

BOOK AND MULTIMEDIA REVIEWS

Biel A. *Trail Guide to the Body DVD*. Boulder, CO: Sante Learning Systems, 2005. Three-disc DVD-set, ISBN 0-9658534-8-9. Available at: www.booksofdiscovery.com.

This product is intended for students, instructors, and practicing therapists of various professional backgrounds. Designed to complement the third edition of the textbook, *Trail Guide to the Body*, this 3-disc DVD-set provides more than 4 hours of video with massage practitioner and instructor Clint Chandler illustrating surface anatomy and palpation of over 80 muscles on various models. Each disc contains an easy-to-navigate menu allowing quick access to individual muscles. The images can be viewed as stills, repeated, and viewed in slow motion. The videos also include images from the textbook that are at times overlaid on the video to allow for better visualization.

Having previously used the hardcopy book as a required text in an entry-level orthopaedic physical therapy evaluation course I taught, I can attest to its instructional value. This DVD-set is of equal high quality and I would recommend it for use as a complement to the textbook or even as a stand-alone instructional tool in both entry-level education in the various manual therapy professions and as a useful reference for all practicing manual therapy practitioners.

Peter Huijbregts, PT, DPT, OCS, FAAOMPT, FCAMT

Donelson R. *Rapidly Reversible Low Back Pain: An Evidence-Based Pathway to Widespread Recoveries and Savings*. Hanover, NH: Self Care First LLC, 2007. Paperback, 233 pp., ISBN 978-0-9790387-0-9. Available at: www.optp.com.

The stated goal for this text is to discuss controversies and obstacles to research, diagnosis, and management of low back pain (LBP); a second goal is to discuss clinical characteristics of LBP that should influence the management of and spending related to LBP. The intended audience for this text is diverse and includes patients, third-party payers, clinicians, researchers, and those involved in the disease management industry.

The book consists of 6 parts. Part 1 examines in 5 chapters current theories related to LBP. Part 2 discusses in 1 chapter current LBP research and introduces an alternate research paradigm. Part 3 introduces in 3 chapters the phenomenon of rapidly reversible LBP and the mechanical diagnosis and therapy (MDT) paradigm as well as the evidence supporting this paradigm. Parts 4 and 5 discuss in 2 chapters each the need for subgroup identification and implementation of the MDT paradigm. Part 6 offers in 3 chapters approaches to implementing this paradigm. An appendix contains an annotated bibliography of studies relevant to the MDT paradigm followed by references and an index.

The author of this text is a well-known authority on research and management of LBP. References in this text are recent, comprehensive, and support a compelling argument for increased attention to the MDT paradigm both in the clinical management of LBP and with regard to guideline development for this problem. Although the emphasis is clearly and admittedly on the MDT approach to LBP, all clinicians, researchers, and especially guideline developers should read this text. The clear explanation of the foibles of randomized controlled trial involving heterogeneous groups of patients at the basis of current guidelines and the ADTO (assessment-diagnosis-treatment-outcome) paradigm offered in its place alone make this text worth reading. Add to this that this book reads not like a dry presentation of research but almost like a novel one will find hard to put down and my recommendation that all clinicians and researchers involved with LBP should have a copy in their library becomes even more self-evident.

Peter Huijbregts, DPT, OCS, FAAOMPT, FCAMT

Hammer WI, ed. *Functional Soft-Tissue Examination and Treatment by Manual Methods*. 3rd ed. Sudbury, MA: Jones and Bartlett Publishers, 2007. Hardcover, 775 pp., ISBN 9780763733100.

The third edition of this multi-disciplinary text is designed to give an updated look at the examination and treatment of soft tissue injuries. It targets a varied audience including physiotherapists, chiropractors, osteopaths, kinesiologists, massage therapists, and athletic trainers.

The book is a very comprehensive text consisting of 3 main sections. Section 1 more closely examines specific considerations in the examination of soft tissues, plus the principles of mechanical load on soft connective tissue. Section 2 consists of 8 chapters dealing with the assessment of individual joints or areas of the body. Section 3 has 14 chapters, each covering a different treatment technique or consideration. These techniques include joint mobilization, muscle energy, strain/counterstrain, friction massage with neuromuscular re-education, Graston technique, techniques of the lower cervical spine, treatment of the temporomandibular joint, mobilization with movement, taping techniques, longitudinal osteoarticular decoaptation stretching, active isolated stretching, active release, plus sections on nutritional considerations and conservative management of soft tissue injuries.

