
This book is designed to provide the therapist with a wide variety of problem solving strategies that can be used to tailor individual treatment programs to their neurological patients’ specific needs. As this is a very large text book, I glanced over it and took a more in-depth look at the chapters on stroke and Parkinson’s disease. It’s divided into three sections, and each chapter has different contributors chosen for their expertise and integrated knowledge of the various subject areas.

Section I includes a complete overview of the diagnostic process used by movement specialists, theoretical constructs of motor control, motor relearning and neuroplasticity, and the role of the limbic system. Two chapters are dedicated to the differential diagnosis, both medical screening and diagnosis of movement impairment and functional limitations. Psychosocial aspects of adapting and adjusting during the different phases of neurological disability are also explored. The chapter on intervention strategies for patients with movement impairments lists guidelines that will aid in determining which intervention will best match the patient’s functional capability. It also investigates objective measures, allowing the therapist to analyse options available as part of today’s practice.

Section II offers an in depth discussion and analysis of therapeutic management of most common neurological conditions encountered by therapists. It looks at the importance of understanding and identifying each clinical problem that arises when assessing patients with a neurological deficit. Section III focuses on recent advances in general approaches to the conditions described in Section II, including integrating technology into rehabilitation. Other systems such as cardiopulmonary are discussed in this section which assists the reader to incorporate the critical nature of the integrated systems model.

Looking specifically at the chapter on hemiplegia, it defines various types of stroke, with a clear table summarising clinical symptoms and anatomical structures involved according to arterial supply. Evaluation procedures are well documented with use of evidence based outcome measures. Primary neurological deficits, secondary impairments and functional mobility analysis are described in detail. A discussion on clinical problem solving helps guide the therapist in the choice of intervention strategies.

The second chapter reviewed on basal ganglia disorders, takes a systematic look at anatomy and pathophysiology of the basal ganglia and considers examination of Parkinson, Huntingtons, and Wilsons Disease – outlining the more common assessment tools. Intervention procedures at the various stages of Parkinson’s disease are described, enabling the reader to develop appropriate evidence based treatment plans using sound clinical reasoning.

A special feature of this book is two (QR) quick response codes which, take the reader to references of each chapter and instant viewing of videos using a smart phone. I was unable to access the videos but they are available online and judging by the one for Parkinson’s patients could allow the novice practitioner to visually recognise movement problems commonly seen.

Evidence in this book is up to date, with references as recent as 2011, and it achieves what it sets out to do, using a problem solving model that looks at functional ability, activity limitations, life participation and quality of life of the client. Overall it would be a very valuable tool for any neurological rehabilitation department.

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Multiple Sclerosis (MS) is a complex condition with wide ranging implications for the person it affects and their families and carers. To this end, it necessitates management by a multidisciplinary team of rehabilitation specialists over an ever changing lifetime for the person living with MS. This book is a great resource for the members of rehabilitation team who work together to ultimately facilitate the person with MS in living the life of their choice to the best of their abilities.

Using the ICF framework as the skeleton on which the book is based makes it both comprehensive in its content, and easy to navigate. Over the last two decades we have seen considerable advances in the understanding of, and evidence base for, symptom management and rehabilitation interventions to reduce impairments and increase functioning and participation for people with MS. These are all pulled together in one place in this book which is an essential text for those involved in MS rehabilitation.

Section 1 provides the foundations for MS rehabilitation by describing the "basics" of the pathology and clinical course of MS. It is followed by two stories of people living with MS to highlight that rehabilitation is both an "art" and a science. These stories and reflections on them are followed by an overview of rehabilitation process and team members.

Section 2 considers body structure and function and includes chapters on fatigue, balance, muscle, cognition, pain, depression and visual impairments. Section 3 considers activity limitations and participation restrictions with chapters on communication, mobility, self care, domestic life, employment and physical activity.

Section 4 presents information on the influence of personal and environmental contexts with chapters on age and sex, other health concerns, coping, physical environment, care-giving, and cultural considerations. The book concludes with an excellent chapter about how we can move forward to optimise MS rehabilitation in the future.

This book is a very timely and much needed resource that provides both a reminder of what we knew before, and an updated overview of topics which are less well understood. There is something to learn for everyone, from the novice clinician or student, to the experienced researcher or healthcare practitioner.

The author list is a veritable “who’s who” of the most widely cited and respected researchers and clinicians internationally. The range of disciplines of the authors ensures that many viewpoints are represented and provides new insight into the many and varied consequences of MS. The work has been reviewed by students, clinicians and researchers to ensure that it is not only up to date and accurate, but presented in a format that is accessible to all. The book is a credit to the editor, Prof Marcia Finlayson, who has already made a significant contribution to our knowledge of the rehabilitation of people with MS.

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Todd Ellenbecker has assembled a distinguished group of researchers and clinicians from the United States to design a shoulder rehabilitation programme specific to their specialised area of research. As a result he has created a brief and informative book emphasizing the importance of specific rehabilitation for each shoulder condition.

Each of five conditions is covered by one chapter, which is clear, concise, enjoyable and evidence based from diagnosis to treatment. There is a good use of anatomy descriptions but also diagrams and imagery throughout the book, to direct assessment and treatment options for the visual learner. The treatment approach is non operative; however reference is made to surgical interventions and its role. There is a strong emphasis on sport specific rehabilitation throughout the book, allowing for expansion of end stage rehabilitation programmes, an area which needs to be embraced more by Chartered Physiotherapists.

The strengths and weaknesses of the book can be examined in the chapter on shoulder impingement, as an example. Shoulder impingement, which makes up to 44-65% of shoulder diagnoses, is nicely explained throughout the chapter, followed by a systematic rehabilitation programme. In contrast to many physiotherapy assessments, the tests for diagnosis
of impingement such as the Hawkins-Kennedy test have high specificity and sensitivity while being efficient and economical. Unfortunately the explanation of these tests was brief with no illustration which limits the book as a quick reference in the office. The positives of this book is that it provides an intensive rehabilitation programme using manual and exercise therapy for the conservative management of shoulder impingement which would be your first line of defence.

The programme provided is descriptive, clinically reasoned and addresses problems associated with shoulder impingement such as capsular tightness, reduced mobility and muscle weakness. The programme is designed to help optimise function, restore normal biomechanics of the scapulothoracic complex, restore range, strength and endurance hence optimising function. However, there is little focus on pain management, a problem encountered during most courses of rehabilitation. In line with the latest evidence, the programme works on eccentric training of the rotator cuff as well as concentric training for the scapula stabilisers with posterior shoulder stretching. The programme is adaptive to most environments with few resources required, suitable for all sub-groups of patients.

The clarity of this opening chapter on shoulder impingement emphasises the clarity and the focused approach taken throughout the book. The book is designed for all physiotherapists, physiotherapy students and General Practitioners. Although experience and exposure to shoulder injuries allows the reader to take more from the book, it still provides a good foundation on treating the shoulder for the less experienced clinician. Compared to older material, recent evidence-based treatment options are less well referenced. The reader should be encouraged to look for more recent scientific literature in relation to the shoulder. The shoulder can be daunting, but this book demystifies the joint and almost makes one passionate about it!

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