

Orthopaedic Physical Assessment, Third Edition
David J. Magee
Saunders, 1997, The Curtis Centre,
Independence Square West,
Philadelphia, Pennsylvania 19106.
805 pages, Hardcover, Illustrated, \$77.95,
ISBN 0-7216-6290-0.

This book is intended to provide the reader with a systematic approach to carry out an orthopaedic assessment and an understanding of the reason for the various aspects of the assessment. Throughout the book, several different ways of testing structures are given. By doing so, the book acts as a reference source.

There are seventeen chapters in this book. The chapters in numerical sequence are: Principles and concepts, Head and face, Cervical spine, Temporomandibular joint, Shoulder, Elbow, Forearm, wrist and hand, Toracic spine, Lumbar spine, Pelvis, Hip, Knee, Lower Leg, ankle, and foot, Gait Assessment, Assessment of posture, Emergency sports assessment, and Preparticipation evaluation.

Each chapter, except the last four chapters, consists of Applied anatomy, Patient history, Observation, Examination, Precis, and Case studies. The assessment in each chapter starts with "Patient history" during which the author provides the reader with the specific questions to be asked of the patient. This is followed by the observation of the area of the complaint. Examination begins with active, passive and resisted range of motions (ROM) followed by the functional assessment. The average normal active ROM is recorded for each joint throughout the chapters. However, there is no note of ROM measuring devices such as the CROM, the BROM, Cybex and goniometer. In the functional assessment segment, the author describes different functional tests and recommends the use of the functional and disability questioners. The next step is specific diagnostic tests which are coined as "Special tests" by the author. Several special tests are presented for each area, however, the validity, reliability, sensitivity and specificity of only a few of these tests are mentioned throughout the book. The reflexes and cutaneous distribution, joint play movements, palpation and diagnostic imaging of the area are discussed in detail. The precis is great for quick review prior to beginning an assessment. The precis would have been more complete if the author had included the list of the special tests commonly used for the region as well. At the end of each chapter several case studies are presented to reinforce the learning process. I found these case studies to be very useful in testing the reader's understanding of the timing and application of each test in different situations.

The last four chapters are slightly different from the others. In Gait Assessment, one can find the phases of gait, normal and abnormal gaits, and observation. Assessment of Posture includes: postural development, common spinal deformities, patient history, observation, examination and precis. Emergency Sports Assessment is consisted of pre-event preparation, primary and secondary assessments for different emergency situa-

tions, precis and case studies. The last chapter, Preparticipation Evaluation, provides detailed information on the objectives of the evaluation, setting up the examination, preparticipation history, examination, laboratory tests, physical fitness profile and when to allow the athlete back to the activity.

New to this edition are: "the specific tests commonly performed" listed separately in pink boxes, "the important concepts and ideas" listed in gray boxes, the differential diagnosis tables and the last chapter of the book "Preparticipation Evaluation". These boxes and tables make this edition easily accessible for fast review purposes.

Overall, the book is well illustrated by numerous photographs, diagrams, drawings, colored boxes, tables, radiographs, MRI and CT scans. Each chapter is well referenced and the addition of the "general references" in this edition would satisfy the enthusiastic readers. In my opinion, this book is well written, is an excellent value for the money and any health care student, professional and library should have a copy of it as a reference.

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Whiplash Injuries
Current Concepts in Prevention, Diagnosis,
and Treatment of the Cervical Whiplash Syndrome
Edited by: Robert Gunzburg, M.D., Ph.D.,
Mareck Szpalski, M.D.
Lippincott-Raven, Philadelphia-New York.
Hardcover, 347 pages, \$139.95(Can),
ISBN 0-397-51856-0.

Since the results of the Quebec Task Force (QTF) on Whiplash-Associated Disorders (WAD) were made public in 1995, it became apparent to many that the tenets with which health professionals approached WAD were deficient in scientifically acceptable evidence-based research. This book is an attempt to summarize the current research on this disorder and to bring the health professional up to date with current legislative issues, impairment classifications and understanding of the WAD lesion and aftermath.

There were 68 individuals from diverse fields that contributed to this effort. The book has thirty-five chapters conveniently divided into six sections. These sections deal with, in sequence, 1) a brief review of the cervical spine and cord; 2) the definition of WAD and attempts to define the injury mechanism; 3) the neurological and psychological consequences of WAD; 4) the treatment modalities used to treat the patient; 5) the surgical treatment of WAD; and 6) the economic issues surrounding this injury, with some views on preventing chronicity. In Section Three, there is an interesting critique of the QTF presentation by two chiropractors, Freeman and Croft.

