

Death Drop and Not Drop Dead: A Preliminary Examination of Drag Queen Health

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PURPOSE: The health concerns of drag queens remain understudied. This paper examines the physical health and healthcare access of drag queens and reflects on ways to holistically promote their well-being. **METHODS:** Professional drag queens in the United States underwent the Dance/USA Task Force on Dancer Health Annual Post-Hire Health Screen, which assesses medical history, musculoskeletal metrics, and cardiovascular fitness. To discuss healthcare needs, this paper draws from the authors' expertise in psychiatry, dermatology, gender studies, mental health, and medical anthropology.

RESULTS: Seven performers chose to participate in the study, with 6 participants participating in both the history and physical examination portions. While 3 (50%) had excellent cardiovascular fitness, 2 had below average or very poor results. None of the performers met the Beighton criteria for hypermobility. Bilateral hip flexion tightness was seen in 5 (83%) of performers, while 100% had tightness in bilateral hip internal rotation. The weakest muscle groups included lower abdominals and hip extensors bilaterally, left weaker than right. Four out of 7 reported a current or prior musculoskeletal injury. Three of 7 have health insurance, 4 felt they would benefit from psychology counseling, and 4 reported binge drinking at least three times in the past year. Four out of 7 were overdue (>24 months) for visiting their primary

care physician. **CONCLUSIONS:** Drag queens may be at risk for musculoskeletal injuries and strength asymmetries, dermatologic issues, and psychosocial harms. An urgent need exists for a comprehensive understanding of drag queen health to promote the well-being of understudied LGBTQIA+ populations. *Med Probl Perform Art* 2025;40(3):88–93.

KEYWORDS: drag queens, performance, gender identity, LGBTQIA+ health, musculoskeletal assessment, psychosocial risks

DESPITE the growing number of papers on LGBTQIA+ health, the concerns of particular populations such as drag queens, remain understudied.¹ The majority of drag queens are individuals who publicly perform as women in front of an audience who knows they are men.² They are also called female impersonators and are perceived as culturally influenced symbols of femininity.³ As such, they perform the idealized female body, creating and exaggerating femininity through the use of camp—a style that embodies the “love of the exaggerated, the ‘off,’ of things-being-what-they-are-not.”⁴ The majority of drag performers identify as gay or trans,⁵ but there are also a few heterosexual men and women who perform drag.

Drag performances involve different proportions of dancing, acting, and/or singing. Regardless of the predominant art form, the successful drag show requires certain physical demands. While multiple studies explore performers' psychological well-being and the sociocultural aspects of drag shows,^{3,6,7} very few explore the queens' health concerns and healthcare access,⁸ and none discuss their musculoskeletal and general health. To address this gap, this exploratory study examined the physical health and healthcare needs of drag queens. In addition to presenting data from a comprehensive physical health examination of drag queens, it also provides an additional multidisciplinary and holistic perspectives on drag queen health, drawing from the authors' combined expertise in psychiatry, dermatology, sexual health, gender studies, mental health, and medical anthropology.

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LGBTQIA+ = lesbian, gay, bisexual, trans, queer, intersex, asexual, plus other sexually and/or gender-diverse individuals.

TABLE 1. Anthropometric Characteristics of Study Participants

Participant	Age (yes)	Height (cm)	Weight (kg)	BMI
1	43	172.72	71.67	24
2	45	180.34	86.18	26.5
3	56	175.26	85.73	27.9
4	22	162.56	60.78	23
5	45	172.72	98.88	33.1
6	35	193.04	109.32	29.3
7	39	185.42	109.32	31.8
Mean	41	177.80	88.90	28
SD	10.499	9.884	18.433	3.772

METHODS

This study received ethics approval from the Boston Children's Internal Review Board (X06-07-0365). Data were collected as part of the 30-min Annual Post-Hire Health Screen for Professional Dancers developed by the Dance/USA Task Force on Dancer Health. The screen consists of a general demographic and medical history questionnaire, followed by physical assessment. Detailed guidelines for administration of the screen were provided to ensure uniform testing, while components of the physical assessment were performed by the same licensed physical therapist to avoid inter-rater discrepancies. A physician (KLD) reviewed all study results with each participant and made recommendations regarding clinical management and follow-up. Statistical analysis was performed using JASP Version 0.19.0.

Participants

Participants were recruited through a local performance venue in the United States in 2017. Informed consent was obtained prior to the assessment. Each participant was given the option to undergo screening without participating in research and was also given the option to participate in as much or as little of the research protocol. Participants were de-identified using a random number generator.

