

BOOK, CD AND TAPE REVIEWS

McMillin D, ed. *Early American Manual Therapy*. Version 5.0. Virginia Beach, VA: McMillin Media, 2005. CD-ROM. Available from: www.mcmillinmedia.com.

This CD-ROM provides access to 30 historic full-text books and 13 articles on early American manual therapy from the period 1897 to 1946. The books and articles on this CD-ROM deal with the early beginnings of the well-known and still existing professions of osteopathy, chiropractic, massage therapy, and naturopathy but also discuss obscure and long since disappeared manual medicine professions such as mechanotherapy, neuropathy, and magnetic healing. The authors include well-known figures such as Dr. Harvey J. Kellogg and the founders of osteopathy and chiropractic, Drs. Andrew Taylor Still and Daniel David Palmer but also less well-known but once influential figures such as Dr. Alva Gregory and the founder of neuropathy and neuro-ophthalmology, Dr. Andrew P. Davis.

Mr. McMillin has put together an excellent collection of early manual therapy texts, which he has also made available free-of-charge on the website <http://www.meridianinstitute.com/eamt/files/contents.htm>. The CD-ROM has minimal system requirements: it will run on any computer with an Internet browser. The CD-ROM offers full-size illustrations not available on the website and, of course, off-line access to this material that will be of great interest to any clinician interested in the history and development of manual medicine.

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Jam B, Varamini A. *When a Back Goes Out... Where Does it Really Go?* Thornhill, ON: Advanced Physical Therapy Education Institute, 2006. Hardcover, 156 pp., illus., ISBN 0-9735374-1-8.

The stated audience for this text is health care professionals involved in the management of acute, sub-acute, and chronic low back pain (LBP). The stated goal is to present clinicians with the most current studies on the topic of LBP in an easy-to-read and comprehensible format and also to provide suggestions for the immediate clinical application of the evidence presented.

The text consists of nine chapters. The first chapter sets the stage with a discussion of the epidemiology of LBP and a critical review of the tools of evidence-based practice including randomized clinical trials, systematic reviews, and clinical prediction rules. Chapter two contains information on imaging studies and various classification systems used for the diagnosis of LBP. Chapter 3 discusses prognostic factors including a clinical prediction rule for return to work status, the centralization phenomenon, the fear-avoidance beliefs (FABQ) questionnaire, Waddell's non-organic signs, and work-related factors. Chapter 4 discusses the challenges associated with the development of clinical practice guidelines for the management of patients with LBP. Chapters 5 to 7 discuss the research basis for using exercise, manual therapy, and psychosocial interventions for patients with LBP. Chapter 8 discusses research into other interventions including chiropractic, non-steroidal drugs, education, gradual return to work, massage, acupuncture, modalities, mattress choice, sitting posture and chairs, orthotics, traction, and lumbar braces. The final chapter discusses cost-effectiveness of interventions. An appendix with full-text FABQ and Rahae Stress Test questionnaires, descriptions of the lumbar spring and prone instability tests, and self-review questions conclude this text. Three black-and-white pictures illustrate the tests in the appendix.

This text does not intend to provide a comprehensive review of the literature on this topic. At times, one might disagree with the author's interpretation of the literature. With new research on this topic continuously being produced, no book on this topic ever stays current. However, this text manages to provide an easy-to-read and very accessible introduction to those of us who might be less than familiar with the evidence-based approach to the management of patients with non-specific LBP. Studies are included up to 2005 and the summaries provided are well organized and clearly written. In summary, this text would make a good addition to the library of the novice or experienced clinician who has not had the time to keep up with all relevant literature on this topic but wants to base intervention provided for this patient group to a greater extent on published evidence.

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Jay GW. *The Headache Handbook: Diagnosis and Treatment*. Boca Raton, FL: CRC Press, 1998. Hardcover, 171 pp., ISBN1-57444-221-X.

The stated audience for this text is generalist and specialist physicians including family practitioners, neurologists, and chiropractors. The stated purpose is to provide these clinicians with sufficient background to diagnose and treat patients with headaches.

This text consists of 13 chapters. Chapter 1 provides the brief review of anatomy and physiology needed to digest the information in subsequent chapters. Chapter 2 reviews the various suggested etiologic mechanisms for headache. Chapter 3 discusses migraine headache, chapter 4 reviews cluster headache, and chapter 5 covers tension-type headache. In chapter 6, the author goes into more detail with regard to diagnosis and management of this latter type of headache. Chapter 7 discusses problem solving in patients with more than one type of headache. Chapter 8 discusses psychological aspects relevant to headache. Chapter 9 discusses post-traumatic headache. Chapter 10 reviews headache due to orofacial organic disease and chapter 11 reviews a limited number of other organic causes. Chapter 12 discusses the author's suggestions for interdisciplinary management of patients with headache and chapter 13 reviews some options in interventional anesthesiology. Chapter 14 discusses cervicogenic headache and a suggested role for manual medicine interventions. In an afterword, the author provides the reader with some final clinical insights and practical suggestions. The location and pain referral patterns of myofascial trigger points relevant to tension-type headache are illustrated by way of 24 black-and-white line drawings.

This book is a bit older and, therefore, obviously does not use the 2003 revised International Headache Society classification system. This book is also not intended as a comprehensive evidence-based review with regard to diagnosis and management of patients with headache but rather as a limited review of the literature molded by the author's extensive clinical experience. Throughout the text, a great deal of attention is placed on medical management by way of medication. The author also espouses an incorrect view of physical therapy as limited to soft-tissue and non-thrust manipulation techniques. However, despite these drawbacks, this book manages to provide an easy-to-read review of the types of headaches physical therapists and other manual medicine providers are likely to encounter in clinical practice on a regular basis. The colloquial writing style, the frequent insertion of clinically relevant eureka experiences, and the many case reports that integrate the theoretical information with the intricacies of real-life patient management make this a great introductory text for clinicians that seek to increase their knowledge with regard to the topic of headache.

