
Book Reviews

Bury TJ and Mead JM (1998): Evidence-Based Health Care: A Practical Guide for Therapists. Oxford: Butterworth Heinemann, 249 pp. ISBN: 0 7506 3783 8.

Evidence-based practice, the explicit use of current best evidence in patient care, has become an influential model for the practice of clinical medicine. In the past few years it has been extended to influence policy development, management, commissioning and purchasing of medical resources. This text promotes the application of an evidence-based model to the allied health care professions. To my knowledge, it is the first text to present principles of evidence-based health care specifically to an allied health profession audience.

The first section puts evidence-based health care in a historical, social and professional context. The next section considers how clinical practices suggested by an evidence-based approach can be implemented, and how consumers of health care can be involved in the process of evidence-based decision making and evidence-based policy development. The third section covers material more commonly covered in texts of evidence-based practice. It looks at strategies for locating evidence, critical appraisal of the evidence (assessing the validity and meaning of the evidence), the development of clinical guidelines, and clinical audit. A final chapter considers the future of evidence-based health care.

The strength of the book is its broad coverage. Few other texts consider both how "evidence" can drive decision making for individual patients and how it can influence policy and management decisions in health care institutions. Perhaps as a consequence of its broad coverage, the chapters are of uneven quality. For example, an "evidence-free" chapter on change management is followed by a chapter which provides an excellent synthesis of what is known of effective and ineffective strategies for implementing change. There is useful information on a range of information sources, some not often used by physiotherapists, in the chapter on locating evidence. I found the chapter on critical appraisal disappointing because the approach focused more on the adequacy of the reporting of research studies than on elements that distinguish valid and invalid research. The chapter on clinical audit provides an excellent overview of important issues, as well as commonsense advice.

Overall, this book is an important contribution to the physiotherapy literature. Many therapists will find much of what it says valuable.

Rob Herbert

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Goodman CC and Snyder TEK (2000): Differential Diagnosis in Physical Therapy. (3rd ed.) Philadelphia: WB Saunders, 557 pp. ISBN: 0 7216 8184 0.

As first contact practitioners, Australian physiotherapists must be able to screen for conditions outside the scope of physiotherapy practice. This book, now in its third edition, provides physiotherapists with an excellent resource by which to guide their screening of medical disease. The breadth and depth of information the authors have compiled in their review of systems is well beyond what the average clinician would be able to retain in their own knowledge base. As such, the authors' review of cardiovascular, pulmonary, haematologic, gastrointestinal, renal and urologic, hepatic and biliary, endocrine and metabolic, oncologic, and immunologic signs and symptoms provides an invaluable reference text.

The book is well organised, with each system broken down into signs and symptoms of dysfunction, specific disorders, guidelines for medical referral, key points from the chapter, a case study and finally practice questions for readers to reflect upon.

I can confidently recommend this book to clinicians in all areas of physiotherapy practice who, in their duty of care to patients, must be able to identify signs and symptoms of medical disease. I see this as a book that would be kept close at hand in your area of practice, referred to when your screening review of systems identifies features of medical disease necessitating further more probing inquiries to determine if medical referral is warranted.

Mark Jones

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Lusardi MM and Nielsen CC (2000): Orthotics and Prosthetics in Rehabilitation. Woburn USA: Butterworth-Heinemann, 612 pp. ISBN: 0 7506 9807 1.

The utilisation of orthotics and prosthetics in various rehabilitation settings has been covered from all aspects in this comprehensive text. Physiotherapists will find the information readily applicable to Australian practice if they are willing to be flexible with terminology. As a general rule, the current approach to orthotic and prosthetic management seen in Australia is reflected, although there are some lower limb prosthetic options available that are not mentioned in the text.