Health History Questionnaire

General medical history screening questions were based on the 2004 Pre-Participation Evaluation for athletes created by a consortium of American medical societies. It gathers information about current or prior musculoskeletal injuries, psychological state, nutrition, and healthcare access and insurance.⁹

Physical Assessment

The physical assessment includes an abbreviated evaluation of cardiovascular fitness via the 3-minute step test¹⁰; scoliosis¹¹; lower extremity strength, range of motion (ROM) and flexibility; joint hypermobility via Beighton criteria¹²; and functional movement testing of the shoulder (active forward flexion and abduction), trunk, and lower extremities (single leg step-down test).¹³

RESULTS

Health History Questionnaire

Although 40 potential participants were identified at the dancer screening event, only 8 individuals presented to the venue and 7 chose to participate in the study (Table 1). All participants completed the health history and physical assessment components except for 1 individual who only provided health history information. Mean age was 41 years old (range 22–56), and mean body mass index (BMI) was 28.0 (range 23–33.1). Two identified as female, 1 chose not to identify gender, and 4 identified as male.

Three out of 7 had an active health insurance policy. Three individuals (43%) saw their primary care physician (PCP) within the past 24 months. Of the 4 individuals who had not seen a PCP, 3 (75%) did not have health insurance. Five participants (71%) had seen a dentist within the past 12 months; the remaining 2 who did not see a dentist also did not have health insurance.

Two out of 7 (29%) reported currently smoking ciga-rettes. One performer reported use of recreational drugs outside medical purposes and 4 declined to answer this question. Four out of 7 reported drinking 5 or more drinks in a single day at least 3 times in the past year; 1 answered no and 2 did not respond to this question. Several performers reported that they perceived binge drinking to be an integral part of their performance culture. They also expressed injury concerns of performing in high heels while intoxicated.

Four out of 7 (57%) participants reported a current or prior musculoskeletal complaint. Of these 4 performers, 3 (75%) reported injury to the foot and/or ankle, 2 (50%) reported injury to the upper extremity and/or shoulder, and 2 (50%) reported injury to the lumbar spine and/or tailbone.

With regards to psychological well-being, 2 performers reported feeling down, depressed, or hopeless, losing interest or pleasure in the past month. Three reported feeling that they suffered from more fatigue than their fellow dancers. Two performers reported trouble with falling or staying asleep, with 1 additionally reported being sleep deprived. Three reported a loss in the past year, while 4 felt they would benefit from counseling.

Two out of 7 participants responded that they were interested in nutritional counseling. Two individuals

TABLE 2. Results of Strength Testing in Six Participants

Subject	Abdominals	Hip ADD		Hip ABD		Hip ER		Hip Ext		Foot	
		L	R	L	R	L	R	L	R	L	R
1	4	5	5	4	4	5	5	2	2	5	5
2	3	3	4	3	4	4	4	3	4	2	3
3	4	5	5	5	4	5	5	4	4	5	4
5	3	5	5	5	5	5	5	4	4	5	5
6	3	4	4	2	3	3	4	2	3	4	3
7	Pain, not tested	4	5	4	4	3	3	3	4	4	4
Mean	3.4	4.3	4.7	3.8	4	4.2	4.3	3	3.5	4.2	4
SD	0.548	0.548	0.816	1.169	0.632	0.983	0.816	0.894	0.837	1.169	0.894

reported being told that they were recommended to lose weight, 1 with a BMI <24.9 (normal) and the other with BMI >30 (moderately obese). All but 1 person reported feeling that their nutrition was optimal for their dancing. One person took calcium supplementation and 2 took vitamin D supplementation.

Physical Assessment

Of the 6 individuals who underwent physical assessment, 3 (50%) had excellent results for cardiovascular fitness, as measured by the 3-minute step test. The other 3 subjects had good, below average, and very poor results, respectively. None of the performers met the Beighton criteria for hypermobility. One subject had a positive Adams forward bend test, demonstrating scoliosis; the same person had asymmetries in the shoulder function test. None of the participants showed side-to-side asymmetries in the single leg step-down test.

Strength testing showed variability between participants and muscle groups tested (Table 2). Overall, the weakest muscle groups included lower abdominals and hip extensors bilaterally, while hip adductors were the strongest muscles. With the exception of foot intrinsic strength, all other muscle groups show the right side was stronger than the left side.

Study participants had a high prevalence of tightness in bilateral hip flexion (83%) and bilateral hip internal rotation (100%) on passive range of motion testing (PROM). None of the performers had first metatarso-phalangeal (MTP) joint tightness. Hip external rotation showed the most variability and side-to-side differences for PROM. No other muscle groups showed side-to-side differences in PROM.

