

BOOK REVIEWS

BASIESE MENSLIKE ANATOMIE:

Linda de Jager

2de uitgawe 1990, Juta & Kie
Prys R49.50

Omslag: Treffend en duursaam. Inhoudelik: Die moeilikheidsgraad is gepas vir leerling assistent- en ingeskrewe verpleegkundiges. Nie omvattend genoeg vir basiese- of na-basiese studente nie.

Benadering:

Skrif en taal gebruik duidelik, maar valensie van sketse baie staties, onkleurvol, te klein, ingedruk en nie in lyn of volgende op die geskrif nie byvoorbeeld: Skets 1.1 op bladsy 1 se beskrywing volg eers op bladsy 2.

Sketse behoort meer kleurvol, volledig en realities te wees daar dit byna as die enigste bron van kenniswerwing vir die student dien.

Nie van waarde ten opsigte van ontwikkeling van selfstandige denke en redenasie nie. Die afwesigheid van spesifieke doelwitte gevolg deur probleem stellings (self-toets) aan die einde van 'n bepaalde eenheid veroorsaak dat die boek bloot as 'n bron dien en nie bydra tot ontdekking deur self aktiwiteit nie.

Die boek stel bloot die feitelike en geen toepassing ten opsigte van bepaalde praktiese voorbeelde word gebied nie.

Die vakgebied vir studente is juis Toegepaste Anatomie en Fisiologie.

E HARMSE

THE ABC OF GERIATRIC CARE:

C D W Morris

Publishers Juta and Co Ltd 1990
Price R33,50

This pocket sized book was written by the Head of the Department of Medicine and Geriatric Unit at the Frere Hospital, as it was felt that medical and nursing students were inadequately prepared to deal with the special requirements of the geriatric patient.

In the 152 pages of text, 44 chapters are presented which outline the various problems and illnesses associated with the elderly. It is therefore obviously not a medical textbook but rather an aid to geriatric medicine, and the reader is advised to use it in conjunction with other textbooks.

Case histories are given at the end of most chapters followed by questions. The answers to these questions are given at the end of the book and are a useful adjunct to understanding some of the problems associated with ageing, multiple pathology and the dangers of drug therapy in the elderly. Although the book deals with the medical approach to geriatric care, mention is made of the importance of the team approach. Physiotherapy is often mentioned but some of the modalities given are not always accurate. For example in COAD it is stated that physiotherapists teach diaphragmatic breathing and give postural drainage! It would have been of greater value to have mentioned that physiotherapists (and others) play an important role and that they should be consulted in the team management, but not to have specified what they do.

J C BEENHAKKER

THE INTERNATIONAL CLASSIFICATION ON IMPAIRMENT, DISABILITY AND HANDICAP (ICIDH, WHO 1980)

The aim of this manual is to promote the use of an international classification system on impairment, disability and handicap. Although these terms were used for a longer period, common unambiguous definitions of what constitutes disablement was lacking. The basic concept of the ICIDH, introduced in 1980, caused a lot of changes in thinking and influenced several recently executed studies in South Africa also.

After applying the ICIDH in different settings innumerable points for discussion were identified. The many valid criticisms

resulted in the present updating of the manual.

In general I believe that the manual's strength lies in its use of epidemiological studies. However a revised version will be welcomed, particularly if extensive use will be encouraged. Superfluous sub-classifications should be eliminated. The manual should be made more "user friendly".

Still as it stands all physiotherapists and especially those who have an interest in research, should be aware of this classification. Training centres should encourage the use of this manual, particularly at a post-graduate level.

The ICIDH offers a series of categories to which certain phenomena can be assigned, thereby enabling greater accuracy and understanding when invoking labels. With all inter-professional overlap in rehabilitation services a real need exists to standardize our "jargon" in order to prevent confusion and at the worst a breakdown in communication. Every physiotherapist should have this manual in the library!

HUIB CORNIELJE

RIGHT IN THE MIDDLE - SELECTIVE TRUNK ACTIVITY IN THE TREATMENT OF ADULT HEMIPLEGIA: P M Davies

Publisher: Springer-Verlag 1990

This new book is the companion volume to *Steps to Follow* and thus completes the neurodevelopmental approach to adult hemiplegia. It fills a great gap in the literature because the trunk is usually ignored by physiotherapists in treatment, in spite of being the key to normal movement. This is a book that tells one what to do and how to do it. It is prescriptive as well as descriptive - a rarity in the physiotherapy literature.