There are some very good aspects to the book. One notable section covering exercise, energy cost and ageing in orthotic and prosthetic rehabilitation is included. By focusing this chapter on the effect of ageing on response to activity, physiotherapists who read the book should be encouraged to consider the effect of different types of exercise programs in this disabled population and how using appropriate exercise methods will achieve positive results. A clinically reasoned approach to treatment might be fostered by due regard to this aspect rather than following a less flexible approach that unfortunately appears later in the text when the management of lower limb amputation rehabilitation is covered. However, if the reader seeks treatment ideas and rationale for these treatment interventions the material is here.

Illustrations and tables have been used effectively throughout. However, one mistake was found in the text in the paragraph spanning pages 94 and 95, ie the words medial and lateral were interchanged when the site of joint gapping during ankle ligament integrity testing was discussed.

Perhaps the most useful aspect of this book is the scope of orthotic coverage. Because orthotics and prosthetics are combined, I feel this book is a useful reference resource for physiotherapists new to these fields of practice.

Jennifer C Nitz

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Nicholas M, Molloy A, Tonkin L and Beeston L (2000): Manage your Pain. Sydney: ABC Books, 224 pp. ISBN 0-7333-0883-X.

If you visit the health section of any major bookstore, you will find a growing number of titles purporting to heal, fix or erase all kinds of pain. Somebody is not telling the truth. The number of chronic pain sufferers continues to increase and there is a growing evidence base that much current therapy will provide only minimal relief for chronic pain. In addition, a modern biological viewpoint may say that to remove all pain is to remove what it is to be human.

Nicholas et al bare themselves early in this book: "...this book offers no instant relief" and "...doesn't claim to have all the answers". The authors state bluntly that "the information won't change your life, only you can do that" and "You need to become your own doctor/physiotherapist/psychologist". Chronic pain sufferers searching for an external magic for their troubles may run from the book, however health professionals now have a duty to steer them to its evidence-based principles.

Manage your Pain is written by an interdisciplinary team (Nicholas is a psychologist, Tonkin is a physiotherapist,

Beeston is a nurse and Molloy is an anaesthetist). They write simply and strongly as one, all using similar language and with an air of positivity. At the time of writing this book, the authors were staff members of the successful ADAPT pain management program at the Royal North Shore Hospital in Sydney. The book could be regarded as the basic manual of the program. Chronic pain sufferers are the target readership, although therapists will also find valuable and practical information here. For example, the techniques and practicalities of pacing and goal setting are beautifully described and illustrated with patient examples. Clinicians are familiar with pacing in exercise prescription related to tissue damage and cardiovascular rehabilitation but its use in managing pain and disability is still underdone.

Few of us have the interdisciplinary links of a pain clinic. But with our own clinical networks and existing skills, and by expanding and adapting those skills, perhaps we can do much more for chronic pain patients in primary care settings. I envisage this book as part of the management process, evoking a therapeutic questioning and discussion atmosphere in addition to providing strategies of improved movement and function in relation to pain.

Buy it. It's cheap (\$27), based on evidence, practical and instantly applicable. Its message is an essential part of the struggle with a disease which affects millions of Australians and of which physiotherapy must play a key part.

David Butler

University of South Australia

Ramsden EL (1999): The Person as Patient: Psychosocial Perspectives for the Health Care Professional. London: WB Saunders, 274 pp. ISBN: 0 7020 2230 6.

This is a welcome new text for students and health practitioners on the psychosocial aspects of health care. The authors present a wide range of psychosocial issues in the context of the clinical setting. The first section of the book, consisting of nine chapters, examines the psychosocial development through the lifecycle, from infancy to old age. Issues related to ill health during these life stages are addressed with interesting and very relevant case examples. The range of international contributors provide global perspectives on these issues.

The second section, containing the remaining five chapters, focuses specifically on the roles of the health practitioner and the various interpersonal facets of their therapeutic relationship with the client. This section, which includes chapters on bioethics and the process of making judgments,

is thought-provoking. However, it also provides a framework for practical decision-making that acknowledges self.

