

- 4 Long BJ *et al.* A multisite field test of the acceptability of physical activity counseling in primary care: project PACE. *Am J Prev Med* 1996;12: 73-81.
- 5 Hillsdon M, Thorogood M, Anstiss T, Morris J. Randomised controlled trials of physical activity promotion in free living populations: a review. *J Epidemiol Community Health* 1995;49:448-53.

BOOK REVIEWS

Anatomy and Human Movement.

Structure and Function. 2nd ed. Edited by N Palastanga, D Field, and R Soames. (Pp 894; soft cover £40.00.) London: Butterworth Heinemann, 1994. ISBN 0 7506 0970 2

The second edition of *Anatomy and human movement* is a very comprehensive functional anatomy textbook. It would be a very useful book for physiotherapists and for anyone involved in sports medicine.

The clinical significance of the joints, particularly the biomechanical aspects, is simply and clearly laid out, emphasising the stresses on the joints during the various phases of the gait cycle. The section on the

nervous system is also clearly laid out, but there is no section on the sensory motor tracks, which I believe would be a useful addition.

Most of the diagrams are very clear but in the illustrations that include the segment of the spinal cord, the posterior ganglion (which distinguishes the posterior root) has been left out. The embryology is basic and so is the section on the thorax and the abdomen. The evolution of the various grips in the hand is included and the muscles involved in the various grips are clearly demonstrated.

This book is a must for anyone involved or interested in locomotion, physiotherapy, and sports medicine.

MOIRA O'BRIEN
Dublin

Management Strategies in Athletic Training,

by R Ray. (Pp 256; £26.00.) Human Kinetics (Europe) Ltd, 1994. ISBN 0 87322 582 1

It is always sad when one is asked to review a book which is well presented, comprehensively researched, but inappropriate to the market for which it is being reviewed. *Management strategies in athletic training* is sadly one such publication.

In his preface the author himself identifies the main audience as athletics trainers at the

various stages of their professional development. Sadly in the United Kingdom we do not as yet have this specialisation and until such time as we do the book and information within it have no real role to play other than providing interest and background for anyone wanting further information on this profession. It would also give an insight to some of the cultural and ethical differences experienced by athletics trainers practising within the USA. Likewise the case studies would help to give interested parties an insight into the administrative and legal problems that are encountered by athletics trainers within the National Athletic Trainers Association.

I wish that I could be more positive. It is a well presented textbook. The author is an eminently qualified academic practitioner and a "recognised" leader in the field of athletic training administration. Unfortunately, however, I have to give an opinion based on the suitability of the publication in our environment and culture. Sadly therefore I must conclude by saying that other than for general interest and background information I do not think that it is relative or appropriate to sports medicine practitioners outwith the United States of America.

GRAHAM N SMITH
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American College of Sports Medicine, Annual Congress, 29 May - 1 June 1996, Cincinnati, Ohio

With the help of a grant from the Sports Council (International Affairs Unit), I attended the 43rd Annual Meeting of the American College of Sports Medicine at the Cincinnati Convention Centre, Cincinnati, Ohio. This is the major event in the calendar of ACSM, and attracted in excess of four and a half thousand delegates.

While many of the speakers were Americans, contributions from South Africa and Australia ensured that some balance of approach was achieved. What a pity that no Briton was invited to give any of the keynote presentations—surely there would be a case for funding one of our eminent sports medicine or sports science authorities to present the current state of British achievement in their own specialist areas. There are such fundamental differences in the provision of health care here compared to the USA that I am sure this suggestion would arouse considerable interest.

The overall standard of presentation was excellent, although certain contributions left me feeling slightly cheated at the lack of new material produced.

One of the lasting impressions was the sheer enormity of the sports medicine network in the USA. Contributions from every conceivable specialty and subspecialty encompassed the full breadth of sport and exercise medicine. At a clinical level one could not help but be impressed by, and considerably envious of, the quality of facilities and personnel available to

assess and treat the athletic population. The importance of the team approach—involving the athletic trainer, physician, surgeon, nutritionist, sports scientist, and other allied professionals—was evident from many joint presentations of clinical topics.

The importance of proprioceptive training in the rehabilitation process came up time and again—and numerous examples were given which will be included in future treatment protocols for my patients.

On many occasions speakers emphasised that we must communicate with the coaches—we cannot treat athletes without an intimate knowledge of the demands and technical requirements of their sport. Similarly, the importance of educating our patients, not only in areas which may prevent injury or optimise performance, but in settling realistic goals in the rehabilitation process, were covered by several speakers.