The book is divided into two main sections. Part I is principally theoretical and deals with the anatomy and applied functional anatomy of the trunk. These chapters

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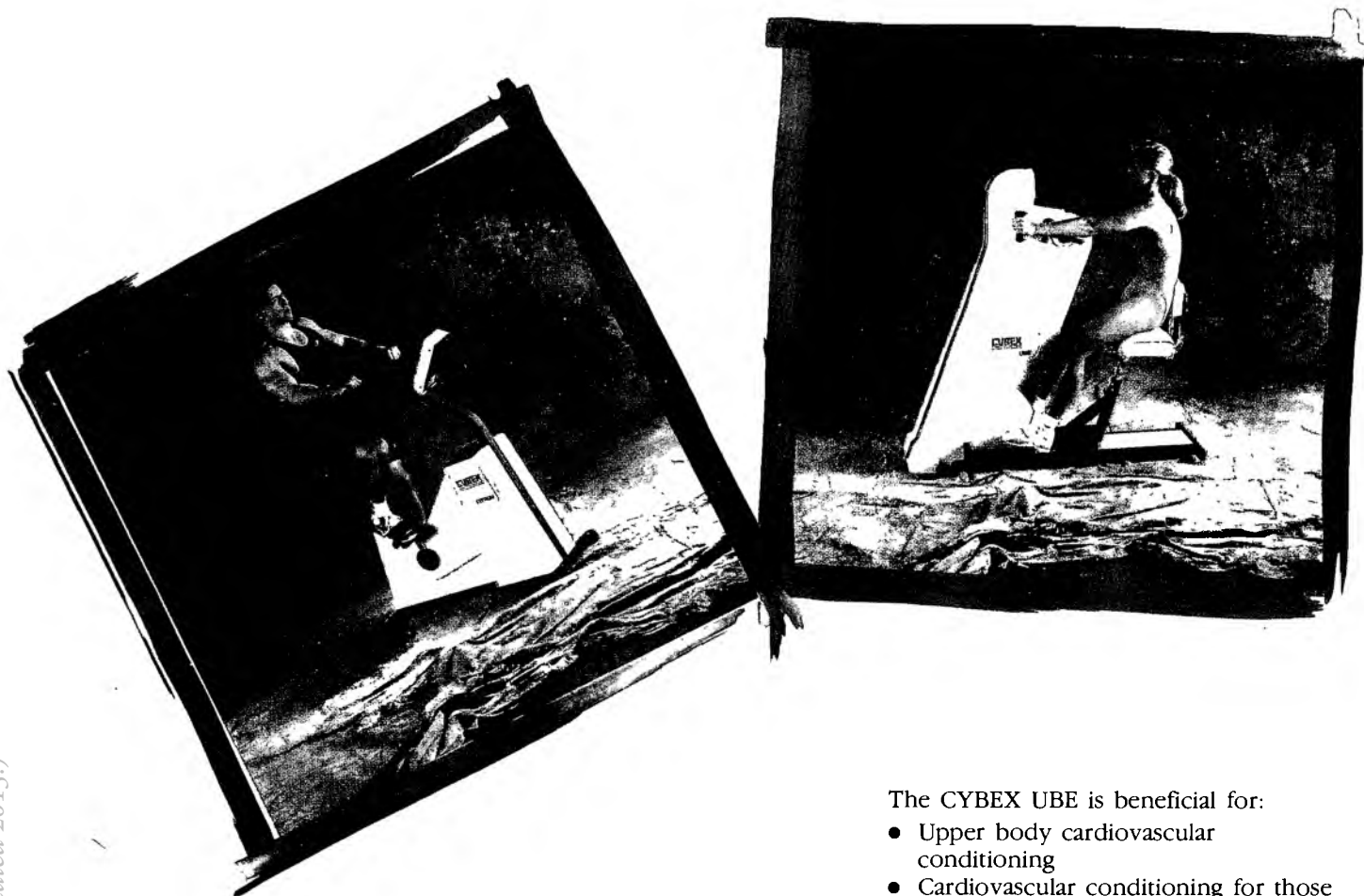
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are essential to the understanding of the third chapter which covers the problems encountered in hemiplegia as a result of the loss of selective movement patterns. This chapter forms the basis of the rationale of treatment and is pivotal in the understanding of the approach to treatment.