The book is well illustrated with photographs and an array of graphs, tables, figures and drawings. The index is quite useful

for going back into the text to locate information. The editors assume knowledge of the basics of the cervical spine anatomy, physiology, and biomechanics and therefore only lightly refresh the reader's memory in the first section. The sections related to the injury mechanisms require that the reader be somewhat experienced in a clinical setting to fully appreciate the applications of the current research to this condition. This fact certainly does not preclude the senior student from gaining some benefit from this text.

This book is very readable, being concise and to the point. Most of the chapters are well referenced, with the notable exception of Chapter 17, authored by Mayer. For example, he flatly states on page 170 that, "If there are no obvious signs .. Chiropractic manipulations should be strictly avoided." This paper is distinctly at odds with chapter 20, by Maigne on manipulation, which *is* referenced. Apart from that, the remaining chapters are generally of high quality.

The qualifications of the authors is top notch. Many of them have published widely. As far as I know, there is no book that is as current on the topic of WAD and on the implementation and repercussions of the QTF report. The text tends to refute some of the QTF's conclusions that WAD is self-limiting and does not have a significant chronicity group.

For those professionals with a keen interest in the challenge that WAD presents for the clinician or lawyer, I highly recommend this book, even at this price. It certainly should be available in all health disciplines' libraries for students and practitioners alike to use as a reference. I believe this book will be the first of many works post-QTF on that challenging condition called WAD. I wholeheartedly recommend it to anyone interested in this disorder.

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Sports Speed, 2nd Edition
George Dintiman and Bob Ward
Human Kinetics, 1998
\$24.95 Can
ISBN 0-88011-607-2.

This book has 11 chapters covering topics such as assessing your speed, basic training, strength training, power training, ballistics, plyometrics, sprinting form and endurance, designing a personal program and Sports Speed Nutrition. This book is a soft cover including 243 pages. Relevant to the above topics. It is forwarded by Leroy Burrell (US record holder, 100 meter) who states "The bottom line is that the techniques in this book can make you faster."

This book focuses on runners however programs are also included for football, baseball, basketball and soccer in chapter 10. It starts out in chapter 1 with self testing protocols in the areas of sprinting speed, strength, stride length, flexibility, ex-

plosive power, quickness and body composition. To monitor your progress a comprehensive test score sheet is included allowing you to compare your scores to the average for your athletes age and level of competition. Numerous photographs are included with the text to visually demonstrate various testing and training protocols. Tables providing data for cross reference are strategically placed in convenient locations through out the text. Various programs are also included for weight training, plyometrics and sprinting offering details such as sets and repetitions. Periodization of training is addressed by providing appropriate training programs. Two appendixes are provided, one titled "designing your own playing speed improvement program" and a second "your speed profile". This text ends with a bibliography that is poorly cross referenced with the body of the text and an alphabetical index to foster quick reference for area of interest.

In all this text is designed for the athlete/coach/chiropractors who are working with athletes. The area of interest is in improving athletes speed performance. It can be used as a quick reference manual to that end. In Canada this text retails for \$24.95 and is well worth the purchase. I would recommend this text for chiropractors working with high and medium performance athletes.

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Activator Methods Chiropractic Technique
Arlan W Fuhr, DC, John R Green, DC,
Christopher J Colloca, DC,
Tony S Keller, PhD
1997-Mosby-Year Book, Inc., St Louis, MO 63146,
Hardcover, 460 pages, \$120.00 (Can),
ISBN 0-8151-3684-6.

The long awaited book about the Activator Methods Chiropractic Technique (AMCT) has finally been published for those who are activator practitioners and those who are curious about this pervasive technique. The AMCT is one that has swum through the waters of controversy since its creation in 1967 and this book is an attempt by the authors to alleviate some of this controversy.

The text is conveniently divided into seven sections of several chapters each. The first section considers the neurology, biomechanics, and subluxation pathology theory behind the AMCT. After a brief history of the technique development in Chapter One, the second chapter leads the reader into the theory which the authors feel supports their model of altered biomechanics and associated observed effects of the subluxation pathology. It is a very extensively referenced chapter, with 194 references listed. To help make this information more clear for the reader, numerous photographs and illustrations have been added.

The next chapter discusses the use of the controversial leg

length inequality measure as an assessment tool and has 120 references. The authors acknowledge this controversy and are aware that further studies are needed. Chapters Four and Five of the first section walk the reader through the actual leg check and then the AMCT basic scan protocol.

