Coaches' Guide to Sports Rehabilitation
S. R. Tippett

The team approach to rehabilitation is stressed, including the role of the physician, athletic trainer, physiotherapist, dietitian, exercise physiologist, sport psychologist and strength and conditioning coach. The basics of sport rehabilitation are described, from injury to setting goals for return to sport.

Coaches Guide to
SPORT REHABILITATION

STEVEN R. TIPPETT

The therapeutic modalities used by the physiotherapist are described, as is their effect on the tissues at various stages of healing. It is interesting to note that 'the most frequently used modality for deep heating is ultrasound' and its effectiveness on stiffness before exercise in decreasing muscle spasm and facilitating stretching.

Of interest to the sports physiotherapist is that part which describes exercises to increase range of movement, proprioception, muscle strength and functional ability. Each chapter takes the reader through a step-by-step regimen for each body area, during the acute, subacute and chronic phases. However, in the flexibility chapter there is no mention of proprioceptive neuromuscular facilitation as a method of increasing range of movement. There are good guidelines for strengthening programmes and useful charts for strengthening hamstring and quadriceps muscle groups.

The final chapter is for the coach when the formal rehabilitation is complete, and deals with sports specificity and a graduated programme of functional progression to prepare the athlete for competition. The coach is responsible for the sport-specific tests which bridge the gap between clinical rehabilitation and the playing field, as only the coach knows the demands that will be placed upon the athlete on return to competition.

The book concludes with appendices on stretching, therapeutic exercise and functional progression for football, volleyball, baseball and softball.

This interesting and well laid out book can be recommended. Though aimed for the coach, it provides much of interest and value to all members of the rehabilitation team.

Rose Macdonald BA SRP

Winter Sports Medicine
M. J. Casey, C. Foster, E. G. Hixson (Eds)

This book is written primarily for the physician looking after elite athletes performing winter sports. It contains a mass of information on training techniques, the biomechanics of particular winter sports and a catalogue of the injuries liable to be encountered. The medical problems encountered in cardiorespiratory medicine and gastroenterology are comprehensively surveyed. There exist inevitably in a multi-author book with three editors some hiatuses, but one is a little surprised not to see some information about mountain climatic conditions, white-outs, crevasses, avalanches, the variable snow conditions and the risks these present. The great importance of protective head gear in children who ski recreationally does not get a mention. Neither does the epiphysial damage due to freezing of children's hands with subsequent distortion of finger growth. I may have missed it but I could find nothing on snow blindness or actinic conjunctivitis. Nevertheless this book should travel as a reference in the impediments of all team physicians attending sports meetings.

B. Helal MCH(Orth) FRCS

Biomechanics of the Foot and Ankle
R. Donatelli, ed.
Philadelphia: PA Davis Co. 1990, £21.39, 284 pp

This volume contains contributions from Donatelli and 12 colleagues who have compiled the text primarily for the physiotherapist. The book is conveniently divided into three sections. Section I deals with the anatomy and biomechanics of the normal and abnormal foot and ankle. This section also covers the normal development of gait in the context of the foot and ankle rather than the usual detailed analysis of the pelvis and lower limb found in biomechanics texts.

Section II, entitled 'Biomechanical Evaluation' has chapters on the clinical assessment of the foot as a functional unit, the radiographic evaluation of foot deformities and injuries, evaluation of functional orthotics with a description of some of the modern instrumentation used to record foot pressure distribution.

The final chapters in this section deal with the clinical problems of pathologies relating to overuse and diabetes. The chapter on overuse injuries contains some very useful case studies for those dealing with this type of patient.

THE
BIOMECHANICS
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Br J Sp Med 1991; 25(4) 245
Section III deals with treatment approaches to restore normal movement of the foot and ankle using orthotics, physiotherapy or surgery. The chapter covering the fabrication of orthotic devices, which is supplemented by some interesting case studies, is bound to be of interest to various disciplines involved with the treatment of foot and ankle problems. This book forms part of a series of monographs covering Contemporary Perspectives in Rehabilitation. The objective of this series is to provide comprehensive and clinically relevant presentations which are challenging for both the student and clinician. This volume clearly achieves this objective.