Part II deals with therapeutic activities and covers all aspects of trunk movement viz. - lying, lying to sitting, activities in sitting, standing up from sitting, activities in standing and finally walking. There is also a chapter on ball activities.

In each chapter the abnormal movement is described and the various means of correction are given. This part is extensively illustrated with excellent photographs which amplify the written description.

This book is a superb exposition of the treatment of the trunk in adult hemiplegia and should be on the shelf of every physiotherapist who deals with the condition. It is an essential in every library of the teaching institutions.

LD

TEXTBOOK OF GERIATRIC MEDICINE:
Edited by P de V Meiring

Publishers Juta & Co Ltd 1990
Price R79,00

This book comprises 28 chapters written mainly by physicians and experts in their fields, for medical personnel. The main aim of the book is to encourage Geriatric Medicine at all centres.

Disorders of the various body systems are briefly discussed in relation to the elderly as regards frequency, age related changes, prevention and treatment. For further information the reader is referred to a list of other textbooks and journal articles.

Several of the chapters will be of interest to all health personnel and the topics discussed should be included in all undergraduate curricula. These are the demography and physiology of ageing, common symptoms and complaints and the drug treatment for the elderly. Knowledge of these areas will benefit all health workers in their understanding of their elderly patients.

The chapter on care for the geriatric patient is well set out by the editor although the services that are mentioned are only those that relate to the Cape Province and the Geriatric Unit at UCT. Rehabilitation is looked at from the point of view of the doctor and nurse and "the exact nature of the other important members of the rehabilitation team, the occupational therapist, physiotherapist and social worker will only be considered in general terms to give the primary carers an overview of their place in the team so that they may not be overlooked" (page 350).

A very useful chapter by the editor titled "Towards Independence in Later Years" discusses the importance of healthy lifestyles and the value of exercises, which should be of particular interest to physiother-

apists. A very good chapter on some ethical considerations in the provision of health care for the elderly by S R Benatar and the sensitive treatise by C Dare on terminal care are musts for all who are concerned with patient care.

This is a very good textbook that covers a wide series of topics relating to the elderly and should be in every University library. The extensive bibliography and reference material at the end of each chapter will lead the reader to study any particular area in greater depth.

J C BEENHAKKER

HYPERMOBILITY OF JOINTS: P
Beighton, R Grahame, H Bird

Second Edition (1989) Springer-Verlag Berlin Heidelberg New York ISBN 3-540-19564-5, ISBN 0-387-19564-5

The concept that conditions, ranging from "growing pains" in children to tennis elbow and prolapsed discs, may at least have part of their origin in hypermobile joints and tissues, is interesting.

Being the second edition of this unique monograph, obviously it has previously been well received, and there must be a recognised need for information on this "recondite subject", as the Foreword calls it.

Although a slim volume of around 180 pages, it is comprehensive in the sense that

both clinical and basic background are covered. There are chapters on biochemistry and biomechanics as well as genetic and clinical aspects. In dealing with management, mention is made that the "mainstay of treatment" is physiotherapy. Suggestions are made on an approach to helping symptomatic patients, as there may indeed be patients who are symptomatic essentially because they have hypermobile joints.

An interesting and entertaining chapter is included where hypermobility related to sporting activities and the arts (such as ballet) are considered. We now know that musicians with stiff joints should concentrate on the earlier composers and should leave the late romantic works to those with hypermobile joints!

It is well written and easy to read and is presented by leading authorities. This is a subject from which we could all profit by taking a deeper interest. One feels encouraged to look for the standard diagnostic criteria as suggested by the authors, and one becomes convinced that not infrequently, hypermobile joints may well explain the complaints of some of our patients.

This work should be available to all of those who deal with the collagen structures of the body.

