

**Myofascial Pain and Dysfunction. The Trigger Point Manual. Volume 1: Upper Half of Body. Second edition.**

By David G. Simons, Janet G. Travell, and Lois S. Simons. 1038 pp, illustrated. Baltimore, Williams & Wilkins, 1999. \$99 (paper). ISBN 0-683-08363-5.

*The Trigger Point Manual* is a comprehensive presentation of the anatomy, theory, physical evaluation, and treatment modalities of a very common clinical problem in primary care—the distressingly ubiquitous musculoskeletal pains caused by myofascial trigger points. The authors propose that this condition and source of common aches and pains is frequently overlooked and misunderstood. They appear to be highly successful in the pursuit of their goal by teaching muscle anatomy, physiology, kinesiology, palpation skills, and the awareness and treatment of factors that can perpetuate the trigger point phenomena.

The term *manual* can be misleading here, as the authors stress and certainly offer a lengthy and thoroughly academic approach—not a cookbook for the use of local anesthetic injections. A systematic methodology, including the concept of myofascial pain referral patterns, establishes this volume as providing an overall approach to an intricate area of medicine seen daily in the primary care office.

The first several chapters, 200 pages, offer critical introductory information that serves to bring the reader to a level of preparedness from which to gain optimal advantage from the ensuing sections. The authors include a glossary of terms specifically used in this book; a general overview of the history, theory, physical findings, and approach to the treatment of trigger points; a chapter on general principles of muscle function, dysfunction, and treatment (stretching, pressure, exercises, spraying, icing, injecting); and then a chapter discussing the perpetuating factors of myofascial trigger points (mechanical stresses, nutritional inadequacies, metabolic-endocrine disorders, and psychologic factors).

The remainder of the book is divided into four parts: head and neck pain; upper back, shoulder, and arm pain; forearm and hand pain, and torso pain. Each part then is made up of sections that include an overview of specifics in that region. Especially illustrative of an area primary care physicians face daily is the outstanding work these authors have done with myofascial neck pain. There are numerous excellent diagrams and tables supplementing detained examination techniques of neck muscle syndromes. Subsequent chapters elucidate the specific muscle syndromes of the region (trapezius, sternocleidomastoid, masseter, temporalis, etc) with specific examinations and descriptions of the trigger points along with treatment modalities. Illustrations and helpful anatomic diagrams abound.

The inner cover of the book provides an index of 80 or so muscles commonly affected by trigger points in the upper body. The clinician who is already familiar with myofascial anatomy and therapeutic techniques could use this index to access rapidly the authors' views on a specific muscle pain syndrome, thus enabling a quick review and immediate clinical direction. An extremely valuable feature throughout the text is the application of posture modification and preventative methods for many of the often-encountered muscle pain syndromes.

*The Trigger Point Manual* is academically comprehensive and detailed and lends itself best to experienced clinicians who have allocated a portion of their practice to the evaluation and treatment of myofascial syndromes. Although this book is readable and precise, the level of detail is such that those studying this text should be prepared to invest generous amounts of time to realize its immense potential benefit. Those who wish to gain a more limited, yet substantial, fundamental knowledge of basic myofascial trigger point medicine can do so by concentrating on the first four chapters.

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**Griffith's Instructions for Patients. Sixth edition.** By Stephen W. Moore and Jo A. Griffith. 618 pp, illustrated. Philadelphia, W. B. Saunders, 1998. \$55 (paper). ISBN 0-7216-7375-9.

Patient education is obviously an important component of the daily practice of primary care medicine. Patients would clearly benefit from knowing more about their illness, from causes to treatments. It is probably safe to assume, however, that many patients do not remember everything discussed with them at their visit (assuming that matters were discussed). Also, depending on how harried the physician is, he or she might not devote much time to patient education at that particular office visit. Being able to provide a patient with something tangible, in writing, regarding their illness at the close of the office visit would be beneficial.

This paperback is a compendium of patient education materials. The pages are perforated for easy removal for photocopying to distribute to patients. The pages do not need to be removed, however, to be copied. Also, the entire book has three holes on the left side of the pages so that they can be placed in a three-ring binder if desired. The information provided is generally concise and easy to read.

