Each chapter in this book includes an extensive and excellent list of references. The text is divided into seven sections. Section 1, Framework for Therapy, presents the foundation for occupational therapy, which can be used with all adults who have physical disabilities. The issues a therapist must consider, from data gathering to treatment and reevaluation, are clearly presented along with a flowchart that documents the complete process. The chapter in this section on psychosocial accommodation to physical disability, however, leaves the reader with the impression that psychosocial pathology always accompanies physical disability. The author states in her introductory comments that this chapter's purpose is "to help students deduce their patient's psychosocial problems," rather than that it is planned to help students evaluate their patients' psychosocial status or determine if psychosocial problems are present. The concept of empathy, in which the therapist tries to understand what the disability means to the individual, is not emphasized.

Section 2, Neurodevelopmental Approach, provides basic information on the evaluation and treatment of somatosensory and motor dysfunction as well as on several neurophysiological and developmental treatment approaches used by occupational therapists. The descriptions of the approaches of Bobath, Brunnstrom, Kabat, and Carr and Shepard are clearly written. The description of Rood's approach, however, is less clear; contains some errors, according to my workshop notes; and does not convey a sense of the changes in Rood's thinking over time.

Sections 3 through 7—Biomechanical Approach, Therapeutic Media, Rehabilitative Approach, Application of Neurodevelopmental Approach, and Application of Biomechanical Approach—contain much useful information. The photographs and diagrams in these chapters are especially helpful.

Bush's Study Guide provides students with a fun yet thorough way of learning the fairly detailed and complicated material Trombly covers. By following Bush's recommendations for using the study guide, students are ensured of a reasonable approach for acquiring the information covered in Occupational Therapy for Physical Dysfunction.

Rita R. Hohlstein, MS, OTR

Activity Analysis Handbook

According to the authors, the purpose of this text is to present a method for the development of critical thinking skills essential to the identification, analysis, and adaptation of activities. The book accomplishes this in a comprehensive, methodical manner through the use of detailed objectives, well-defined directions, diagrams, and illustrations. A form with specific examples accompanies each step in the learning process.

Section 1, which examines the process, includes a discussion of the historical perspective of activity and an in-depth rationale for the activity analysis process. The occupational performance chart included provides the learner with an effective method of visualizing the application of this activity analysis approach to the treatment process using the American Occupational Therapy Association's (1979) Uniform Terminology System for Reporting Occupational Therapy Services.

Section 2, which covers experiencing the process, provides a format with which one can introduce the student to analysis by directing him or her through the following sequence of learning tasks: (a) isolating the activity through activity awareness; (b) identifying the components and actions; (c) magnifying the skills through activity analysis, activity summary, occupational performance components, occupational performance, and occupational performance modification; and (d) applying the skills through a patient-activity correlation.

Forms have been developed for each phase of the process, and several student samples are provided. The final unit of this section, patient-activity correlation, develops the application of the skills by presenting the importance of the relationship between the patient's disability and the purposeful activity selected as a therapeutic modality. The objective of this section is to direct the student through the treatment sequence from the patient profile through the therapeutic application, including the development of long- and short-term goals, the selection of appropriate activity, and a description of the steps relevant to therapy.

Section 3, a rather short section, suggests a method for computerized documentation of the activity analysis and patient-activity correlation. A more detailed explanation of the activity analysis process is necessary. The book contains an excellent list of readings.

I highly recommended this text as a teaching and learning guide for occupational therapy faculty and students at the basic master's, baccalaureate, and associate levels of education, as well as for those persons reentering the profession.

Nancy L. Van Slyke, MS, OTR

Reference

Basic Biomechanics of the Musculoskeletal System (2nd ed.)
Margareta Nordin, Dr.sc, and Victor H. Frankel, MD, PhD, Editors (1989). Lea & Febiger, 600 Washington Square, Philadelphia, PA 19105. 323 pp., $34.50.

This reference text deals with the exceedingly complex subject of musculoskeletal biomechanics. Because it is termed a basic work, it may be intended as a text for bachelor's level or master's level kinesiology courses, but then only as a supplementary reference. It appears to be most appropriate for experienced occupational and physical therapists who require an in-depth description...
of biomechanical processes. Although too ponderous to be considered as a quick reference for clinical libraries, this book would be a useful resource for those in research or advanced orthopedic practice.

