Handbook of Neurological Rehabilitation

This book is not a handbook in the Oxford pocket style, but a comprehensive reference book of 730 pages. The first edition, from a different publisher and under a slightly different name, became the standard British general neurorehabilitation text. The new edition retains the main sections on principles of practice, assessment and treatment of functional deficits, and then management of specific disorders. The 70 authors are almost all from the UK, so the treatments recommended may be more practical here than some in North American books.

There is a good description of how a multidisciplinary team can work together effectively: this process does not happen without considerable effort and commitment. The section on mechanisms of recovery discusses cellular damage and repair, plasticity, tissue transplantation and learning. The section on mobility deficits includes descriptions of physical consequences of neurological disablement, biomechanics, rehabilitation engineering, assistive technology and functional neurostimulation, which clearly shows the difference of emphasis in neurology and rehabilitation text books. The management of bladder, sexual, respiratory, swallowing, pain, visual complications of neurological disablement, chronic fatigue and dysarthria are explained, and the treatment, rather than just identification and measurement, of cognitive impairments is described. The management of disabled school leavers, and the transition to adult services is discussed, in the context of cerebral palsy, spina bifida and hydrocephalus.

The text is easy to read and up to date, with some references from as recently as 2000, and the index is much more comprehensive than in the last edition. However, there is no discussion of how to identify patients who will respond well to shunting following following intracranial bleeding and decompressive craniectomy, which is a common problem in acute rehabilitation units.

Pictures are rather sparse and some look very dated, particularly those of pieces of equipment: the Lightwriter looks more like an early prototype than the "executive toy" described in the text. The next edition would benefit from many new photographs and website addresses of manufacturers, patient support groups and local contacts for provision of environmental control units.

All doctors actively managing chronic disabling neurological disease should become familiar with this book. In many cases, it will also be a more useful first reference for therapists and nurses than a neurology or neurosurgery textbook.

Stephen GB Kirker, Cambridge

Women with epilepsy. A handbook of Health and Treatment Issues.

The authors describe this book as being for patients, their families, friends and clinicians. It tries to straddle the divide between being educational for clinicians and informative for patients but it is really a book for lay people, even though there are references with each chapter. They will find it a good source of information on many aspects of epilepsy and there are some very interesting chapters. There are clearly biological and social issues that affect women and not men and vice-versa, but in a world of women presidents and chief executives and house-husbands, a gender specific text feels frankly retrogressive in parts. Lisa Lindahl, a successful business woman presents an insightful case as a vociferous advocate for epilepsy services for women. However, I felt that although she is airing her insights. If you need to solve any more detailed scientific problems, you will be left wanting.

Mark Manford, Cambridge

Neurological rehabilitation of Parkinson’s disease

This book is the first in a new series from Queen Square, aiming to “deliver the essentials of neurological rehabilitation in a concise and user-friendly fashion”. It is a neat volume of 130 pages which would fit into a large pocket. Use of tables, key points in shaded boxes, and indexing is good, and each chapter includes helpful references.

Reading this book from cover to cover would take you through pharmacological management; psychosocial impact, mainly depression and its treatment; a comprehensive, critical review of non-pharmacological therapy; service delivery; outcome measures; and future directions, like neural grafts. I suspect clinicians seeing a lot of people with Parkinson’s disease would need more detail but this book offers a good introduction to rehabilitation in Parkinson’s disease.

CA Young, WCNN, Liverpool
Neurological rehabilitation (rehab) is a doctor-supervised program designed for people with diseases, injury, or disorders of the nervous system. Neurological rehab can often improve function, reduce symptoms, and improve the well-being of the patient. What conditions can benefit from neurological rehab? Injuries, infections, degenerative diseases, structural defects, tumors, and disorders in the circulatory system can impair the nervous system. Some of the conditions that may benefit from neurological rehab may include: Vascular disorders, such as ischemic strokes (caused by blood clots), hem The second edition of the Handbook of Neurological Rehabilitation is a major reference source that fulfills this need, providing an invaluable resource for all professions that work with patients suffering from neurological disorders. It brings restorative neurology to the bedside and shows how a reiterative, goal-oriented, problem-solving training programme can benefit patients, sometimes on a scale not achieved by pharmacological or surgical interventions. The book is divided into three sections all of which have been updated. Section One explores the clinical and biological principles underp HANDBOOK OF NEUROLOGICAL REHABILITATION, 2nd edition Edited by Greenwood, Barnes, McMillan and Ward 2003. Hove: Psychology Press Price Â£120. ISBN 0â€86377â€757â€0 Neurological rehabilitation is an important and fascinating subâ€speciality, which is attracting increasing interest from clinicians and managers alike. Epidemiological studies show that about 40% of significant chronic disability is due to neurological disorders. It has been argued that if you ranked hospital expenditure by disease, strokeâ€”as a common condition necessitating admission and entailing long stays with heavy staff inputâ€”woul