

BOOK, CD AND TAPE REVIEWS

Krauss JR, Evjenth O, Creighton D. *Translatory Spinal Manipulation for Physical Therapists*. Rochester, MI: Lakeview Media LLC, 2006. Spiralbound, 134 pp., ISBN 1-59975-195-X, companion DVD.

The stated audience for this text is entry-level and post-professional orthopaedic manual physical therapy (OMPT) students. The text is intended as a manual when students are developing the knowledge and skill levels needed to apply translatory spinal manipulation (TSM) techniques in OMPT clinical practice. TSM is defined as a system of small-amplitude manipulative techniques using straight-line impulses delivered in a parallel (gliding) or perpendicular (traction) direction to an individual vertebral joint or motion segment. These techniques were developed with the aim of producing more predictable outcomes with regard to symptom reduction and motion restoration while at the same time minimizing iatrogenic injury potential.

This text is divided into six chapters. Chapter 1 discusses the history and development of TSM, (contra-)indications and goals, and provides a brief review of relevant concepts in the Kaltenborn-Evjenth OMPT system. Chapter 2 reviews general issues relevant to the clinical application of TSM including patient and therapist positioning, localization of the segment to be treated and methods of locking, and TSM technique parameters. This chapter also addresses the integration of TSM into OMPT clinical practice and illustrates examination and progression of TSM techniques in 10 summary case examples. These first two chapters also contain all 25 tables in this text; the tables provide easy access to the concepts introduced in these chapters. Chapters 3-6 discuss the cervical, thoracic, lumbar, and sacroiliac regions: A brief review of regional anatomy and biomechanics is followed by extremely comprehensive descriptions of TSM techniques for the various regions. The greater portion of the 366 mainly full-color illustrations and photographs are used to clearly illustrate the 55 TSM techniques introduced in this text. The companion DVD provides easy access to short, narrated, high-quality video demonstrations of all techniques as performed by Olaf Evjenth.

In this text, locking techniques are highly emphasized to increase the segmental specificity of the TSM techniques. However, the spinal coupling behavior at the basis of these locking techniques remains based on long-established models rather than on more recent available research. This text does not provide information on the specific segmental examination techniques relevant to establishing the need for TSM intervention. Including a detailed description of these tests would have made the text even more clinically useful. As noted by the authors, research on the suggested efficacy and safety of these techniques is limited at this time to a number of case reports and case series. Despite these few shortcomings, it should be noted that the text most certainly meets its intended goal of serving as a manual for developing the knowledge and skill needed to apply TSM techniques in entry-level and post-professional OMPT clinical practice. TSM techniques can at times be quite complex, but the multi-media illustration and explanation of these techniques is among the best technique descriptions I have ever seen and should allow clinicians of all skill levels to start incorporating these techniques to some level into their clinical practice. Some clinicians may not subscribe to the biomechanical, segment-specific approach illustrated in this text; however, the sheer number of innovative techniques introduced with the many multiple variations in position and localization of manipulating and stabilizing forces is sure to make this text relevant to all despite said differences in rationale. In summary, this text and companion DVD would make a very worthwhile addition to the library of students and clinicians of all professions involved in manual medicine; they could also certainly serve as one of the required texts for an entry-level or post-professional OMPT curriculum.

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Sweetman BJ. *Low Back Pain: Some Real Answers*. Castle Hill Barns, UK: tfm Publishing Ltd., 2005. Paperback, 152 pp., ISBN 1-903378-41-9.

The stated goal for this text is to introduce a reliable and objective diagnostic classification system for patients presenting with common low back pain (LBP). The intended audience as stated consists of anyone involved in treating patients with LBP, including generalist and specialist physicians, diagnosticians, and therapists.

The book starts off with two lists of abbreviations used throughout the text that are relevant to the diagnostic classification system introduced. The book then discusses in more detail two indices central to clinical application of this classification system. Next are acknowledgements and an introduction that provides epidemiological data on LBP and chronicles the author's involvement in this topic. Chapter 1 discusses the connection between a commonly used supine test of apparent leg lengthening and attributes a positive finding to the thoracolumbar rather than the usually implicated sacroiliac region, thereby shedding light on the etiology in a diagnostic category, called the "no signs pattern." Chapter 2 describes the pivotal role of contralateral location of pain at rest as compared to during examination on final development of the classification system discussed in this text. Chapter 3 deals with the use of cluster analysis of initially 400, but in the end only 26, clinical indicators when developing the classification system. Chapters 4 and 5 describe the diagnostic categories of the facet joint and rotation back strain patterns with inclusion and exclusion criteria based on cluster analysis. Chapter 6 discusses in a more summary format the remaining two disc, sacroiliitis/pelvispondylitis, symmetrical osteoarthritis, and no signs patterns. Chapter 7 provides a reinterpretation of severity measures and non-organic signs; it also discusses the need for condition-specific rather than generic severity measures. Chapter 8 discusses inadequacies of the acute-to-chronic staging system commonly used. Chapter 9 provides summary data on a study correlating the rotation back strain pattern with a better outcome with traction and the author's opinion on analgesia, immobilization, and incremental loading. Chapter 10 suggests the use of diagnosis-specific outcome measures. Chapter 11 discusses prognostic indicators indicated by cluster analysis but provides quantitative data only on indicators without a bearing on prognosis. Chapter 12 discusses the injurious and protective roles of heavy labor on different diagnostic categories. Chapter 13 presents the author's opinions on other conditions including osteoarthritis, fibromyalgia, and reflex sympathetic dystrophy. Chapter 14 provides a summary and implications for research and clinical practice. References and an index complete the text.