There are 530 topics arranged alphabetically, each of which is covered on a single page. The topic name is in bold-faced type at the top right or left corner of the page. Each page is divided into two columns. There are sections on basic information, treatment, and when to notify

the office. Each page follows the same outline. Included under the basic information heading are sections providing a description of the disease or illness as well as signs, symptoms, causes, risks, outcome, complications, and prevention. Under the treatment headings are sections on general measures, medications, activity, and diet. Topics range from abruptio placentae to zinc deficiency with most every other common ailment accounted for in between.

After the individual topics is a section on various diets. Discussed are fiber-enhanced, calcium-enhanced, fat-and cholesterol-restricted, sodium-restricted, and weight reduction diets, to name a few. There are also pages on infant, pediatric, and pregnancy diets.

Next in the book is an appendix of miscellaneous topics including skin, breast, and testicular self-examinations, as well as Kegel exercises, low-back care, immunizations, and others. Anatomical drawings are provided that can be used to illustrate to patients what is affected with their illness. Lastly, there is an index.

One nice feature of this edition is that a CD-ROM is included with the book. Users can either photocopy the individual pages or print them off their computers.

Being able to offer a patient an easy-to-read general piece of reference material can make for better overall patient encounters and patient care. This book most assuredly provides that opportunity.

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**Office Orthopedics for Primary Care: Diagnosis and Treatment. Second edition.** By Bruce Carl Anderson. 326 pp. Philadelphia, W. B. Saunders, 1999. \$42 (paper). ISBN 0-7216-7089-X.

*Office Orthopedics for Primary Care* has become an increasingly relevant topic to family physicians. A great deal of emphasis on improving curricula of residencies and incorporating principles learned through the more scientific study of sports medicine have led to more conscientious application of treatment principles in musculoskeletal injuries. The author of this text brings 20 years of clinical experience to his care of musculoskeletal problems. He notes the limited experience that many residents receive in the care of musculoskeletal injuries. He intends his text to span his educational gap and provide useful clinical information to primary care physicians in a number of fields.

To facilitate this goal, the author organizes the text into four practical sections. The first is a review of 48 of

the most common orthopedic conditions seen in primary care. A second section is devoted to common, manageable fractures and some general guidelines about referring more serious fractures. A third section offers physicians exercise instruction sheets that can be used for patient information. A final section reviews sports braces and casts used for the care of the more common orthopedic conditions. This text organization is a practical format for reviewing primary care orthopedics.

The author states in the preface that this book is intended to be comprehensive. He further states that the book is intended to be more than an injection manual. Unfortunately, on both of these counts the author fails to live up to expectations. Other than clinical experience there is limited substantiation of the author's opinions or treatment approaches. The discussion of common orthopedic problems leaves out much of the information that has been recently reported in similar texts, sports medicine studies, and journal articles. An objective analysis of the risk and benefit of various injections is not provided in the text. Clinical descriptions of how to perform various injections are brief and do not provide enough information to introduce safely an inexperienced clinician to these procedures.

In an era when the emphasis is to increase the evidence-based approach to care, primary care physicians would be poorly served to use as a primary reference a text that relies primarily on clinical experience. The objective evidence that injection, physical therapy, or other types of treatments work should be weighed against alternative forms of therapy before practitioners decide upon a treatment plan. In particular, while injection therapy obviously helps numerous musculoskeletal conditions, this text suggests that injection therapy can be used almost universally. The author fails to note that no studies point to a long-term benefit (greater than 12 weeks) of cortisone injections.

While the general theme of this book appeals to almost any busy primary care practitioner, the depth of discussion, superficial nature of diagrams, and limited description of examination does not create a text that fills a useful niche for any specific group of primary care practitioners. Numerous comparable texts give a more complete discussion of the various orthopedic conditions and provide readers with a more useful approach to the care of their patients with musculoskeletal injury.

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#### Correction

In the July-August 1999 issue of the *JABFP* in the the Book Review section (Volume 12, Number 4, page 32) the name of the reviewer for *Psychiatric Dimensions of Medical Practice* was spelled incorrectly; it should be Ralph E. Berggren, MD. We regret the error.