

can be dealt with at one time and there is still a great deal of work to be done. The returning patients are greeted at the school with great enthusiasm and there is no shortage of applicants for treatment. From these examples it can be appreciated that the physiotherapist must reach out into the rural areas and make contact with the community.

Community Education

In addition to the issues already discussed the community in general must be made aware of the efficacy of physiotherapy. A start should be made with the clinic nursing sisters who should be instructed how to pick up patients requiring physiotherapy and to transfer them to hospital or to arrange for the physiotherapist to assess the patient at the clinic. Success at this level depends upon the sisters' understanding of what physiotherapy can achieve.

Another factor is the lack of candidates interested in a career in physiotherapy. Most high school pupils, perhaps because they have never heard of physiotherapy, choose Nursing, Medicine or Teaching as a career. Because of this I make a point of attending school career conventions where I can tell the pupils about physiotherapy and invite them to come to the hospital to see its practical application. Use too, has been made of the local press and radio station to inform the public about physiotherapy and recently to promote "Back Week". Another important factor is co-operation inside the hospital and a course of lectures was given to the sisters last year to promote the physiotherapy department by informing the nursing staff about how helpful our work can be to them and in return about how they can help us.

Problems Encountered

There are some vital problems that are peculiar to rural physiotherapy and there is a pressing need to solve them if physiotherapists are to be attracted to this type of work.

1. Working Conditions

Inadequately housed departments and lack of equipment.

2. Lack of Professional Communication

Distance makes it impossible for rural physiotherapists to attend professional meetings, lectures and evening courses. Further, with no other physiotherapists nearby there is no opportunity for discussion with colleagues and this leads to a situation of *all out-put* and no *in-put*.

3. Lack of Promotion Opportunities

There are only basic physiotherapist rank posts in rural areas. To get promotion the rural physiotherapist must move to a large centre and her valuable experience of rural work is wasted. There is an urgent need to establish a structure that opens the full range of promotion in rural areas. It is essential that the promotion ladder is promising enough to attract suitably enterprising candidates to this otherwise satisfying and rewarding work.

Conclusion

In spite of all the problems and difficulties which I have encountered I have found the work stimulating and challenging. It offers great scope for an experienced physiotherapist. I feel that we as members of the caregiving professions should look seriously and closely at the role we play in the improvement of the quality of life of the sick in the rural areas.

BOOK REVIEWS

Mobilisation of the Spine: Notes on Examination, Assessment and Clinical Method

by Gregory P. Grieve
4th edition

London: Churchill Livingstone, 1984. Price: R28

Distributed by Maskew Miller, Longmans

Those readers who know the third edition published in 1979 and reprinted in 1980 will want to know if it is

worth buying the fourth edition. It is. The book is much enlarged (from 118 to 246 pages) and even the title has an addition! The changes in layout make it a more logical text — starting with surface anatomy (a new addition) and then dealing with vertebral movement, segmental innervation, autonomic nerves in vertebral pain syndromes and referred pain. This is followed by chapters on examination: introduction, regional procedures (including the temporo-mandibular joint and shoulder girdle now) and recording. The recording charts have been "filled in", making them more useful

to the reader. Then follows assessment in examination and treatment principles. The chapter on passive movement now includes maintenance movement (passive movement to preserve existing joint mobility, etc. where voluntary movement is not desirable), correction of lateral deviation (according to R. McKenzie) and stretching manually or mechanically. Traction is logically grouped here.

Additional chapters on clinical method, manually assisted or resisted movements and active movements are welcome and contribute to the value of the text. Mobilisation and manipulation are described in context with the whole approach to the vertebral problems and together with other physiotherapeutic supportive measures, including the latest trends in auto-treatment. This makes the book more useful and mature than the previous edition. The book ends with chapters on manipulation, recording treatment, indications and contraindications. The listed references are updated and expanded (187 from 34) and the list for further reading has been grouped into subjects, e.g. biomechanics, pain, neurology, etc. and also expanded.

This book is recommended as a reference for physiotherapists interested in manual therapy applied to the spine. It is a useful additional text for teachers of physiotherapy and together with its companion volume by the same author "Common vertebral problems" should be available in every library which is used by physiotherapy students.

B. Winter

Athletic Injury Assessment

by J. M. Booher and G. A. Thibodeau

Published by Mosby. P. 584. R81,50 excl. G.S.T.

This book was written with the intention of filling "the need for a comprehensive text in assessment, specifically designed for use in (American) athletic training curricula". The athletic trainer, akin to our physical educationist, is an integral part of the team and deals with the whole athlete, sick or well, on a daily basis, and is someone apart from the coach. Thus it can be seen that the athletic trainer in fact assumes a wider encompassing role than that of the "phys-ed" as we know it in this country.

Both American authors of this book are university professors, one in the Department of Health, Physical Education and Recreation, the other in the Department of Biology, and claim to have consulted numerous trainers, physicians and health professionals currently active in the field of sports medicine. Seen in this perspective, one isn't too disappointed that the word physical therapist seems to be mentioned once only, and then in the preface!

The book is divided into Units, each comprising several chapters. Unit I underlines the importance of

looking at the body as whole during assessment, and includes sections on somatotypes, general surface anatomy, basic osteology, arthrology and myology.