The authors of the book work on the premise that both client and health professional are a product of many interdependent factors, such as genetic, environmental, social and cultural. These factors contribute to the dynamic of the therapeutic relationship and influence our clinical decisions. This text attempts to facilitate our understanding of these factors, encouraging self-examination and reflection. The authors have delicately balanced a formidable range of topics into a well-referenced, analytical and stimulating text.

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Schunk C and Reed K (2000): Clinical Practice Guidelines: Examination and Intervention for Rehabilitation. (2nd ed.) Gaithersburg, USA: Aspen Publishers Inc., 493 pp. ISBN: 0-8342-1774-0.

Physiotherapy students and new graduates will benefit from access to a reference that is readable, comprehensive and clear, in providing an aid to memory for all the aspects of the clinical interaction that could be considered. This book is such a reference, providing a structured guide for each part of the clinical process: examination, goals/outcomes, interventions and discharge planning. Of the 89 diagnostic groups included, the majority are orthopaedic conditions, covering both inpatient and outpatient management. In this second edition of the book, the authors have added five medical and four neurological conditions.

The recommended history and systems review, tests and measures will be very familiar to Australian physiotherapists. What is new is the inclusion of specific goals/outcomes and recommended number of treatments for each diagnostic group. For example, goals for the treatment of patella tendonitis specify pain - 0/10 at rest and 3/10 or less after activity; active ROM - 0 degrees to 135 degrees; quads strength - 5/5 or 70% of unaffected leg with 1-4 treatments in the acute phase and 4-6 in the sub-acute. Circumstances requiring additional visits are suggested. This specificity assists in justifying physiotherapy intervention to third party payers. A useful reference list is provided for each condition.

Readers need to be aware, however, of the current use of the term "clinical guidelines" in medicine. Guideline development has increased in response to concerns for cost effective, quality health care and in principle should be developed on the best evidence of effectiveness available,

ideally systematic reviews of all relevant randomised, controlled trials. Consensus of expert opinion (the basis of this book) is a lower level of evidence (Smallwood and Lapsley 1997). With this minor caution noted, and until more objective evidence is available, this collection of guidelines is a very useful and valuable resource.

Leonie Oldmeadow
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Reference:

Smallwood RA and Lapsley HM (1997): Clinical practice guidelines: to what end? *Medical Journal of Australia* 166: 592-595

Stone C (1999): Science in the Art of Osteopathy: Osteopathic Principles and Practice. London: Stanley Thornes Ltd, 371 pp. ISBN: 0 7487 3328 0.

Sadly, there appears to be little science in the art of osteopathy if this book is any guide. I must admit that from the moment I scanned the presenting features of the case studies of the patients deemed suitable for osteopathic treatment (Chapter 11), I felt concerned. They included a 38-year-old woman with pelvic organ prolapse and a uterine fibroid, and a 36-year-old woman with a peptic ulcer. In the latter case, a manual palpation determined that the "liver was generally immobile.. and the capsule seemed a little tight. There was irritation and restriction within the pylorus and the first part of the duodenum" (p. 334). Treatment included "stretch to the diaphragm and the lesser omentum... to try and ease out the drainage of the stomach and the cisterna chyli" (p. 344). Nowhere in the text could I find any information regarding the diagnostic accuracy of these palpation procedures, nor was any evidence of treatment efficacy cited.

So I continued on, searching from chapter to chapter for the promised science. The first chapter contains a general description of osteopathy and the osteopathic concept of health and disease, but no science. Chapter 2 continues discussion of the philosophies underlying osteopathic practice and describes both the internal theory of disease and the idea of "summation of effect", where the osteopath is encouraged to identify "factors that could have compromised function in any area at any given time. This may even include (asking) questions about the patient's own birth...". No science here.

Later in the book, there is information from traditional science areas: neurophysiology, anatomy, and biomechanics, along with a discussion of fluid dynamics and how improving mobility of the thoracic cage may help pleural and pericardial effusions, but still little on the science/evidence base for osteopathic treatment.