The assessment part of this text is extremely informative and thorough. Each chapter consists of a review of functional anatomy and joint mechanics, active/passive range of motion, stability, selective tissue testing, special tests, and possible conditions or lesions. The chapter on the shoulder is especially clinically relevant and comprehensive, including 117 photos/diagrams in that section alone. I came away with several new techniques I wished to incorporate into my current clinical assessment process. This portion of the book is extensively referenced. As mentioned above, there are many different techniques covered in the large section of the book devoted to treatment of soft tissue injuries. Some of these techniques are more researched than others. The author states in the preface of the book "I am wholly convinced of the old adage that the more tools we have in our toolbox the more options we have to help our patients. Every chapter in this text is based on successful clinical experience." The book certainly gives an overview of many treatment options that are successful based on anecdotal evidence; however, it may not always direct the reader to make a research-based, evidence-informed decision. The main strengths of this book are its comprehensiveness and immediate clinical relevance. The treatment section provides a good overview of techniques, although not all are evidence-based. I would highly recommend this book as a comprehensive text for clinicians of all levels of experience who wish to improve their clinical skills.

Jennifer Kolot BSc PT, FCAMT, CGIMS

Brukner P, Khan K, eds. *Clinical Sports Medicine*. 3rd ed. Sydney, Australia: McGraw-Hill, 2007. Hardcover 1032 pp., ISBN 0-074-71520-8. Companion CD-ROM.

With the intent of this book to discuss multidisciplinary methods of treatment its target audience consists of all musculoskeletal specialists including sports medicine physicians, physical therapists, massage therapists, and athletic trainers.

The text is divided into 6 sections with 62 chapters. Six new chapters were added to this completely revised and enhanced third edition. Fundamental principles and theoretical aspects of sports medicine are discussed in Part A. Part B details regional problems and is symptom oriented discussing e.g., hip and groin pain and acute knee injuries. This section includes anatomy, differential diagnosis, assessment, and evidence-based or expert-advocated treatment options. Specific conditions are detailed from the most common to the "not to be missed" clinical presentations. Part C includes information on enhancing sports performance by way of e.g., nutrition, supplements, and sports psychology of sport. Part D focuses on conditions and treatment options for special groups including the young, female participants, the elderly, and disabled people. Part E covers the management of medical problems discussing among others emergency protocols, diabetes, osteoporosis, and rheumatic and inflammatory conditions. The final section discusses practical sports medicine with attention to medical care of teams and event coverage. The book is very well illustrated with full-color photographs, anatomical diagrams, diagnostic pictures, and flow charts useful for learning and clarification. The contributors to this edition consist of world-class clinicians and researchers. The chapters include recommended reading lists, websites, and recent references for each chapter. Practice pearls contain useful tips and suggested techniques for the clinician. There are also patient information sheets printable from a companion CD that summarizes patient presentations and potential treatment choices.

I found the text easy to read and comprehensive. The information presented in this text can be applied to any active individual ranging from elite athletes to the active elderly population. Overall, this text is clinically relevant and is presented in a very usable format. Due to the extent of information presented in this text, relevant manual therapy techniques are not described in significant detail, but the text still provides a good overview of treatment options. I would highly recommend this book as an essential comprehensive text for any clinician working with active individuals.

Kari Styles, BSc PT, FCAMT

McKenzie R. *Treat Your Own Neck*. 4th ed. Raunati Beach, New Zealand: Spinal Publications New Zealand Ltd., 2006. Paperback, 46 pp., ISBN 0-9582692-4-6. Available at: <http://optp.com/>.

This booklet is intended to introduce patients with mechanical neck pain to the McKenzie method of diagnosis and management with the goal of teaching them to self-manage acute episodes and prevent recurrence of mechanical neck problems.

The booklet consists of 7 chapters and an appendix. Chapter 1 defines mechanical neck pain and discusses recurrence despite commonly used conservative management approaches. It also discusses indications and contra-indications to self-management using this booklet. Chapter 2 discusses cervical spine anatomy and function as well as causes and presentations of mechanical neck pain. Chapter 3 addresses common causes of neck pain with an emphasis on the role of posture and on methods to address posture-related neck pain. Chapter 4 discusses basic principles of the McKenzie approach with specific attention to the effect of exercise on centralization and pain intensity. Chapter 5 provides an illustrated description of 7 relevant exercises; the accompanying text provides a clear description of performance, repetitions, and sequencing of the exercises. Chapter 6 discusses when to apply which exercises and chapter 7 educates the patient on what to do in case of an acute episode. The appendix provides information on the McKenzie Institute International and on how to find certified professionals.

This booklet is well organized and provides clear descriptions that are well illustrated throughout by many black-and-white photographs and line drawings and, in my opinion, it has the potential to serve as a useful tool in the therapist-directed management of patients using the McKenzie approach to diagnosis and management of mechanical neck pain.

