid physiological foundations that provide the body with a base is essential for convincing musical expression.

# INTERVIEW

**How did PHYSIOBOE come into being, and what personal need led you to develop it?**

Realizing PHYSIOBOE ("physiological" or simply put "natural, healthy" oboe playing) was, for me, impossible until I was 30 years old (when I started my physiotherapy training), because up until then my playing was more like a full-body cramp... Nevertheless, I was very successful early on due to musical talent — combined with a good sound and manual skills — because I could compensate for my suboptimal or even "wrong technique" (that is, a "physiologically unfavorable way of playing") with a lot of extra effort and energy. For this "talent for compensation," which I still see in many oboists today, I paid a high price: by my mid-twenties, I had developed early arthritis in my jaw joint. And even though I was able to stop these with the help of my orthodontist, who, despite never having seen an oboe in his life, taught me a physiological embouchure (!), my interest in body-related topics (with a jealous eye on sports medicine, which, for us musicians as 'athletes of the small muscles,' was still not really accessible in the early/mid-1990s) was henceforth awakened. Above all, however, there was only one desire: to finally feel comfortable playing the oboe!!!

**What is the core of the method, and what does it aim to change in oboe practice?**

The core of PHYSIOBOE, which I would rather call a 'concept' than a 'method,' is a scientific-analytical approach with a clear, understandable didactic-methodical structure, paired with the (potentially acquirable) ability for self-observation and self-reflection. By the way, 'watching yourself play' was already recommended to me by my professor Heinz Holliger, who also pointed out that I wasn't channeling my energy but, on the contrary, was 'wasting' it (which he hit absolutely spot on)! Back then, however, I lacked the means to implement it (so to speak, the 'toolbox'), and that's why my big goal with PHYSIOBOE was to provide a solid solution for every technical playing problem. A basic requirement for this, however, is a broad range of knowledge, which I can now — after many years of learning and gaining experience in therapy and teaching — share in my books (main book and practical book). This includes, in addition to physiology (the science of healthy body function and processes), biomechanical know-how from functional anatomy, ergonomics, and the new field of 'musician's medicine,' as well as a well-developed body awareness. The latter, for me, is the most essential skill, and the one I value the most.

The main change should be that misconceptions about playing technique, which are still passed down uncritically from generation to generation, are finally replaced with solid knowledge. One example of such a misconception is that oboe students are still told to support and vibrate with their diaphragm, both of which are physiologically impossible! It becomes manipulative and even harmful to health when, for example, we try:

- keeping the diaphragm “down” by “pushing out” with the belly (which can even lead to inguinal hernias),

- keeping the throat “open” (often causing a “slow tongue” or medically pharyngo- or laryngocele formation with a “bloated neck”), or

- as in my case, using the jaw muscles to form the embouchure (which can lead to jaw arthritis and even focal dystonia) — aside from the numerous complaints in the musculoskeletal system and neurological-orthopedic problems caused by many “posture mistakes.”

These poor postures often immediately reveal unnatural playing habits, and simply correcting them and achieving an ideal playing position with a well-balanced amount of body tension can already significantly improve playing technique in all areas.

The main goal, however, is to learn healthy, natural oboe playing – only then can the inherent potential be fully utilized and the talent freely develop. The ultimate aim of my work is, in the end, an effortless, reproducible playing sensation and experience – free and flexible!

**What does a Physioboe session look like?**

At the beginning of a session, it’s first about setting **goals** – for which I initially divide them into general or specific goals:

• General checkup with the aim of improving playing technique through physiology or enhancing the playing-feeling

Here, the questions for me are: Is the playing economical or efficient? Where is too much energy or strength being lost? Where can we intervene to improve these things?

• Solving a specific functional or technical problem

Functional problems are, for example, restricted mobility in a body part (like the wrist), which can lead to technical issues (in this case, finger problems). The goal here is to restore optimal function and thus solve the technical problem.

• Achieving pain-free playing or prevention

Afterwards, I go through a detailed **analysis of the playing:**

• Static and movement analyses: In a video analysis (from all four sides), it's important to be able to see the whole body (including the feet), because that's the only way you can assess posture.

• Oboe-specific playing and technique analyses: Playing analyses are more accurately judged based on a piece performed with musical tension than on individual notes or a scale. For this reason, I also address everything that involves the body in relation to the music. When I watch an oboist play, I can already hear in their sound where there are problem areas in the body, where the body is blocked, or where it isn’t free or fluid, and where the air doesn’t flow freely. My own body acts as a kind of biofeedback device, and I can feel its blockages myself...

