

BOOK REVIEW

Physical Medicine & Rehabilitation, 4th edition, Randall L. Braddom, pp. 1506. 2011. Price £192.01. ISBN 1437708846. Saunders Elsevier, Philadelphia, USA.

This is the fourth edition of one of the iconic textbooks of physical and rehabilitation medicine (PRM), its predecessors being well known to generations of PRM physicians all over the western world. The writing task must have been monumental, and is now shared by 6 co-editors, usually from PRM departments of prestigious American universities, and by not fewer than 156 authors, only 4 of whom are from outside North America. This influences the content of this volume, which very much reflects the practice of American PRM, i.e. impairment therapy by practitioners mostly working alone rather than coordinating interdisciplinary teams.

Nevertheless, the book has a very comprehensive approach and provides answers to most of the clinical questions that might arise for a PRM resident. An important part of the PRM physician's work is to treat impairments, and the focus on this subject is commendable and relates well to the main author's statement on "reader efficiency". Another core activity for PRM physicians is the evaluation of patients' functioning and this is covered in 256 pages in the first section of the book, dominated by musculoskeletal functions. For example, the subject of the basis and clinical use of electromyography is covered in 3 chapters. This contrasts vividly with the subject of the increasingly popular diagnostic tool ultrasound imaging, which is given only half a page.

On the other hand, there is no description of the thorough examination of the somatosensory system, which is so important in the evaluation of chronic pain conditions. In addition, a description of quantitative sensory testing (QST), documenting sensory disturbances would have been pertinent, including advice on the interpretation of results. Instead, there is a lengthy description of the history of pain in the chapter on

chronic pain, which does not make for efficient or essential reading. Neuropathies, which are so common in chronic pain, are treated in a separate chapter on rehabilitation of patients with neuropathies, but there, unfortunately, sensory conduction examinations are recommended as the laboratory investigation rather than QST. Here too, the therapeutic arsenal is dominated by impairment therapy, i.e. pharmacological pain relief, rather than interdisciplinary rehabilitation focusing on activity and participation.

Correspondingly, a description of relevant psychological instruments and their use to examine cognitive functions, rather than merely a list and a superficial description in an introductory psychology chapter, would have been relevant to include in the chapter regarding traumatic brain injury. If this information had been integrated with an overview of newer functional imaging techniques, such as positron camera monitoring, single-photon emission computerized tomography (SPECT), and functional magnetic resonance imaging (MRI), a truly interesting functional assessment chapter might have resulted.

The rehabilitation aspect of PRM includes knowledge on rehabilitation and disability theories, the International Classification of Functioning, Disability and Health, the competence profiles and therapeutic repertoires of other rehabilitation professionals, such as physiotherapists, occupational therapists, psychologists, social workers and speech therapists, on multidisciplinary and interdisciplinary teamwork and the effects of this on activity and participation. Unfortunately little such information can be garnered from this textbook. For example, the entry "team physician" refers only to a sports team problem. Nevertheless, this revised textbook still deserves a place among the classic textbooks of PRM.

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