The next several sections begin with the step by step procedures involved in the special assessment of the various biomechanical problems that occur in the other spinal joints and the extremities. The final section explains the engineering and physics principles underlying the use of the activator instrument.

The index is useful and easy to read and the sections dealing with the adjustive techniques have many explanatory photographs and drawings that illustrate the technique clearly. Many of the chapters have relevant clinical observation boxes that relate clinical conditions to biomechanical abnormalities and then advise a treatment protocol. There are also various boxes in these chapters that explain the related research that this group has published. They have attempted to rationalize their approach with a large array of scientific and anecdotal references. These references range from the 1940s–1990s from many well known journals and textbooks. The authors acknowledge that the validation of this approach rests on the outcome of future research.

Overall, this text is easily readable and up to date in relation to the AMCT. There is no other textbook about this subject; therefore, if you are an activator practitioner or a sidelines aficionado, I would highly recommend that you acquire this book for reference. At its present value, it is an excellent refresher course in your office.

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Radiology Study Guide

Terry R. Yochum, Jolie V. Haug, Lindsay J. Rowe
Williams and Wilkins, Baltimore, 1998,
796 pages, softcover, \$67.50,
ISBN 0-683-30139-X.

For those who always wait for a short version of a very lengthy and heavily invested read, you do not have to wait any longer. The second edition of Yochum and Rowe's *Essentials of Skeletal Radiology* is now accompanied by a study guide. This text was written with the premise that "orderly organization of information is conducive to better understanding and memorization". Indeed, the authors have succeeded. The study guide is divided into nine chapters and concludes with a 600 multiple choice questions self-test that covers the material. Additionally, at the end of each chapter a practice test of 100 multiple choice questions is given to facilitate efficient and effective recall. Review study questions are also strategically placed within the body of each chapter, thus encouraging the reader to reflect and formulate suitable answers.

Chapter One deals with normal anatomy (views, positioning and mensuration). Chapter Two discusses the various diagnostic imaging modalities. Chapters Three through Nine essentially focus on each of the categories of the famous radiology mnemonic CAT BITES. Diseases or conditions are presented in a standardized manner such that general, clinical and radiologic features are listed.

Unfortunately, this study guide underutilizes such tools as tables and figures. Figures are very few and far between with the exception of the first chapter. Chapter Two contains several nicely organized tables. The rest of the text is written in point form which is clear, concise and easily readable.

This study is ideal for undergraduate or graduate students studying radiology for the first time or preparing for board exams. As for the practitioner, this text is probably of limited use since no new information is presented. Remember, just as one's own imagery of a novel cannot be substituted by someone else's précis of it, the two volume set of *Essentials of Skeletal Radiology*, too, cannot be replaced by a condensed version.

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Correlative Neuroanatomy

Stephen G. Waxman
Twenty-Third Edition, Appleton and Lange, 1996,
413 pages, softcover, \$44.95, ISBN 0-8385-1477-4.

The study of neuroanatomy is not an easy task. Any approach which will simplify and organize the vast amount of information in this difficult subject area is always appreciated. That is why Waxman's *Correlative Neuroanatomy 23rd Edition* is such a handy text to have around.

The latest edition offers updated coverage of the microscopic basis of neuroanatomy, the functional systems, the diagnostic aids, the pathological conditions of the CNS and the clinical thinking steps necessary to diagnose these conditions. Also added is the cerebrospinal fluid examination chapter, which highlights the indications and contraindications of CSF analysis.

The text is divided into seven sections, with each section containing a number of chapters. Each chapter concludes with a provocative case study that allows the reader to practise his or her clinical thinking skills. The references listed at the end of each chapter are relatively recent and are a good combination of textbook and journal sources.

The text contains a generous of figures and tables. The tables are very comprehensive and easily assimilated. Bolding of important terminology makes it easier for the reader to locate the terms quickly.

The appendices are extremely useful. Appendix A reviews the neurologic examination of adults and neonates. Appendix B explains individual muscle function testing by utilizing coherent illustrated figures. Spinal nerves and plexuses are clearly illus-

trated Appendix C. Lastly, Appendix D contains multiple choice questions on each of the seven sections of the book.

There are some typographical errors that could annoy the reader; however, the information derived for the text vastly outweighs this weakness. This text was originally written with the student in mind and subsequent editions have been improved upon, as a result of student feedback. It is nicely organized, cost-effective, practical and readable. Overall, Waxman's *Correlative Neuroanatomy (23ed)* is an excellent text, review aid or permanent reference that belongs in any health professional's library.

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The CRJEC will hold its next meeting on July 24, 1999
in Chicago during the RAC IV Conference

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