The author of this book is certainly eloquent and has read widely within and outside the fields of medicine and diagnosis and management of LBP: the text is a pleasant read with its varied reference to literature and history. The need for classification of patients with so-called non-specific LBP is obvious, and the statistical method used by the author has not received much attention in the research literature on this topic. However, throughout, the book suffers from insufficient detail. With the exception of some specific tests and findings, I came away unable to incorporate the information on the diagnostic classification system proposed into my clinical practice due to insufficient information on specific clinical application. Insufficient detail on methods and outcomes of the cluster analysis studies had me wondering how this method prevents inflated type I error and other threats to research validity. Also, the implications of the proposed classification system for diagnosis, prognosis, and intervention have only received very scant research attention. In summary, this book does not live up to its promising subtitle but it might serve as an introduction to a type of LBP classification research that has received little attention in recent literature and thus may be of interest to researchers in this area of investigation.

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Jam B, Varamini A. *A Clinical Manual on Therapeutic Taping for Peripheral and Spinal Syndromes. Part 1*. Thornhill, ON: Advanced Physical Therapy Education Institute, 2004. Spiral-bound, 85 pp., ISBN 0-9735374-0-X, companion DVD.

The stated audience for this text consists of clinicians working in the field of musculoskeletal rehabilitation, specifically those in outpatient orthopaedic settings dealing with acute, sub-acute, or persistent musculoskeletal pain syndromes. The stated goal is to share with such clinicians taping techniques that the authors have found to be of clinical value.

The contents of this text are divided into five distinct sections. The first section discusses general information on patient selection, patient education, tape application, indications for therapeutic taping, hypotheses on the therapeutic effects of taping, and tips on maximizing adhesion of tape to the skin. Section 2 describes 6 taping techniques for the cervical and thoracic spine. Section 3 describes 10 taping techniques for the lumbopelvic region. Section 4 addresses 10 techniques for the upper extremities and section 5 provides 14 techniques for the lower extremities. The text contains 146 black-and-white illustrations and photographs. Although at times a higher pixel density might have been used for the photographs, the illustrations and pictures with arrows indicating taping order and direction in combination with the step-wise, clear, yet concise descriptions allow for easy replication of the presented techniques. This is further facilitated by the high-quality, easily accessible video presentations of all techniques on the 45-minute companion DVD.

This text and its companion DVD do not intend to present a comprehensive discussion of taping techniques nor do they intend to present anything but anecdotal observations on the techniques presented. The authors acknowledge McConnell, Mulligan, Vicenzino, and Sahrman as their most important influences. Most taping techniques described here use the hypoallergenic white and extremely adhesive brown tapes initially associated with Jenny McConnell. The authors have provided clear multimedia-format illustrations and descriptions, which should allow for replication of these potentially clinically relevant techniques by any reader, making this a relevant text for any clinician providing care to an orthopaedic and—to some extent—also a neurologic patient population.

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Oths KS, Hinojosa SZ, eds. *Healing by Hand: Manual Medicine and Bonesetting in Global Perspective*. Walnut Creek, CA: AltaMira Press, 2004. Paperback, 291pp., ISBN 0-7591-0393-3.

This book has been written to fill a gap in anthropological scholarship by providing a body of accessible and systematic research on manual medicine. The stated audience are social scientists and health care professionals as well as students in these disciplines.

This book contains three sections. The first section describes how distinct forms of manual medicine have acquired or are acquiring professional status, with five chapters on traditional bonesetters in Denmark; massage therapists in the United States; changing social science perspectives on chiropractic; diverging institutionalization of osteopathy in the United States, Canada, Britain, and Australia; and the history and current role of the manual medicine component, Tuina, within Traditional Chinese Medicine. The second section discusses the role that physical contact and therapist-patient interaction play in manual medicine skill acquisition, diagnosis, and healing. Four chapters provide accounts of Guatemala Mayan bonesetters; similarities and differences between Filipino hilot bone setting and chiropractic; a critical evaluation of a Balinese bonesetter by two chiropractor-anthropologists; and a discussion of the physical, emotional, and psychological effects of Rolfing. The final section discusses the changing societal role of manual medicine practitioners with four chapters on Andean *componedores*, Borana bonesetters in Northern Kenya, an ethnography of a Welsh bonesetter, and the societal pressures and influences associated with establishing a successful Rolfing practice in a contemporary large American city.

This unique book succeeds in providing a diverse account of manual medicine in a global perspective. It is a big step away from the normal manual medicine texts discussing rationale, techniques, and outcomes that one might read. It is interesting to see how, independently of each other, seemingly similar manual medicine approaches have developed across the world, all with varying levels of combined vitalistic and materialistic rationale. The cross-cultural diagnostic agreement noted between the Filipino bonesetter and the chiropractor makes one wonder if there is truly a clinical entity that can be recognized as a manipulable lesion despite widely divergent underlying pathophysiologic rationale. The enduring nature of manual medicine traditions despite the encroachment by biomedicine might be interpreted as a testament to their efficacy. This encroachment has also led to an increased scope of practice with bonesetters, e.g., using imaging tests, prescribing medication, providing injections, and giving nutritional advice, developments mirrored in the manual medicine professions of osteopathy, chiropractic, and physical therapy. The essays in this book are all well written, and the book provides a good and informative read for the manual medicine clinician interested in the history, diversity, and societal role of manual medicine in different parts of the world.

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