

## Book Reviews

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**Chronic Pelvic Pain and Dysfunction – Practical Physical Medicine**, L. Chaitow, R. Lovegrove Jones, Churchill Livingstone, 2012. ISBN: 978-0702035326

As a physiotherapist working in the speciality of women's health and continence I regularly come into contact with women suffering from pelvic pain. The assessment and management of conditions such as pregnancy related pelvic girdle pain, dyspareunia, pelvic organ prolapse and others can be challenging for the therapist so it was with delight that I took the opportunity to review this book. The authors, from the fields of osteopathy (Leon Chaitow) and physiotherapy (Ruth Lovegrove Jones), have aimed to bring various aspects of the management of chronic pelvic pain together in a single text with the help of a range of contributors. The result is a clearly laid out textbook and accompanying DVD. Theoretical aspects of the condition such as anatomy, chronic pain mechanisms, psychophysiology of pelvic pain, nutrition and clinical reasoning in the management of chronic pelvic pain are dealt with in the first half of the book. The second half focuses on practical aspects of assessment and treatment including soft tissue approaches, biofeedback, connective tissue techniques, dry needling and manual therapy release of the pelvic floor.

At all times the book emphasizes the importance of an integrated approach when treating patients with chronic pelvic pain, whether it's looking at structures outside of the pelvis itself or the more psychosocial elements to the condition. I found the chapter on breathing and chronic pelvic pain particularly insightful, as it highlighted the relationship between the respiratory diaphragm and the pelvic floor and proposed that disorders of breathing need to be addressed in the patient with chronic pelvic pain. It then goes on to describe assessment of breathing technique, how to teach control of breathing and how to address specific dysfunctions using connective tissue manipulation, trigger point deactivation and thoracic and costal mobilisation. Film clips of the manual therapy, biofeedback and rehabilitation techniques involved are

included on the accompanying DVD. The chapters on external soft tissue techniques and manual therapy for the pelvic floor were also particularly useful. The appendix of the book includes a range of clinical outcome measurement tools which range from measuring pain, urinary symptoms, breathing, sexual dysfunction and more. These are not exhaustive but it does provide a useful jumping off point for clinicians working within this field.

For any physiotherapist who has completed training in the management of pelvic pain this text is particularly useful. It would not replace the need to learn hands-on skills in a practical setting, but acts as a summary of approaches and a helpful reminder of techniques that may have been learned elsewhere. I would recommend it as a welcome addition to the library of any physiotherapist who encounters patients with pelvic pain.

Anne Graham  
*Senior Physiotherapist*  
*Coombe Women & Infants University Hospital*  
*Dublin, Ireland*

**Evidence-Based Physical Therapy for the Pelvic Floor: Bridging Science and Clinical Practice**, K. Bo, B. Berghmans, S. Morkved, M. Van Kampen, Churchill Livingstone, 2008, ISBN: 978-0-443-10146-5

This book has assembled leading names in a multidisciplinary group in the field of research and clinical work to contribute to this book, detailing and summarising the available research in the field of pelvic floor function and dysfunction. It is a comprehensive review of every aspect of this area including female, male and childhood issues, incontinence, prolapse, pain and sexual dysfunction, including specific groups such as the elderly, the high level sports participants and pregnant and post-partum women. It takes a methodical approach in each chapter, starting

with an introduction to each subject with explanations and definitions. It then moves into a critical review of the available research, finishing with a discussion of how this applies in the clinical setting and giving firm recommendations for treatment.

Although the body of research in this huge area is growing, practically every chapter ends with a mention of the lack of sufficient evidence or the presence of only weak evidence to inform a particular topic. Often the clinical recommendations section discussing a particular type of treatment can end up being vague e.g. bladder training has insufficient evidence regarding its use but has no known side effects and therefore may be helpful in the treatment of OAB under certain guidelines. On the other hand although protocols for the use of electrical stimulation for the treatment of OAB or UUI are inconsistent this section clearly outlines protocols that have been proven to be effective.

Because of heavy nature of its content, this book is not for light reading and can be quite dry and constrictive in its discussions at times. However I found the chapter looking at clinical assessment of pelvic organ prolapse clear and concise and very relevant to clinical practice. The overview of how to look at stress urinary incontinence pathophysiology and the understanding of disorders in the lower urinary tract was technical but interesting. It examines and directs away from the traditional method of diagnoses based on a consequence e.g. "Stress urinary incontinence" and introduces into a new method of starting with issues of structure and function and following from there to consequences, thinking more about disease in the lower urinary tract. I think this approach will lead all to a greater understanding of the conditions we treat in practice.

In summary, this book should inform clinicians and allow them critically appraise their own practice to provide quality care within the matrix of proven therapies that have been shown to be effective, bearing in mind the large research gaps that remain. It is also a reference book for libraries and departments to dip into as it also runs through anatomy, physiology and good assessment methods with nice slides and graphs for effect.

Beatrice McGinley  
Private Practitioner  
Galway City Physiotherapy  
Liosbaun Business Park, Tuam Road  
Galway, Ireland

**Potential and Possibility: Rehabilitation at end of life. Physiotherapy in Palliative Care**, J. Taylor, R. Simader, P. Nieland (Eds), Urban & Fischer, 2013. ISBN: 978-0702050275

The discipline of palliative care physiotherapy and rehabilitation is explored in an informative and inspiring fashion throughout this novel text on an emerging and evolving branch of physiotherapy. The text awakens the reader from the outset to the positive and empowering role that the palliative care therapist can provide to the patient. The ethos of the book focuses on the empowerment and development of control for individuals in a volatile and unknown period of change. While historic perceptions of palliative care may have evoked connotations of death, loss and fear, I found this book provided a sense of hope and positivity by emphasising the potential to empower. This sense of empowerment resonates through the text aiming to assist and educate the therapist, and as a result the patient, in maximising the final stages of their lives. This book aims to increase the confidence of palliative care therapists by highlighting the abundance of skills in the discipline that can provide comfort, improve function and independence to our dying patients that will help them live maximally until they die.

The structure of the book provided an excellent insight into the discipline of palliative care rehabilitation that would appeal to students as well as experts in the field. The text is divided into five chapters covering introduction to palliative care, the physiotherapy role, psycho-social aspects of palliative care, ethical and social concerns and self-management for the therapist working in this field. At times the layout can be a little confusing to navigate, with several different topics covered in a section or chapter. Sections of the text were dedicated to some of the most frequently observed complications in the dying patient including pain, breathlessness, fatigue and lymphoedema. This information is expertly catalogued by leading experts in the field of palliative care rehabilitation to provide an excellent reference text that therapists of all levels of skill could refer to in relation to the changing needs of their dying patient.

The book provides information on the practical and theoretical concepts of the management of this population with case-studies throughout the text to give insight into the personal experiences of both patients, their families and staff that have been involved in this field. The personal experiences that this book provides

separate it from many other clinical texts. This is in keeping with the discipline which aims to establish relationships between the service users and therapists which will aim to ultimately inspire confidence and engagement. In this highly emotional discipline of physiotherapy the text addresses the potential stress this emotionally charged area can exert on the therapist.

This book provides the palliative care physiotherapist with a renewed sense of purpose relating to their influential role in the care and management of this complex group. One cannot fail to be inspired and

rejuvenated by the potential to provide “realistic hope” to work towards “living until you die” both at the individual patient level and at the strategic level. This book would provide an excellent resource in any physiotherapy department that treats patients in the dying phase and should not be restricted to the shelves of a hospice.

Kareena Malone  
*Senior Neurosurgical Physiotherapist*  
*Beaumont Hospital*  
*Dublin, Ireland*