eproduced by Sabinet Gateway under licence granted by the Publisher (dated 2013.

described the most common symptoms in patients with primary fibromyalgia. Travell and Simons<sup>3</sup> define myofascial pain as "pain and/or autonomic phenomena referred from active myofascial trigger points with associated dysfunction". In the Dictionary of Rheumatic Diseases', myofascial pain is defined as follows: "Musculoskeletal pain or aching, diffuse or local, felt anywhere in the body. It is typically deep in character with boundaries that have no anatomical basis, and is often aggravated by movement" A myofascial trigger point is defined by Travel and Simons<sup>3</sup> as "a hyperirritable spot, usually within a taut band of skeletal muscle or in the muscle's fascia, that is painful on compression and that can give rise to characteristic referred pain, tenderness and autonomic phenomena". Types of trigger points include active, latent, primary, secondary, associated and satellite. Travell and Simons<sup>3</sup> also stress that myofascial trigger points should be distinguished from cutaneous, ligamentous, periosteal and non-muscular fascial trigger points.

(In Part II concepts and management of fibromyalgia and myofascial pain will be discussed)

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### **BOOK REVIEWS**

### REHABILITATION OF THE OLDER ADULT

by Keith Andrews

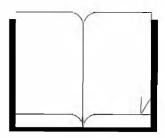
#### Reviewed by J C Beenhakker

This book, reprinted in paperback in 1991, is written by a physician who believes that effective rehabilitation requires a well integrated, multi professional team. According to the author the main functions of the book is to provide some practical ideas for management of specific disorders as well as to encourage further research into rehabilitation. The latter is facilitated by long reference lists at the end of each chapter.

A good introductory chapter is given explaining what is meant by rehabilitation, the prevalence of handicap and disability related to age in Great Britain, the need to set goals and involvement of the carers.

Chapter two briefly covers the physical modalities used in rehabilitation including heat, cold, ultrasound, ultraviolet radiations etc. This is superficially covered and many of the references are old (only seven of the 132 references are later that 1984). In the following chapters specific conditions are briefly discussed followed by some of the modalities which could be used in the management of these conditions. Again some of this is out of date and later research in these areas is not given.

It is not clear at whom this book is aimed as it is very basic but it does give some practical ideas of how to adapt treatment to the individual both in hospital as well as at home.



# FOUNDATIONS OF PHYSICAL REHABILITATION A MANAGEMENT APPROACH

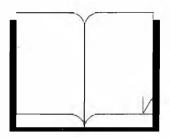
by Doreen Bauer

### Reviewed by Trish Wallner

This is a most enlightening approach to the difficult task of organising an effective and efficient rehabilitation service. It offers broad principles of the management of such a service that can be adapted to most situations.

An up to date account of current thinking in the broad field of rehabilitation is presented in a refreshing and clear manner. This book offers an opportunity of understanding the foundations of rehabilitation in the complete sense of the word and then explores elements such as service design, resources, staffing, time management and service evaluation.

Much is to be learned from this book by physiotherapists in South Africa currently searching for a way to offer a much needed, comprehensive rehabilitation service in partnership with the disabled community.



## STROKE AND HEAD INJURIES: A GUIDE FOR PATIENTS, FAMILIES, FRIENDS AND CARERS

by Mary Lynch and Vivian Grisogno

Johan Murray (Publishers) Ltd. 1st Edition 1991 soft, 175 pp, illustrated.

### Reviewed by Leigh Hale

An extremely comprehensive guide to anyone faced with the daunting task of caring for a stroke or head-injured person at home. Subjects covered vary from washing and dressing the person, to ideas for mealtimes. The principle of minimising spasticity is emphasised.

The book covers the pathology of stroke and head-injury, prevention and first aid, hospital care (tests and procedures), the patient at home and at physiotherapy. It ends with seven case studies.

The text is detailed but simply written. However, it would have benefited from more explanatory diagrams.

It is best to bear in mind that the book was written in Britain, around their health care system, much of which is unavailable in this country. The useful addresses at the end are all British.