R. Wyth BSc

Handbook of Osteopathic Technique
L. S. Hartman
Unwin Hyman Ltd, 1990, £19.95, 206 pp, ISBN 4445815 0

This A4 sized paperback book of 206 pages is divided into two sections. The first, of 35 pages, is a brief outline of osteopathic theory and technique. The second, the remainder of the book, consists of photographs showing the application of the techniques, with a short explanation. The quality of the pictures is good enough, and judging by the expressions on the faces of the patients, the manipulations were for real! There are arrows added to show the general direction of the force applied. There are, however, a lot of blank pages of wasted paper.

The preface states that the book is intended as an aide-memoire, but also as a means of learning basic holds, not the same thing. The sections on the classification and description of osteopathic techniques make interesting reading for a conventional practitioner. The concept of cranial osteopathy with movement between cranial bones and a palpable 12 cycles per second craniocaudal rhythm is a little hard to accept, however. There are no photographs demonstrating these techniques.

There is little or no attempt to give any diagnosis to which the various techniques should be applied. The section on the knee shows a demonstration of the anterior and posterior drawer signs. No mention of the cruciate ligaments is made, indeed the caption reads ‘some authorities are of the opinion that the knee can develop a lesion where the tibia rides back on the femur’, and that performing the draw sign can correct the situation!

This handbook is not for those who want an introduction to osteopathy or manipulative techniques. The practitioner who already has training in manipulation will find the photographs of the methods a useful guide to have to hand.

R. Hackney MB, Dip Sports Med

Physical Education and the Study of Sport
R. J. Davies, C. R. Bull, J. V. Roscoe and D. A. Roscoe

This team of four authors has written a concise and thorough book which seeks to expose the individual’s personal development as well as physical performance in physical education, an approach useful in better understanding and justifying the importance of physical education. The overall attempt has been to produce an interesting book which gives a varied perspective of the physical experience of human movement. Taking this into account, the book is divided into three sections: ‘the performer in action’, ‘the performer as a person’ and ‘the performer in society’.

As a basic textbook, it is aimed at students of all ages and may be useful for teachers and invaluable to sports coaches. Sports doctors and physiotherapists may well benefit from the chapters in part 2, ‘the performer as a person’. These look at the nature and classification of skill, individual differences in movement patterns, psychomotor abilities, principles of motor learning and teaching, as well as psychology of sport.

In ‘the performer in action’, the application of human anatomy, physiology and biomechanics is developed in relation to the study of physical education and sport. The relevant chapters are well written for students in this field and are useful for other audiences as a quick review. Chapter 4, ‘training for physical performance’, is probably the most practical chapter for those individuals involved in sports medicine and sports physiotherapy as it gives a general review of ‘principles and types of training’. Chapters 7 and 8 look at the ‘nature and application of force’ and ‘rotating systems’.

The final section of this textbook explores the contemporary sociocultural aspects, historical perspectives and comparative studies of physical education and sport. An international approach is considered in this section by looking at physical education based on historical influences, socioeconomic factors and administration in several different countries.

Nancy Laurenson MSc

Human Physiology (2nd English edn)
R. F. Schmidt and G. Thews (Eds)

If I had to recommend a single textbook of human physiology to students of medicine, physiology or sports science, or indeed to those who teach these students, this might well be the one. It has all of the advantages of a well established, multi-author text, with few of the disadvantages. Many multi-author books suffer from the disadvantage of an uneven coverage; often the editors have failed to impose discipline on their contributors. However, the days when an individual could set himself the task of writing a textbook of physiology have surely gone. Ernest Starling, Arthur Guyton, Hugh Davson and others who achieved this in the past had the advantages of a more leisurely age, to say nothing of a relatively small body of information to deal with. Most people would agree that it is now beyond the scope of any one individual to produce a comprehensive, up-to-date coverage of the whole field.