

Pharmacological Approaches to the Treatment of Chronic Pain:

New Concepts and Critical Issues

Howard L. Fields, John C. Liebeskind, Editors

IASP Press, Seattle, 1994

Pages 294, \$77.00

This textbook review may seem inappropriately placed in a chiropractic journal, but with some explanation, my purpose and intention may seem more clear. The authors are writing to that audience of the health care world known as the "medics", however the book has a number of descriptive chapters on topics of value to the chiropractic practitioner and advanced chiropractic student.

The editors have collected a number of papers written by world renowned authors who have clearly explained pain phenomenon. So clearly, in fact, that I felt it deserved a review in a chiropractic journal.

The emphasis of the text is placed upon standard medical care. All treatment is geared to the practitioner who recommends the use of medication and/or surgery to alleviate suffering. The titles are "leaders" into overviews and compendiums of topics any chiropractor would find interesting and comprehensible.

The seventeen chapters cover topics ranging from "silent afferents and visceral pain" to "chronic pain due to peripheral nerve damage". Other topics include "central neural mechanisms of normal and abnormal pain status", "diagnosis and management of sympathetically maintained pain" and "a reevaluation of mechanisms leading to sympathetically related pain", chapters which may be the most appealing to chiropractors. Other areas centred more directly on the administration of pharmacological agents such as the chapter on "opioid therapy for chronic nonmalignant pain: current status".

The sections are brief and yet quite understandable. The descriptions are also quite fascinating because they provide excellent historical background to the pathophysiology and therapy of the conditions. An example of this is the dissertation on the diagnosis and management of sympathetically maintained pain. This discussion describes not only the historical aspects of the treatment of patients with RSD but relates previous (mis) diagnosis characterizations such as causalgia. As in all dissertations presented, the treatment of choice becomes a drug of some kind. However, I still found the text easy reading. The introductory pages of each dissertation was especially informing and where I might put the book down after finding a reference I was searching for, I found myself suddenly slipping into the next chapter.

The section on the sympathetically related pain makes a case for the separation of causalgia from other types of RSD's. The author, Edward R. Perl suggests the difference between the traditional RSD conditions (Sudek's atrophy of bone, aloneurodystrophy, shoulder/hand syndrome) and causalgia is the "reflex" pathology is not a part of the causalgia picture. Perl suggests that the Causalgia syndrome is due to the peripheral tissue becoming newly excitable by, or overly reactive to sympathetic mediators. The author suggest the centralization of the condition becomes a major element in this condition and attempts at sympathectomies to provide comfort to the patient will not prove to be beneficial.

The popularity of research by the chiropractic profession coupled

with the speed at which new musculoskeletal data is presently produced, makes awareness of popular pharmacological treatment concepts imperative. The mature chiropractor should review, and the recent graduate should absorb concepts and issues which may become the discussions for years to come. This text summarizes the treatments of the medical community and delivers datum necessary to appreciate concepts from the "main stream". I recommend this text especially for the chiropractor working within a multi-discipline centre.

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Sports Injury Assessment and Rehabilitation

David C. Reid

Churchill Livingstone, Inc. 1992

650 Avenue of the Americas, New York, N.Y. 10011

1269 pages, Hardbound, Illustrated

\$188.00 ISBN: 0-443-08662-1

David Reid's single authored textbook represents a formidable effort to create a working guide for practitioners of sports medicine and sports therapy. His active twenty-five year involvement in sports, (in his words, first as a national-level athlete, then physical educator and therapist, physician and finally surgeon) makes him an undisputed expert. Thanks to his expertise he has succeeded in writing a book which is well-structured and practical.

The text is divided into two major sections. The first outlines the basic philosophies of sports medicine: injury and healing in soft tissues and bone, principles of rehabilitation and the use of physical modalities in treatment. This provides the rationale from which to develop appropriate treatment regimes. The second section outlines selected clinical conditions, organizing their discussion into a regional approach of the body. At the beginning of each chapter, the regional area is introduced with an in depth review of the relevant anatomy and physiology, as well as some biomechanics where appropriate. This is followed by a detailed analysis of various clinical entities, including etiological considerations, symptomatology, clinical evaluation and diagnosis. Finally a detailed treatment and rehabilitation protocol is presented emphasizing functional criteria for return to sport. An extensive (although slightly outdated) list of references follows each chapter.

Not only is the material presented well selected, but it is also ingeniously organized. Within the text are various charts and tables summarizing important points. This enables the reader to use this textbook in one of two ways: as a quick reference tool, or as an in-depth review of specific concepts. Boxes throughout the text provide a summary of important facts, practice and clinical points. Clearly executed diagrams illustrate anatomical structures, examination procedures, and mechanisms of injury while numerous photographs bring to life radiographic studies, surgery and rehabilitative exercises.

To his credit, Reid demonstrates a conservative approach whenever possible in the treatment of sports injuries. Surgery is recommended when all other options have been exhausted or when an athlete's

personal goals make it the treatment of choice. Clear guidelines based on clinical and functional assessment are given to help sports practitioners decide when surgery is to be considered.

I highly recommend this text as it is ideal for those with a fledgling interest in sports sciences, while also serving as an enduring reference for practitioners involved in a sports-oriented practice.

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Chiropractic Manual of Low Back and Leg Pain

J.E. Thomas

Appleton and Lange

A Publishing Division of Prentice Hall Canada Inc.

Toronto, Canada

ISBN 0-8385-1096-5

A few years ago our family travelled through Europe. We were proud of our navigating abilities even as we entered non-English speaking regions. Our disappointment came as we missed West Berlin completely and arrived from the East! This "faux pas" was explained to us later by one of the locals as a communist effort to confuse non-locals and potential escapees by deliberately creating inaccurate maps. Dr. Thomas's text creates a new map for the Chiropractic clinician to guide the way through the selection of an appropriate diagnosis and arrive at a more accurate treatment plan.

The text begins by characterizing the eight pain syndromes pos-

sible in the lower back region. All points are emphasized with diagrams to clear up any possible confusion with dermatome patterns commonly used in orthopedic publications. Dr. Thomas combines each syndrome with the anatomical basis for the diagnosis made. Descriptions of the foramen, surrounding musculature and neuro-anatomy follow the initial pain diagram assessment. Initially, the chapter "Nerves to the low back, pelvis and legs" seemed too in-depth for a manual, but the review of the rami responsible for cutaneous nerve sensation is appreciated. Dr. Thomas states "the importance of precise classification and examination procedures in all low back/leg pain cases from spinal lesions and the recording of those records is necessary for a proper pretreatment diagnostic work-up, and essential for any third parties that might become involved."

Each syndrome is allotted a complete chapter with a section on treatment approaches, followed by references. Chapter seventeen is dedicated to disability impairment evaluation for low back/leg pain.

The final two chapters discuss the evaluation of low back/leg pain and Dr. Thomas's database on low back, pelvic, and leg pain. There is a listing of reference articles and texts in appendix A and an excellent list of full page graphic descriptions of the eight syndromes. Dr. Thomas suggests the latter be used in initial communication with third party payors.

This book is well thought out, and very economically priced at fifty-eight dollars. It has earned a prominent spot on our clinic desk. Dr. Thomas's ability to write his ideas in a simple, yet complete "manual", gives this hardcover a five-star rating.

Dennis J. Yurkiw DC, M.Sc.

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