Certain individual presentations left a lasting impression:

Dr John Lombardo's image of driving a Ferrari down a long straight highway and the driver's attitude to being caught speeding was both challenging and informative as an illustration of athletes' temptation to using performance enhancing substances. The dual role of the doctor as an educator and a healer, contrasting with the role of the doping officer as an enforcer and punisher, called us all to question our attitudes and motives when dealing with athletes. The distinction between recreational

drugs and performance enhancers, and our possible conflicting roles as physicians asked to deal with athletes in these situations, challenged us to differentiate between an addiction and a disease. At what stage is drug abuse preventable? When should we test and what should we test for? What sanctions are appropriate? The contrasting opinions offered from the audience showed that there are many questions to be answered and few straightforward answers (how many of us have not speeded when it suited us, and how do we prevent the next generations of speeders?)

Professor Tim Noakes from South Africa gave this year's Joseph B Wolffe Memorial Lecture, and questioned the scientific basis of many currently accepted physiological tenets. Not only was this intellectually stimulating, but you were left wondering just how one prepares to give a lecture in front of 4000 people. This was as much a triumph for Professor Noakes' nerve as it was for his academic prowess.

Professor Peter Brukner of the Olympic Park Sports Medicine Centre, Melbourne, Australia, gave a refreshingly Antipodean approach to stress fractures in the athlete—proof positive that scientific material can be presented in an entertaining fashion. Indeed the quality of research coming out of Australia was a match for anything produced by the home team.

In order to get the most benefit from attending future ACSM meetings, I would give the following advice to future delegates:

- (1) Arrive at least 24 hours before the start of the academic programme and familiarise yourself with the conference venue. Plan ahead when it comes to deciding what sessions to attend. Many workshops are repeated during the week, and it should be possible to attend everything you want to without compromising your attendance at other sessions.
- (2) Present your own material—either in poster form, or preferably during one of the many clinical or scientific colloquia

dedicated to original research or interesting case studies. A word of warning—be prepared to defend your methods and decisions. The Americans are not as reserved as we British, and seem to relish giving presenters a hard time.

However, there was great variation in the quality of material presented, and I do not feel that we should have any fear of exposing our work to that form of scrutiny. Indeed, as a clinician, it appeared that we are much more willing to rely on our clinical acumen and decision making ability, rather than opting immediately for every conceivable (and invariably expensive) investigation.

- (3) Give the conference banquet a miss—it was overlong and unnecessarily self congratulatory.
- (4) Give yourself time to spend at the trade exhibition—brief intervals between lectures are not enough to devote to the many interesting stands. In addition, many sports medicine textbooks can be purchased for considerably lower prices than in the UK.

In conclusion, the ACSM annual congress is probably the most significant global event for the sports medicine specialist. Its sheer size and the variety of topics presented must make it unique among modern conferences. No matter what your own specialist interest, you are sure to find something that will educate and stimulate you to further study. The bias is invariably North American, and the delegate must be prepared to look objectively at the material presented, critically appraise its significance, and apply the best to his or her own environment or practice. I would certainly return—but feel that a visit every third or fourth year would be sufficient to keep abreast of developments in American sports medicine.

M CULLEN

Belfast

Advanced team physician course, Scottsdale, Arizona, USA, 29 February - 3 March 1996

Background

The advanced team physician course is a new educational offering by the American College of Sports Medicine [ACSM], established in conjunction with the American Orthopaedic Society for Sports Medicine [AOSSM] and the American Medical Society for Sports Medicine [AMSSM]. It has been designed to complement the ACSM's (now two part) team physician course. The 280 delegates were mainly from the USA, with backgrounds as primary care doctors and sports medicine physicians, with myself as the only doctor from the UK. The course was held at the Radisson Resort

Hotel in Scottsdale on the outskirts of Phoenix in Arizona. Facilities were of high standard and the technical support proved smooth and efficient. The faculty consisted of 14 high profile sports medicine physicians and surgeons representing the organising societies. These included Stanley Herring and Steven Van Camp (president) of the ACSM; Douglas McKeag (president), John Lombardo and James Puffer of the AMSSM; and John Bergfeld and Kevin Black of the AOSSM. Together, they provided team care for no less than the Cleveland Browns, Seattle Seahawks, New York Jets, Indianapolis Colts, and Univer-