• Musician medical analysis of problem areas and pain

• Performance analysis including, if necessary, mental screening

As soon as I have a clear picture, I start my work. Thanks to my extensive experience, all of this can also be done online or via video analysis. PHYSIOBOE coaching can be imagined

like traditional oboe lessons combined with physiotherapeutic elements. On-site, I of course like to work with my hands and “communicate” with the body in this way. I correct posture and treat body parts that aren’t free and flexible, either in between or during playing. Online, I guide clients to examine certain body parts in front of a mirror and pay attention to them. In both cases, I create individual exercise and self-treatment plans with photos and video instructions. For me, coaching means being a source of inspiration and a companion. I want to encourage thinking about certain things, think along and actively engaging with the content. The main focus should be on self-reflection and help for 'self-help'.

**Which postural or motor errors do you most frequently observe?**

Because we came into this world without an 'instruction manual' for our bodies and also didn’t learn in school how we should stand, sit, walk, or move, I naturally encounter a lot of 'posture and movement mistakes,' although I prefer to call them 'unawareness' or sensorimotor amnesia: The brain 'forgets' how to feel and control certain muscles, which can lead to chronic tension, pain, and movement restrictions.

Most often, when standing, I observe the so-called "duck or cowboy stance" (legs turned outward due to lack of hip control), the classic flatfoot (and often resulting "X-legs"), knees pushed through, off-center pelvis, swayback, "hump," shoulders falling forward, and a protruding head ("vulture neck"). These anomalies can often be seen even without the oboe. When you add the instrument, you frequently see uneven weight distribution on the legs (in the worst case a straddle stance), uneven shoulders (often the left shoulder stands higher as the "musical expression shoulder"), "holding" rather than hanging arms from the shoulder joints, asymmetry (the oboe isn’t in the center line but shifted to the right), bent wrists, and pushed-through thumbs – so quite a lot!

**How is the psychological aspect integrated into the method?**

Because I had already noticed in myself that my jaw issues had a psychosomatic component (I was 'tense' and overambitious), I realized just how much thoughts and emotions influence the body. In my work as a physiotherapist, I often observed actual 'body armor,' which was caused more by increased psychotone tension than by physical diagnoses. For this reason, my treatment techniques often reached their limits, and it became clear that I wanted to expand my approach to a more 'holistic' one. That's why I also obtained the license as a Heilpraktiker for psychotherapy, focusing on hypnotherapy. Only this expansion allowed me to see the whole person and help them with an 'even bigger toolbox'! Additionally, I work more osteopathically than physiotherapeutically, and also incorporate elements of Traditional Chinese Medicine regarding the flow of energy in the body. Classic work on the mindset is also part of it, and improving mental traits also helps create the 'flow': an optimized body awareness goes hand in hand with mental strength – self-doubt, on the other hand, prevents the 'flow' from happening.

**How is it received in academic contexts such as the Mozarteum?**

Although the admiration for my work, especially at the Mozarteum (where I worked successfully for four years), is great — because, for example, sound improvements quickly appear as a direct result of physical corrections, and technical playing problems that seemed 'unsolvable' for a long time aren't anymore once I identify the physiological-functional causes and start working on them — traditional institutions are a bit hesitant with me, as I apparently operate 'out of the box'... In further hearings at Austrian music universities for oboe professorships, I was indeed on the shortlist, but there was a lack of courage to make a commitment. One reason for this is certainly that I tend to put my finger directly on the sore spot and 'debunk' the aforementioned 'myths' (such as the misconceptions about the diaphragm). For example, after much consideration, I also decided against writing a doctoral thesis and instead went for my books — completely on my own — although the academic stamp PHYSIOBOE would certainly have helped in terms of recognition! But honestly, what makes me personally happy is the direct work with people rather than an academic title — and besides, I'm probably more of the 'free' independent type anyway…

**Future projects?**

First of all, I'll mention three projects I'm currently working on:

• The English translation of my main and practical book, which I also want to combine into ONE complete book.

• The final phase of product development for new ergonomic "physio" thumb rests for oboe & English horn, together with the company Reeds 'n Stuff.

• Continuing my close collaboration with Stefan Schilli and Leonid Surkov through joint masterclasses.

In the future, I want to further establish PHYSIOBOE and make it known worldwide. To achieve this goal, I would be happy about anyone interested who wants to contribute to my project in one way or another! I really enjoy and appreciate working in a team, just like I experienced it as a physiotherapist in professional sports!!

Susanne Schlusnus, an expert with twenty years of experience, trained by Heinz Holliger and François Leleux, formerly principal oboist of the Real Orquesta Sinfónica de Sevilla and lecturer at the University Mozarteum Salzburg, as well as a physiotherapist. She combines biomechanics, functional anatomy, body awareness, and mental aspects to identify and correct posture mistakes and unnatural habits. Her goal is to develop an efficient, reproducible, and effortless way of playing, and to optimize every aspect of oboe technique.