
The third edition of this publication addresses the foundation concepts of teaching related to contemporary physiotherapy practice across the professional continuum. It is aimed at physiotherapists in both academic and practice-based environments. The book is divided into two parts, Part 1: Education in the academic environment; and Part 2: Education in practice environments.

Part 1 is divided into seven chapters that discuss theories of teaching and learning and how these apply to a physiotherapy programme. Designing a curriculum for physiotherapy education is the first chapter, and a foundation for subsequent topics in Part 1. Designing modules according to teaching and learning theories and assessment are all included in this book. Also this 3rd edition has added new chapters on Authentic Assessment: Simulation-Based Education and Strategies for Planning and Implementing Inter-professional Education. The chapter on Authentic Assessment reflects the new ways to facilitate student learning through the use of human simulation models. It also discusses topics related to performance based assessment and debriefing. Chapter 7, Strategies for Planning and Implementing Inter-professional Education, covers the fundamental concepts of team-based care and inter-professional learning, which is timely and fits with the current WHO Framework for Action on Inter-professional Education & Collaborative Practice (2010). Each chapter has a similar layout that consists of case stories at the beginning, which allow the reader to see the relevance of the information in the chapter, learning goals, and a clear chapter outline for each chapter, presented at the start of each section. Additional figures and tables are provided that support the content in the text and throughout the handbook, recommendations, ideas and suggestions are provided by the authors on varying topics. Threshold concepts highlight key ideas. An annotated bibliography at end of each chapter provides resources for further study.

Part 2 of this handbook is focused on teaching and learning in the practice environment. Importantly, the concept of the physiotherapist as both teacher and learner is addressed. It discusses teaching students, but also the implicit role of physiotherapists as teachers to the public, with chapters on patient education and health promotion. The third edition has 2 new chapters: “What Makes a Good Clinical Teacher?” translating current research on clinical teaching into clinical education and practice, while the chapter on “Facilitating the Teaching and Learning of Clinical Reasoning” helps you apply current research on clinical reasoning in rehabilitation to clinical education and teaching.

The final chapter in the handbook is entitled “Post-Professional Clinical Residency and Fellowship Education”, and although it is based primarily on the US model of working, it does address important concepts of the clinician as a learner and how post graduate education is more about thinking and reasoning than it is about adding more hands on skills. Overall, I would recommend this handbook as a reference text for both clinical and academic settings.

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“Painful Yarns” is an uplifting journey of discovery into the often complex nature of pain biology. In its most generic form it is aimed at any interested reader, since both the clinician/patient can relate to pain in various capacities throughout life. Moseley’s background includes a PhD in Pain Science from the University of Sydney, Australia and Nuffield Research Fellow in Medical Sciences at Oxford University, UK.
The basis of the book includes research from his extensive publications and an array of credible sources in this field of study. His quick wit and clever use of humorous stories engages the reader, thereby anchoring the 'one sentence take home message' in each chapter.

The book does not simply convey an abstract concept, but equips the clinician to confidently explain pain in terminology that is diverse, simplistic, yet meaningful. Never is the bio-psychosocial model so applicable to a subject matter. Introduced by Moseley are the myriad of sub-conscious processes that interconnect to formulate the conscious experience of pain, as well as how attitudes, perceptions, context and previous experiences all shape an individual’s beliefs and expectations. He advocates an approach that attempts to understand the person, and not just the patient (in pain). Adept clinicians tailor their language and imagery to suit different personalities which facilitates rapport and empowers the patient to take action. The book’s message is clear; pain tells the body-organism that there is a ‘perceived’ threat or danger. In the absence of any organic pathology or structural deformity, patients may become frustrated or disillusioned. This is alluded to in the finale with the analogy of ‘faulty electronics’. If pain persists, it can ultimately cause the body to become hyper-vigilant by over-sensitisation of specific neurones or ‘neuro-tags’. It is a hugely entertaining read and can be a source of reference for student health professionals and therapists in the clinical setting. Moseley’s writing is lucid and liberating, under-pinning his absolute conviction to improving quality of life by understanding pain processes. If we are to subscribe to the notion that ‘laughter is the best medicine’, than Painful Yarns may well be considered a modern day classic.

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Clinical Exercise, A Case Based Approach.

This is a new text, aiming to present the evidence underlying the use of exercise as therapy across a broad range of conditions and settings. This is a very readable book, useful for physiotherapy clinicians, educators and students alike.

The book is divided into two sections. Section one is a brief review of the evidence supporting exercise as a therapeutic intervention across a broad range of conditions. Each of these chapters gives general advice, well grounded in the literature, for applying exercise to that client group (Musculoskeletal / Respiratory / Occupational Health, Athletes, etc). There is a summary of key lessons at the end of each chapter, and a comprehensive list of references. This makes it easy to read but also gives plenty of scope to those who wish to delve further into the area. The authors begin each chapter by informing the reader of the background knowledge of concepts that is assumed. The very first chapter presents the idea that as practitioners we need more than just an awareness of scientific evidence and principles. We also need to be able to apply these in concrete situations.

Section 2 is made up of approximately 30 case studies from a wide range of conditions presented in the SOAP format. Each case ends with a summary of key lessons and some discussion questions, which make the cases a useful tool for self-directed learning, student education or work-based study groups. Chapter 10 has a collection of stories from practitioners themselves, sharing their own personal experiences as clinicians or as clients. It is presented as case studies in practitioner self-care: something necessary in order to deliver better and more competent care to others.

Contributors to this book come from diverse backgrounds, including Exercise Science, Physiology, Physiotherapy, Biomechanics and more, making it appeal to a wide base of clinicians or anyone who comes under the heading “clinical exercise practitioner”. “Clinical Exercise, a case-based approach” also comes with an additional DVD showing demonstrations of clinical interviews, physical examinations, exercise assessments and interventions. Overall, a useful resource which would not spend too long on the shelf!

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