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Goodley PH. *Release from Pain*. Telz Stone, Israel: Self-Published, 2005. E-Book, 523pp. Available at: <http://drgoodley.com/goodley/live/>

The stated audience for this text includes both health care professionals and patients. The goal of this text is to provide both groups with an increased understanding of the possibilities of manual medicine diagnosis and treatment and their suggested expanded role in pain management.

The book begins with a foreword supplied by four different manual medicine professionals, an introduction, and acknowledgements. The main body of the text consist of 34 separate chapters followed by two appendices. This book discusses various topics but can be grossly divided into two sections. The one main section is a historical discussion of manual medicine and the lack of its integration even in contemporary mainstream allopathic medical practice. In the second main portion of this text, the author provides the reader with a cornucopia of clinical information from his own extensive clinical experience discussing manual medicine interventions and also intradermal injection therapy, prolotherapy, chelation therapy, acupuncture, and two self-designed traction devices. Throughout, the material discussed is illustrated with case descriptions from the author's own clinical practice.

This book has a very broad intended audience resulting in clinical information that is often insufficiently specific for the clinician and too complex for the patient. Also, the two main sections of this text should perhaps have been made into two separate texts. At times, the author's indictment against the shortcomings of the medical system is rather personal and his discussion of the role and history of physical therapy is based on his personal experience and, therefore, limited in scope. However, this text also clearly represents a heartfelt attempt by a dedicated and compassionate professional to alter what we probably all consider a fundamental flaw in the way allopathic medicine approaches complaints of pain. The historical information in this book and on the website are the accounts of someone who actually lived and contributed to said history. The clinical information in this text provided me food

for thought and moments of recognition with regard to clinical phenomena that have received scant attention in the research literature. Despite the shortcomings indicated, the author provides us in this book with an at times undervalued pillar of evidence-based practice, i.e., clinician expertise, thereby making this text a worthwhile read especially for experienced clinicians.

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Nordhoff LS Jr., Ed. *Motor Vehicle Collision Injuries: Biomechanics, Diagnosis, and Management*. 2nd ed. Sudbury, MA: Jones and Barlett Publishers, 2005. Hardcover, 638 pp., ISBN 0-7637-3335-0

This 22-chapter text with contributions by expert chiropractic and medical physicians focuses on the diagnosis and treatment of minor to moderate injuries sustained during motor vehicle collisions. The first chapter provides epidemiological data on motor vehicle collisions in the United States. The next five chapters review evaluation and diagnosis with individual chapters devoted to clinical assessment, radiology, MRI, CT imaging, and electrodiagnostic studies. Five chapters are then devoted to the management of and recovery from soft tissue injuries and include general information on manual therapy, exercise rehabilitation, electrical modalities, and traction. Pharmacological and invasive procedures are briefly covered as are emerging treatments for whiplash injuries. The next two chapters examine long-term prognosis and return-to-work status for the whiplash patient with chapter 19 reviewing human factors that may influence recovery. Chapters 14 to 18 provide an in-depth analysis of injury biomechanics with separate chapters devoted to side, front, and rear motor vehicle collisions. The last three chapters are intended to prepare clinicians for the litigation component of patient care, court appearances, and writing legal documents.

Highlights of this text include the chapters on collision biomechanics that provide a thorough review of the literature and an in-depth analysis of accident biomechanics and the role various factors can play in the injury. Throughout the text there is significant detail with respect to the characteristics of motor vehicle collisions, patient injuries, and prognosis and these sections of the text are well referenced. In the chapter on diagnosis there is also considerable attention given to the reliability of clinical tests and the prevalence of specific diagnoses whenever possible. In general, the information presented in the text was easy to read and presented in a clear manner.

Perhaps the greatest shortcoming of this text is that its topic is very broad, which at times results in a lack of depth. Although efficacy and appropriate timing of treatment is discussed, there is almost no formal description of manual therapy techniques, clinical evaluation, or therapeutic exercise with the author advising the reader to look elsewhere for these specifics. The chapter on rehabilitation protocols for spinal injuries promotes an active approach to treatment as has been well documented in the literature, yet only five references are cited. Certain parts could have included more of an evidence-based approach. For example, the chapter on radiological evaluation of the spinal trauma makes no mention of the validated Canadian cervical spine rules, which may assist the clinician in determining if patients require imaging after motor vehicle accidents. The examination of the sacroiliac joint fails to mention provocation tests to implicate this joint as a source of pain. The author has intended the chapter "Evidence Basis for Chiropractic Treatment" to inform the plaintiff's attorney and the jury about the chiropractic profession but presents a somewhat biased approach by making little mention of negative chiropractic research. Interestingly, there are also studies referenced as evidence for chiropractic treatment that were in fact interventions performed by physical therapists. Finally, throughout the text there is a consistent bias towards both chiropractic treatment and the plaintiff litigation component of motor vehicle accidents. A less biased approach would have proved more informative to clinicians other than chiropractors.

In summary, despite said shortcomings this text contains valuable content both with respect to the breadth of topics covered within one single text and with regard to the amount of well-referenced information on diagnostic tests and collision biomechanics. As a result this text will be a worthwhile addition to the libraries of health care providers whose clinical practice consists to a large extent of the diagnosis and management of patients who have sustained injuries as a result of a motor vehicle accident.

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