L SPARKS ♥

INSTRUCTIONS FOR AUTHORS

Contributions are invited on any topic related to physiotherapy or rehabilitation. They can be full-length articles or short reports. A full-length article may be a report of research, a description of an approach, a literature review or a presentation of a theory. A short report may be a case or clinical report, a treatment technique or suggestion.

Contributions will be considered for publication in the *South African Journal of Physiotherapy* on condition that they have not been published or been submitted for publication elsewhere. The Editorial Board of the SASP reserves the copyright of all material published.

Articles are accepted on the understanding that they are subject to editorial revision.

Articles and Letters to the Editor:
Manuscript preparation

- Articles should be restricted to between 2,000 and 2,500 words.
- Copy submitted should be typewritten with double spacing and wide margins. Word processors may be used provided the typeface is clear and legible.
- Letters to the editor intended for the correspondence column should be marked "for publication". They should

not be longer than 400 words.

- A title page should be supplied as a separate sheet and include the name(s), qualifications and affiliation(s) of the author(s).
- Each article must be accompanied by a summary of not more than 200 words. This should be on a separate sheet. It should be intelligible without reference to the main text. *It must be in both official languages.*
- All abbreviations should be spelt out when first used.
- The metric system is to be used throughout.
- All references should be typed on a separate sheet.
- References should be cited in sequential order. *Do not list them alphabetically.*
- References should be identified in the text by superscript arabic numbers.
- References should be set out in the Vancouver style and only approved abbreviations of journal titles should be used; consult the January issue of *Index Medicus* (No 1, Part 1) for details.
- It is the author's responsibility to verify references from the original sources.
- "Unpublished observations" and "personal communications" may be cited in the text, but not in the reference list. Manuscripts accepted but not yet published may be cited, followed by "(in

press)".

The format for reference is as follows:
Journals: Not more than three authors

1. Ellison P, Browning C, Larson B *et al.* A scoring system for the Milani-Comparetti and Gidoni method of neurologic assessment in infancy. *Phys Ther* 198;63:1414-142.
2. Pryor JA and Webber BA. An evaluation of the forced expiration technique as an adjunct to postural drainage. *Physiotherapy* 1979;65(10):304-307.

Books:

1. Maitland G D. *Vertebral Manipulation*. 4th ed. London: Butterworths, 1977: 24.
2. Lipow HW and McQuitty JC. Cystic Fibrosis. In: Rudolf AM, ed. *Pediatrics*. Norwalk, Connecticut: Appleton-Century-Crofts, 1982:1433-1440.

Tables and figures should be kept to a minimum and be on separate sheets.

- Each table should be numbered and have a clear title. Tables should *not* repeat material stated in the text. All tables and figures must be referenced in the text in sequential order.
- Figures should be in black ink on stiff white paper. The lettering should be done professionally or by means of a stencil to allow for reduction in size.
- Photographs should be of good quality on glossy paper. Human subject must not be identifiable or their pictures must be accompanied by written permission to use the photograph.
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- A covering letter, which must include the signature of each co-author, should accompany each manuscript.
- The original copy of the paper as well as two copies, must be submitted. A further copy of the manuscript should be retained by the author.
- Permission to reprint figures or extracts from other publications should be included with the manuscript on submission.

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Bydraes word versoek oor enige onderwerp wat verwant dra òf met fisioterapie òf rehabilitasie. Dit kan if vol-lengte artikels òf kort verslae wees. 'n Vol-lengte artikel mag bestaan uit 'n verslag oor navorsing, 'n beskrywing van 'n benadering, 'n literatuur-beoordeling of die aanbieding van 'n teorie. 'n Kort verslag mag 'n geval- of kliniese-verslag wees, of 'n behandelings-tegniek of -voorstel wees.

Bydraes sal vir publikasie in die *Suid-Afrikaanse Tydskrif Fisioterapie* oorweeg word mits hulle nog nie gepubliseer is of vir publikasie elders ingedien is nie. Die Redaksieraad van die SAFV behou die kopiereg van alle gepubliseerde materiaal.

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Afdrukke

Slegs bestellings vir 100 of meer afdrukke kan aanvaar word en moet vòòr publikasie gereël word. ♥