
Sideline help is written for the non-medic 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 which makes it easy to find the appropriate area of injury quickly, which is always important in self help books. I also looked 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”.

Readers trained 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 essentials skills and when one is on the field with an injured athlete a “lay reader” would be helpful. Those who have 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 line drawings in the green boxes certainly 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


This 78 page textbook is essentially a mini atlas of the normal and abnormal sonographic appearances of adult joints. It is for the more knowledgeable variety 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 transverse, sagittal, and 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 OREILLY


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 ethical 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


As a devout machinist, 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 of the patients. Dr Soile states that it is his belief that we must all be involved that is 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 marital relationships, helplessness, and depression are all relevant to such patients.

R J MAUGHAN