For physiotherapists keen to understand more about osteopathy, the discussions of osteopathic philosophy contained in this text will be interesting, but those readers searching for the evidence base underlying the practice of Osteopathy, which the title seems to promise, will gain little information from the text.

Jane Latimer

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**Writing Group for the Respiratory
Guidelines (2000): Therapeutic
Guidelines: Respiratory (2nd ed.)
Melbourne: Therapeutic Guidelines Ltd,
222 pp. ISSN: 1441-516 X.**

Many readers will be familiar with the earlier edition of this book. This edition contains current information and treatment protocols for management of a large range of respiratory disorders and is intended for use by general practitioners, pharmacists, other health professionals including physiotherapists, and medical and physiotherapy students. The book has been produced with the purpose of guiding the clinician toward best practice. The guidelines have been compiled from a committee of Australian experts in the management of respiratory disorders. The information is reflective of broad consensus opinion of expert Australian authors and reviewers.

The contents are organised into chapters and these include: drugs, delivery devices, oxygen therapy, symptoms such as cough and chest wall pain, respiratory disorders including asthma, chronic obstructive lung disease, lung cancer and obstructive sleep apnoea. In addition, useful information is provided on the testing, generic and trade names for drugs and on web sites to useful resources within Australia. The information presented is succinct, well organised and easy to read. The use of colour to highlight key points and headings enhances the clarity of the text. Numerous tables and figures provide useful summaries and comparisons.

In summary, this book is particularly relevant to physiotherapists involved in the management of patients with respiratory disorders. It is a very useful resource on current management strategies. Its pocket size and low price (\$29) are added features that will benefit the clinical physiotherapist.

Beatrice Tucker

Curtin University of Technology, Perth

PRF Honor
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Art being done inhouse

Providing evidence-based care is recognised as a key skill for health care workers from diverse professions and cultures [5–10]. The ability to deliver evidence-based practice promotes individualisation of care and assures the quality of health care for patients today as well as those of tomorrow [11]. A variety of definitions of evidence-based practice (EBP) have been proposed. Electronic access to full text articles and journals started to become available in 1998 [17]. Increasingly, specialist databases of utility for health professionals are being developed, such as the Physiotherapy Evidence Database [18] and the C2-SPECTR [19]. Evidence-Based Practice (EBP) requires that decisions about health care are based on the best available, current, valid and relevant evidence. References Bury TJ, Mead JM (eds) 1998 Evidence based healthcare: a practical guide for therapists. Butterworth-Heinemann, Oxford. Jamtvedt G, Hagen KB, Björndal A 2003 Kunnskapsbasert Fysioterapi. Previous authors considered evidence-based physiotherapy involved the use of “the best available evidence” (Bury & Mead 1998, Sackett et al 2000), which includes high quality clinical research or, where high quality clinical research is not available, lower quality clinical research, consensus views and clinical experience. Butterworth-Heinemann. Butterworth-Heinemann is a leading international publisher of books and eBooks for science, technology, business, medical and health professions, as well as a provider of software and visual aids to information professionals worldwide. Butterworth-Heinemann Imprint. Discover All. Hydrogen Safety for Energy Applications. Case Studies in Disaster Mitigation and Prevention. Case Studies in Disaster Recovery. Twisted String Actuation Systems. Evidence-Based Healthcare book. Read reviews from world’s largest community for readers. This book has been written to provide therapists with an easy-to... Start by marking “Evidence-Based Healthcare: A Practical Guide for Therapists” as Want to Read: Want to Read saving... Published October 8th 1998 by Butterworth-Heinemann (first published September 15th 1998). More Details Original Title. Evidence-Based Healthcare: A Practical Guide for Therapists. ISBN. 0750637838 (ISBN13: 9780750637831). Edition Language.