Peter Huijbregts, PT, DPT, OCS, FAAOMPT, FCAMT

McKenzie R, May S. *The Cervical and Thoracic Spine: Mechanical Diagnosis and Therapy*. 2nd ed. Waikanae, New Zealand: Spinal Publications, 2006. Paperback, 2 volumes, 588 pp., ISBN 0-9583647-7-X. Available at: www.optp.com

The intended purpose of this text is to provide the reader with a thorough understanding of mechanical diagnosis and treatment (MDT) of the cervical and thoracic spine. The first 4 chapters provide background information about the cervical spine including a general overview of neck pain and its impact on the general population, anatomy, aging and degeneration, and biomechanics. Chapters 5-7 explore the use of diagnosis and classification of patients with cervical spine with a focus on mechanical diagnosis and a comprehensive review of the research. Serious spinal pathology is discussed in chapter 8 and this is followed by a chapter that reviews non-mechanically based diagnosis such as chronic pain and cervical spondylosis and its impact on the application of MDT. Chapters 10 through 16 explore MDT of the cervical spine and include detailed information on history taking, physical examination, clinical reasoning, and treatment. Management principles for the MDT-classifications along with individual chapters devoted to both headaches and whiplash are the focus of chapters 17 through 25. The final 6 chapters discuss MDT of the thoracic spine. An appendix is provided with table format categories for mechanical diagnosis and red flags for serious pathology. Extensive references and a thorough index complete this text.

The 2 volumes are clearly written and present the reader with an easily understandable mechanically based model for cervical and thoracic spine assessment and treatment. As a non-McKenzie trained therapist, I found that both assessment and treatment techniques were fully explained and easily transferable to the clinical setting. Progression of treatment based on patient response is well detailed and provides clinicians with unambiguous management strategies for patients who are both improving and those who are not responding to mechanically based treatment. The chapter on serious spinal pathology serves as an excellent review for the identification of patients who require medical referral. The authors should be applauded for their extensive review of the literature throughout the two volumes and frank acknowledgement of areas where the evidence base for MDT is lacking. In summary, this text provides readers with a comprehensive review of MDT and can be used as both an introductory text for novice clinicians and as a reference text for the experienced clinician.

Steve Young, BA, BHSc, PT

Whittaker JL. *Ultrasound Imaging for Rehabilitation of the Lumbopelvic Region: A Clinical Approach*. Edinburgh, UK: Elsevier, 2007. Hardcover/spiral bound, 183 pp., ISBN 0-443-06856-9. Available at: <http://www.rtuspt.com/products/> or <http://www.elsevier.com>.

The stated goal for this text is to present a comprehensive description of the current application of ultrasound imaging (USI) in the rehabilitation of neuromusculoskeletal dysfunction in the lumbopelvic region based on published evidence as well as the author's clinical expertise. The intended audience for this text consists of rehabilitation clinicians currently using or interested in integrating USI into their clinical practice.

The text is composed of 5 chapters and 4 appendices. Chapter 1 discusses the technical aspects of sound wave propagation and equipment in addition to scope of practice and safety considerations. Chapter 2 provides specific descriptions on how to generate images of the lateral abdominal wall, midline abdominal fascia, multifidus, and bladder and pelvic floor. Chapter 3 discusses qualitative interpretation of imaging of resting state, automatic activity during loading, and preferential activation for the transversus abdominis, segmental fibers of lumbar multifidus and the pelvic floor (levator ani) muscles. Chapter 4 discusses quantitative interpretation of lateral abdominal wall, midline abdominal fascia, lumbar multifidus, and bladder wall motion imaging. Chapter 5 discusses the practical integration of USI into the clinical management of lumbopelvic dysfunction. Appendix A provides a lumbopelvic USI assessment form that can be immediately integrated into the clinic. Appendix B outlines suggested minimum requirements for a USI accreditation process for rehabilitation professionals and appendix C provides further practical information on integrating USI in the clinical management of lumbopelvic dysfunction by way of a comprehensive case report. A glossary (appendix D) and an index conclude the text. The text is extremely well illustrated throughout with line drawings, black and white photographs, and images captured with USI.

This text is a very well written educational tool. The clinical expertise of the author is evident throughout and exemplified by her providing clinical tips and pointing out clinical pitfalls based on a clearly extensive clinical experience with this diagnostic modality. The author combines USI findings with observational and palpatory findings thereby integrating the modality into a comprehensive diagnostic approach but refers to other texts on this topic, as it is not the intent of the book to discuss diagnosis and management of lumbopelvic dysfunction in a comprehensive manner. The references used are relevant and comprehensive. Where available, data on reliability and validity are provided allowing the readers to make evidence-informed decisions. Even as a novice to this diagnostic modality, I came away with a basic understanding and enthusiasm with regard to future clinical use of this diagnostic tool speaking to the great educational value of this text. This book is indeed the first of its kind and deserves a place in the library of any clinician currently using or interested in using this diagnostic tool in clinical practice or for research purposes.

Peter Huijbregts, PT, DPT, OCS, FAAOMPT, FCAMT