

Sideline Help. A Guide for Immediate Evaluation and Care of Sports Injuries. Marshall K Steele. (Pp 152; £11.95.) Human Kinetics. 1996. ISBN 0 87322 786 7.

Sideline help is written for the non-medical who is coaching teams or for those standing on the touch line, therefore I also sought my wife's opinion. She is a nurse and has spent many years watching games.

The book has colour banding that makes it easy to find the appropriate area of injury quickly, which is always important in self help books. The reader should look at the instruction chapter first, however, to learn some basic techniques. When the appropriate area has been found, there are boxed instructions headed "Athlete Down". Check for these signs and symptoms and follow the coloured flow charts leading to red—"emergency care", yellow—"athlete to sideline and see a doctor today", and green—"return to play".

The information given in the green boxes is most useful for those without medical training, and my wife particularly liked the sensible advice given in the diagnostic boxes. But the "at least do no harm" policy may lead you to the red emergency boxes too often and too soon. For instance, in the section on back injuries, an athlete with localised back tenderness, who may have just been kicked in the back and bruised, would be in hospital immediately if the flow charts were followed.

Dr Steele's quick tips are relevant and necessary and the section on bleeding and handling of blood is sensibly written. One does need, however, to refer to the basic knowledge and essential skills frequently and when one is on the field with an injured athlete a "lay reader" would be helpful. Those with some knowledge of cardiopulmonary resuscitation will get most benefit from this book together with common sense. Those without some knowledge are likely to ring the emergency number early, and here it is that the book falls down for no effort has been made to alter the text for the UK market. The emergency number is given as 911 and the illustrations are of American sports such as baseball, American football, and ice hockey. The yellow information boxes consistently inform us that the athlete cannot return to play without written medical consent. This smacks of American medicolegal pressure. My wife felt that this was not a book for her, though it is a good attempt to help the lay parent.

MALCOLM READ

Musculoskeletal Ultrasound: The Essentials. WW Gibbon. (Pp 78; soft cover; £19.95.) Greenwich Medical Media. 1996. ISBN 1 900151 057.

This 78 page textbook is essentially a mini atlas of the normal and abnormal sonographic appearances of the adult joints. It is notable for the remarkable clarity of the images now obtainable using modern high resolution linear array transducers. The information is presented clearly and logically starting with definitions of the sonographic appearances of tendon, ligaments, muscle, fibrocartilage, hyaline cartilage, nerves, adipose tissue, and bone. It then proceeds quickly into pathology. The images are excellent, easy to follow, and clearly marked. The text is easy to read and unambiguous and a basic knowledge of ultrasound is assumed. There is a comprehensive index and a list of references at the back.

Especially useful are the practical tips on the application of transducer pressure, the use of liberal amounts of coupling gel, and points on the avoidance of artefacts.

Useful additions, I feel, would have been the use of simple line drawings to indicate the plane of scanning and explanation of abbreviations, such as LS meaning longitudinal section, abbreviations which may be unfamiliar to some readers.

In all, I can highly recommend this easily affordable textbook. It provides insight into the ever improving exciting imaging technique of musculoskeletal ultrasound. It illustrates a wide range of disease related to the joints and illustrates the standard of images that is now achievable. This textbook should have wide appeal to radiologists, sonographers, orthopaedic surgeons, rheumatologists, and sports medicine practitioners.

M O'REILLY

Ethical Decision Making in Physical Activity Research. John N Drowatzky. (Pp 112; soft cover; £13.00.) Human Kinetics. 1996. ISBN 0 87322 473 6.

Physical activity research can involve similar ethical problems to those encountered in other forms of biomedical research, but it also has unique ethical dilemmas. At first blush these dilemmas make the subject of this book and its illustration with case histories attractive. Unfortunately, there are not enough cases and those which are described are often unconnected with activity research. Earlier chapters, in particular, lacked the relief that case histories give to semantic discussion. A list of definitions of "right, wrong, moral, etc" taken from Webster's dictionary on the fourth and fifth pages does little to encourage the casual browser to read on. The book appears targeted at students in America, because questions are posed for class discussion. These often go unanswered by the author, but when answers are supplied, they rely heavily on Federal Regulations as the highest moral code. Even if valid, it would be of limited value to those in other countries. Later chapters are more readable, but I fear that only those reading the book as part of a course will get to the end. I could not help wondering whether it is moral for a book on ethics to include appendices—the Nuremberg Code, Declaration of Helsinki, and various Federal Regulations—which amount to a quarter of the text and which are the work of others.

PETER WILMSHURST

Psychosocial Interventions for Cardiopulmonary Patients. Wayne M Sotile. (Pp 424; £29.50.) Human Kinetics. 1996. ISBN 0-87322-766-2.

As a devout mechanist, I was not overjoyed to be asked to review a book on psychosocial interventions. The task turned out to be surprisingly rewarding—perhaps because this is not a book for psychologists. It is for all health professionals who, by their involvement with cardiopulmonary patients, may influence their psychosocial functioning and that, emphasises Dr Sotile, means all of us. The reason that we must all be involved is that many of our mechanistic interventions depend for their effectiveness on a large number of emotional and behavioural changes from our

patients. Smoking, unhealthy eating, hostile behaviour, non-compliance with medication all require patient cooperation, which can only be achieved with sound psychological management. Part I of the book takes us through the various emotional problems suffered by cardiopulmonary patients, how best to assess their severity, how to match the approach to the needs of the patient, the stages of change that may be needed, and the interventions which may help. Part II describes the "effective emotional management model", which is the core of Dr Sotile's approach, and how to apply it to various situations. Part III tackles several particular problem areas, such as sex, smoking, the problems of chronic obstructive pulmonary disease and of elderly patients, and, finally, adherence. The approach throughout is unremittingly supportive and encouraging—"Find something to reward and reward it!" I found this unvarying stance somewhat trying. What is wrong with telling people the truth from time to time? What some patients really need to hear is that they do smell of cigarettes or that they are fat because they eat too much. Perhaps this is where the psychologist differs from ordinary mortals. But it would take a truly remarkable book to rid us of all our prejudices.

HUGH BETHEL

Applied Body Composition Assessment. Vivian H Heyward, Lisa M Stolarczyk. (Pp 216; £19.50.) Human Kinetics. 1995. ISBN 0 87322 653 4.

The title of this book both intrigued and puzzled me: *Applied Body Composition Assessment* applied to what purpose or to what population? After reading the book I am perhaps better informed about some of the practical aspects of body composition assessment, but that word "applied" still bothers me. Have I missed something? Was I looking for something that is not there? Should I have read more carefully? Perhaps "applied" is not the right word.

As a practical guide to simple methods for the estimation of the fat content of the human body, however, this is an excellent book. It has gathered together in one place a realistic appraisal of the different methods for assessment of body composition, giving sound practical advice on the procedures to be followed for each method, as well as highlighting its advantages and limitations. The emphasis is on the simple methods that can be used in population studies, and on the avoidance of errors that result from poor measurement technique or the application of predictive equations derived from inappropriate populations. Particularly useful is the compilation of different predictive equations that can be applied to different populations. No longer is it necessary to search the filing cabinet for the most appropriate equation: they are all here.

The style of the book is very American, but not oppressively so. The easy reference format, with key points, and with the authors' unequivocal recommendations as to the suitability or otherwise of different methods in various situations, is to be welcomed. A book that anyone seriously interested in the assessment of human body composition should have on their bookshelf, providing that they don't worry too much about that extra word in the title.

R J MAUGHAN