DISCUSSION

This study sought to understand drag queen performing artists' health and healthcare needs. Given that the physical assessment tool used was originally designed for classically trained dancers, our findings could inform the design of a more tailored screening tool for drag queens. Our findings could serve as a starting point for exploring other health, occupational, and psychosocial risks drag queens may face, taking into account their performances, performance environments, and social attitudes towards the LGBTQIA+ community.

The musculoskeletal findings of weak hip extensors and abdominal muscles, and tightness in hip flexion and hip internal rotation are concerning, given that they are associated with lower back¹⁴ and lower extremity pain.^{15,16} Therefore, drag queens could benefit from targeted exercises,^{17,18} focusing on strengthening hip extensors and abdominal muscles, coupled with stretching the hip flexors and internal rotators. While it is difficult to determine the prevalence of musculoskeletal injuries among drag queens from our small sample, the results may offer some insights. Pressure to produce explosive and memorable performances may be contributory to the reported foot, ankle, and spinal injuries. These reflect the risks of injury from cartwheels, splits and drag's signature move, the death drop where the performer voluntarily and quickly falls to the ground, landing on their buttocks, eventually laying in a supine position with one leg abducted and bent at the knee (like a half "W" position) and the other extended at the knee. The rapid fall and biomechanics of the death drop could lead to musculoskeletal injuries especially in the lumbar spine and lower limbs. This move could also explain the left-right asymmetries in muscle strength and flexibility.

We also reflect on the translatability of assessments originally developed for classical dancers to drag queens. The step-down test, a functional screen of movement,¹³ may be appropriate for drag queens, because it simulates some components of the death drop and other dance movements. However, the participants underwent screening wearing athletic shoes. Since drag queens often perform in heels, the step-down test may be more relevant if participants were tested with both types of footwear. Furthermore, understanding mobility in high heeled shoes is crucial, given that they are associated with an increased risk for falls, foot fractures, repetitive strain injuries and hallux valgus.¹⁹ Their prolonged use can also lead to corns and calluses, which can affect balance and weight-bearing. These risks can be further aggravated by heavy outlandish costumes, padded undergarments, and silicone breast plates, all of which can shift the body's center of gravity, challenge dynamic balance, and therefore increase their fall risk.

Understanding the occupational environment could also illuminate additional risks drag queens face. Drag queens working in bars and clubs are particularly exposed to an intoxicogenic environment, where drinking is considered the norm and where drag queens usually get free

drinks from customers and bartenders.²⁰ Study participants correctly recognize that alcohol intoxication adds another layer to potential injury risk because of its effects on gait, coordination and balance. Additionally, alcohol intake is often associated with vitamin deficiencies, poor nutrition and dehydration, all of which can undermine optimal performance.²¹ Substance use/abuse in the current study included primarily alcohol, with low numbers reporting cigarette and/or drug use. However, several participants declined answering the recreational drug use question. Use of drugs such as cocaine is common in certain cities, as a way to mask pain and/or provide extra energy. Also, drag queens often perform in the evening, and many work day jobs for supplementary income.²² This nocturnal schedule coupled with fatigue from another job and inadequate sleep puts additional stress on a person's body, which can in turn increase injury risk. Finally, drag queens often perform in enclosed venues such as nightclubs, where prolonged exposure to excessive noise levels can increase the risk of hearing loss²³ and suboptimal ventilation can put them at risk for respiratory diseases.²⁴

Drag queens are also at risk of several dermatologic conditions. Use of comedogenic make-up products can lead to acne. Facial acne, and consequent scarring, may then negatively affect a drag queen's mental well-being. Both allergic and irritant contact dermatitis can result from exposure to adhesives, make up, and costume jewelry. Allergic contact dermatitis may also result from exposure to cigarette smoke and vape, which usually contain numerous allergens such as nickel. The use of tight clothing, such as several layers of stockings and corsets, may lead to the development of friction blisters and miliaria rubra. Packaging tape is usually used to secure the penis to the perineum to give the illusion of feminine genitalia and to create cleavage depicting female breasts. When removed, the skin can be stripped, leaving the skin raw. Bacterial infections such as folliculitis and furunculosis, especially those caused by methicillin-resistant *Staphylococcus aureus* (MRSA), easily spread when costumes are not properly laundered and when make-up products are shared, especially in under-resourced contexts. Fungal infections such as tinea readily develop in warm environments provided by tight clothing and enclosed spaces. All of these dermatoses can lead to hyperpigmentation, which ultimately impacts mental health negatively. When drag queens engage in sex while in drag, they may also be more in a receptive role or position due to restrictions in clothing,²⁵ increasing their risks for STIs such as HIV. Early signs of HIV such as recalcitrant seborrheic dermatitis may be misdiagnosed as contact dermatitis of the face due to make-up products.