Unit II deals firstly with the body's response to athletic-related physical trauma and stress, including shock and thermal exposure. The second chapter covers injury mechanisms, local physiological changes and gives a brief outline of treatment/ management of various common injuries and conditions. These are grouped under the headings of exposed athletic injuries (including open wounds e.g. abrasions, puncture wounds etc. and common skin lesions e.g. fungi, viral lesions etc.) and unexposed injuries (comprising contusions, strains, sprains, dislocations and fractures). When the degree of injury is beyond the treatment scope of the athletic trainer, referral is recommended to a physician and sometimes a podiatrist. The mention of a physical therapist is most conspicuous by its absence.

The athletic injury assessment process is discussed in Unit III. The first chapter covers various supplementary diagnostic procedures that can be carried out if necessary e.g. radiography, nuclear imaging, pulmonary function tests, etc. The second chapter divides the assessment procedure into two parts viz. the primary survey, also referred to as the ABC of life support (Airway, Breathing, Circulation), and the secondary survey which encourages a logical, practical approach to history taking and injury evaluation on a look-feel-move basis (under the headings of History, Observation, Palpation and Stress).

The final three Units are concerned with athletic injuries occurring to various areas of the body viz. axial, lower extremity and upper extremity. Each section has an anatomical diagramme of the area under discussion, followed by fairly detailed signs and symptoms of different injuries, including instability tests, an outline of first-aid/treatment/management procedures and a handy assessment-procedure checklist at the end of each section to help the athletic trainer recognize and evaluate the injury, and then initiate the correct management programme with the minimum possible delay.

The text is concise, pleasantly informative, and well illustrated with numerous diagrammes, photographs, checklists and tables of salient points throughout. A list of suggested reading is found at the end of each chapter. This book is a fairly comprehensive guide offering a logical and practical approach to the assessment of sports injuries and can be recommended for all those with an interest in this field, especially students and those who are new to sports medicine. It is however, a pity that the practical benefits of paramedical teamwork are overlooked and thus the very athletes who should benefit the most from having immediate care and evaluation as advocated by this book may come off second best in the long term due to this single-profession approach.

V. Atlas

A Guide to the Psychomotor Development of the Child

Gassier J. Churchill Livingstone, 1984.

First edition published in France in 1981.

Distributed by Maskew Miller Longman (Pty) Ltd.,
P.O. Box 396, Cape Town 8000

The author of this book is a teacher and child nurse and the book is written for mothers and/or child-minders. The concept is excellent. There is a great need for knowledge of normal development for child-minders.

The content is well set out and beautifully illustrated. The area covered ranges from the antenatal period through until three years of age. The major chapters comprise the ante- and postnatal periods, psychomotor development from 1 month to 3 years and the major stages of socialisation. The final chapter summarizes the developmental sequence principally by means of illustrations (photographs and delightful line drawings).

The longest and most important chapter is the psychomotor development from 1 month to 3 years. All aspects of development are described viz. gross and fine motor, adaptive, language and personal social (after Gesell). Unfortunately the author is not a developmental specialist and does not have an extensive knowledge of the subject. This results in a number of inaccuracies. The gross motor development is too slow and the fine motor too quick. There is a mixture of lay and technical terminology which sometimes exposes the author's ignorance and would be most confusing to the lay reader. This chapter would have been better if it had been less detailed and if the author had used a single reference source.

Some of the child-rearing practices would not be acceptable here. The child is weaned at 3 months which we would regard as rather early. The child is not placed in the prone position until 5 months which might account for the slow gross motor development! The author also advocates the use of baby walkers. These have been proved to be both dangerous and deleterious to normal development.

The chapter on the major stages of socialisation demonstrates the author's area of expertise. It is both interesting and instructive. Unfortunately the system of child-minders and nursery schools as described, does not obtain here. There is an excellent section on creati-

vity and toys. Child sexuality along Freudian lines is also discussed.

This book is like the curate's egg — good in parts. It is not aimed at developmental therapists and is not accurate enough for them. The text is too long and involved for lay people but could be recommended to mothers just for the illustrations and advice on play.

L. Davids

Early Parenthood — Heaven or Hell

Beverley Chalmers

Juta 1984

This book is subtitled "A guide to the woman's experience of pregnancy, birth and early parenthood".

It is a sane, comprehensive overview of mothers' reactions to parenthood from the time before conception to several months after the birth of a baby, liberally illustrated with line drawings.

The author, a psychologist, shares her wide experience of human reaction to all the facets and stages of human reproduction. Facts, fears, myths, prejudices and old wives' tales are all included and there are frequent references to the parallel attitudes of fathers.

The section on ultrasound, X-ray and amniocentesis is valuable; the one on baby care in the first few days is reassuring, but the author's description of the physical discomforts of late pregnancy recalls them all with aching reality.

There is also a chapter on Miscarriage, Stillbirth, Neonatal Death and Infant Abnormality and here one is particularly aware of the "overview" nature of this book and of the need for references for counselling contacts and the major specific support groups as well as, for further reading.

For the same reason the extensive bibliography of 143 titles which completes the book would, in my opinion, have been better distributed appropriately at the end of each chapter.

I commend this book to all prospective and new parents and to older relatives for whom such information was not available when they were young parents.

P. A. Cumpsty