Although each chapter is written by different contributing authors, the format is the same throughout, which facilitates the reader’s understanding of the subject matter. Likewise, all illustrations, charts, graphs, and line drawings are consistently well rendered. Each chapter ends with a summary that pulls the details together. In addition, extensive reference listings and suggested readings are provided.

The book begins with an overly long and somewhat incongruous chapter on the international system of units, tracing the development of measuring systems back to the Babylonians. It then moves on to the two main sections, (a) biomechanics of tissues and structures of the musculoskeletal system and (b) biomechanics of joints. The first section is divided into individual chapters dealing with bone, articular cartilage, tendons and ligaments, peripheral nerves, and skeletal muscle.

Of greatest interest to occupational therapists is the second section, which discusses the biomechanics of joints. Consisting of 10 chapters, it examines biomechanical processes of the knee, hip, ankle, foot, lumbar spine, cervical spine, shoulder, elbow, wrist, and hand. Each of these 10 chapters describes the joint’s kinematics, range of motion, surface joint motion, kinetics, statics, and vector and force considerations as well as the dynamics of normal, abnormal, and postsurgical joint conditions. The emphasis is on kinematics and kinetics, the branch of mechanics that describes motion with and without reference to force and mass. Hand therapists interested in broadening their understanding of particulars such as tendon force excursion equations and pathomechanics will find the chapter on biomechanics of the hand to be especially useful.

The contributing authors are to be commended for addressing the complex relationship between biomechanical knowledge and patient care. Precise engineering concepts and terminology can indeed be applied to the musculoskeletal system. The advanced clinician will find this text to be challenging and ultimately will find that it contributes to clinical practice.

R. Wyn Morton, MA, OTR/L

Thinking It Through: Curriculum for Individuals With Developmental Disabilities
Research Press, 2612 North Mattis Avenue, Champaign, IL 61821.
30 pp., $14.95.

Thinking It Through: Facilitator’s Guide
Research Press, 2612 North Mattis Avenue, Champaign, IL 61821.
32 pp., $10.95.

Thinking It Through: Curriculum for Individuals With Brain Injuries
Research Press, 2612 North Mattis Avenue, Champaign, IL 61821.
30 pp., $14.95.

Problem solving, regardless of the population or setting, is always a therapeutic issue. Foxx and Bittle have put together a group-process curriculum series that addresses four target diagnostic areas. The facilitator’s guide as well as the brain injuries and developmental disabilities curricula are reviewed here. A mental illness curriculum, which is not reviewed here, is also available.

Each curriculum is an individual program that provides a method by which to teach problem-solving strategies. Each program, using a series of questions aimed at stimulating thought and discussion regarding problem solving, targets a particular group. For example, one of the 24 questions from the developmental disabilities curriculum reads, “You bought a pair of pants from the store. When you get home, you notice that the zipper is broken. What should you do?” The questions in this curriculum are divided into six categories: emergencies and injuries, safety, authority figures, peer issues, community resources, and stating one’s rights. These categories differ from one curriculum to the next. The categories in the brain injuries curriculum cover medication, alcohol, drugs, interpersonal issues, and obtaining professional help.

The program outlined in this series is highly structured and is intended for a group of four persons—three trainees and one facilitator. The therapist is provided with three training options for conducting a group process, including methods for scoring and recording results, providing rewards, conducting a baseline assessment, and evaluating results. Each curriculum booklet contains a series of score sheets with an outline of questions and pullout sheets with cards of questions to give to the group participants. The Facilitator’s Guide provides the necessary background for all of the programs and is a necessary purchase.

The focus of the program, aside from problem solving, is to provide the therapist with data that measure whether or not a client has learned. For quality assurance purposes, this is ideal; nevertheless, occupational therapists, who are taught to manipulate the environment, situations, and issues to provide clients with the best learning situation, may find such structure difficult. Most therapists would probably want to add or subtract some of the questions from the list, but doing so would contaminate the results and defeat one of the main purposes of this publication.

I recommend this curriculum series to occupational therapists who are looking for a problem-solving teaching method that provides measurable results and to therapists who are willing not to manipulate the questions or the number of group participants. ▲

Amelia DeSalvo, MA, OTR/L