Book Reviews

The Adult Spine: Principles and Practice 2nd Edition

Edited by Frymoyer et al, 1997 Published by: Lippincott-Raven, 2590 pp. ISBN 0 7817 0329 8 Price: \$355.00/Int'l \$408.50

The title of these two volumes made this reviewer anticipate early chapters of detailed anatomy and physiology of the spine, comparing the differences at various levels and how this affects function of the spine. Although there is an early chapter on myology, the anatomy and function of the spine is dealt with under subsequent regional headings, rather than as a whole. It would have been this reviewer's preference to have seen this in the early chapters.

These volumes have mostly American authors and so spelling and terminology from that Continent is used. While overall this causes no confusion, the references to medication may not be understood by all.

The multi-author system in the book means that there is often repetition between chapters but it does mean that each individual chapter can stand alone and be read as an individual part without necessary reference to other areas in the book. The editors have ensured that this book is as upto-date as any such reference work can be.

The early chapters deal with back pain and its management. This has to be read with some knowledge of the effect that the workers' compensation programme has on patient management in the USA. These chapters vary from personal monograph to detailed literature review chapters but all are instructional and relevant.

Imaging and diagnostic techniques are well covered. Although some are mostly of historic relevance, the importance of MRI is shown by the greater space allocated to it.

Subsequent chapters cover all aspects of the surgical management of spinal disorders in the adult with full and clear explanations of principles and techniques.

This is a book in which all chapters will appeal to the spine surgeon but it is less likely to be of interest to the physician. Although many chapters are relevant to the understanding and medical management of back pain, the large volume of excellent chapters on surgical techniques, would not be of interest to other professionals in medicine.

Overall, this is an excellent book which should be read in its entirety by any surgeon wishing to specialise in surgery of the spine. It is well referenced and covers all aspects of the psychological, physical and surgical aspects of adult back pain management. It is also a book which the established spinal surgeon will find useful to pick chapters from as each stands alone and is relevant to modern practice.

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Rehabilitation Medicine – Principle and Practice – Review

Edited by: Joel A. DeLisa: Published by: Lippincott-Raven August 1998: 1856pp. ISBN: 0-7817 1015 4 £114.00

This book is the third edition of what has now become a classic textbook. It is a mighty work of scholarship: 71 chapters and over 1800 pages of double columns. The subject index alone is 40 pages. It is clearly no pocketbook, then: it should be consulted only by those who have been instructed in lifting and handling techniques. A tome of this size clearly aims at comprehensiveness. A glance at the contents confirms that this aim is achieved.

The text is helpfully divided into four parts. The first part: Overview and Principles of Evaluation and Diagnosis includes not only the obvious larger themes, such as impairment, disability, ability and handicap and psychological aspects of rehabilitation but also more specific areas such as gait analysis. There are also one or two unexpected and welcome essays; for example, on the interactions between rehabilitation and the medico-legal system. The second part, on Management Methods encompasses physical agents, therapeutics, exercise, wheelchair prescription, nutrition and a variety of other techniques, even 'aquatic rehabilitation'. The third part - Major Rehabilitation Problems-focuses on such issues as primary care, the rehabilitation of paediatric patients, geriatric rehabilitation, spasticity, pressure sores and the neurogenic bladder. The final section - Rehabilitation of Specific Disorders - devotes some 600 pages to conditions such as stroke, traumatic brain injury, multiple sclerosis, spinal cord injury and the rehabilitation of patients with visual impairment, hearing impairment and vestibular disturbances. It even encompasses rather more exotic preoccupations such as the problems of performing artists.

This book therefore delivers on scope. What about its content and depth? Anyone who thinks that he is polymath enough to be able to evaluate all the chapters clearly lacks insight into the inevitable limitations of his own knowledge. In tackling such a large book, the natural, and therefore unfair, strategy is to examine areas in which one pretends some expertise oneself. In the spirit of such unfairness I began with the chapters on geriatric rehabilitation and stroke. Since, in the UK at least, severe disability is predominantly a problem of older people, one might expect a substantive essay on their very special needs. But most of the 24 page chapter deals with basic biology and biological and social gerontology. There is a brief excellent account of the vulnerability of the elderly to financial decline and then some recommendations for the management of conditions such as sleep disorders, depression, anxiety, delirium, pain and incontinence. Size is not everything, and in fact a good deal of wisdom is packed into the small space allowed for geriatric rehabilitation. Moreover many of the principles established in other chapters may be referred to older people. The carping critic is therefore silenced. The chapter on stroke rehabilitation, approximately the same length as that on performing artists' occupational disorders - although stroke is the most serious cause of severe disability in the community – is less satisfactory. For example there is nothing on the recent overwhelming evidence showing that organised stroke care saves lives (30% reduction in mortality on dependency) and significantly reduced disability. Very little of the huge literature on stroke rehabilitation which has appeared in the last three or four years is reflected in the bibliography. Although the very important question of dysphagia (in which there has been a massive amount of work recently) is addressed, there is insufficient emphasis on the fact that appropriate management of dysphagia is probably the key to saving lives and preventing disability.

A sample of two out of 71 chapters is hardly an epidemiologically sound approach to reviewing a major textbook. I therefore turned to chapters that dealt with areas where I felt that my own knowledge was seriously inadequate, addressing problems that I encounter on a daily basis. The experience was rewarding. There is much evidence-based good sense on many of the myriad problems of patients with complex disabilities.

The more I have examined this book and moved away from my home territory, the more impressive I found it. In fact, it would be quite inappropriate to judge this compendious textbook on its coverage of themes that have been widely covered elsewhere (such as stroke and geriatric rehabilitation). Its great strength lies in its huge scope and its highlighting areas which are hardly touched upon in other textbooks or if touched upon, dealt with inadequately. In short, this book is a unique resource encompassing nearly every aspect of rehabilitation. Every rehabilitation unit that aspires to practise that is at least in part governed by evidence should have this book readily available for consultation by its staff. One of its many virtues is that it indicates where evidence is simply lacking. It discusses alternative therapies, even those evidence-free techniques based upon Cargo Cult Science such as craniosacral therapy and reflexology, indicating the lack of evidence for their efficacy and even dangers inherent in some of them. It is important to know about the alternative treatments because patients ask for them.

The book is beautifully produced, the text is set out in a very helpful and readable way and there are many very useful line drawings.

A must, then, for all rehabilitation units but do not forget those lifting and handling techniques when taking it down from the shelf.

RC Tallis