Promoting the overall health of drag queens also involves factors beyond their performance contexts. Not all our participants carried health insurance or were up to date in seeing their PCP; in comparison with the general American freelance dancer population, fewer drag queens have seen their PCP within the last 2 years (54% vs 43%) and have health insurance (62% vs 43%). Even in countries

with universal healthcare access, dancers often do not seek healthcare advice from a licensed physician. This was not due to fear or financial concerns,²⁶ but to lack of trust in physicians' ability to care for dance-specific injuries²⁷ or difficulty with access.²⁶ Dancers usually prefer to consult a dance teacher or a physical therapist.²⁸ Given that most drag performers work at night, they may also not be able to easily access certain healthcare providers.⁸

Drag queens competing on reality television shows are also exposed to certain risks. The neoliberal and competitive nature of particular shows encourages performers to put their body and emotional well-being on the line: doing explosive moves, at times without adequate preparation or training; performing despite known injuries; using hot glue on bare skin; and enduring body shaming²⁹ and harsh critique from judges, even as they are already experiencing challenging life events.³⁰ Certain contestants might also have to recall and relive traumatic memories. Minority drag queens may also experience racism.³¹ Live performances carry their own forms of harassment, wherein queens may be inappropriately grabbed, groped, and touched without their consent.³²

Finally, it is important to consider psychosocial issues drag queens may face. Drag queens could face relational issues, with sexual and/or romantic partners and peers. Being in certain costumes can make it more challenging to engage in an active/top role during sex, which may force a person into a traditional female or receptive/passive role, regardless of preference. Partners might also assume that people in drag would prefer a particular sexual position, although several queens see their drag expression as separate from their sexuality or preferred sexual behaviors/practices.²⁵ Drag queens in homophobic contexts could also face difficulties establishing³³ or maintaining relationships due to discrimination within the community because of latent homo- or transphobic attitudes. Hyper feminine drag queens are more prone to disordered eating and are more accepting of cosmetic surgery because of cultural and occupational beauty standards.³⁴ Performers who are more cognitively preoccupied with their drag performance/occupation also report slightly higher rates of depression. This could be an outcome of rejection from audiences, transphobic perceptions by other members of the LGB community, and minority stress and stigma experienced from being gay. However, social support from family and friends can promote resilience and reduce depression.³⁵

By integrating findings from a general health assessment of drag queens, expert medical opinion, and extant literature on the psychosocial health of drag performers, we have presented several health concerns that can affect this population. Due to performance-related musculoskeletal injuries, dermatologic issues from heavy make-up and tight clothing, and psychosocial harms from audience harassment or rejection by potential partners, there is an urgent need to have a comprehensive and holistic understanding of drag queen health to promote the well-being of this understudied population. It is also crucial to re-evalu-

ate measures to assess drag queen health and to create safe spaces for them to raise concerns, especially on mental health issues that are greatly stigmatized. Promoting drag queen health also needs to go beyond individual assessment of musculoskeletal fitness or sexual health. Recognizing the nighttime or televised entertainment economy where most drag queens perform, accompanied by casual work arrangements, disparities in healthcare access need to be examined and addressed. Additionally, most studies concern performers in North America, Europe, and Australia; thus, more work needs to be done to understand health challenges faced by drag queens in other geographic regions. Despite potential health risks, we note that it is equally important to highlight that drag performances may also advance social benefits,⁷ enhance the sense of community,⁶ and enrich the personal quality of life² of drag queens, with successful queens often held in high regard in their communities.^{2,6} The health benefits of drag should be comprehensively explored to refrain from an overly medicalized and deficit-centric treatment of this performing art, along with the associated benefits of community connection for LGBTQIA+ individuals.³⁶

With the increasing popularity of drag shows, this is an important time to conduct more research not just on drag queen health, but also on the health issues of and challenges faced by LGBTQIA+ individuals in various occupations.³⁷ Recommendations for future studies include determining specific dermatological conditions, quantifying preferences in heel heights utilized for performances and practices, amount and quality of sleep, hours and types of practice and cross training. With drag pushing for a transgression of heteronormative norms, studying drag queen health should also pave the way for greater investment in health research, and its translation, on other understudied LGBTQIA+ populations.

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