

physical examination of the spine and extremities

By STANLEY HOPPENFELD, M.D.
Assistant Clinical Professor, Department of Orthopedic Surgery,
Albert Einstein College of Medicine, Bronx, New York

PHYSICAL EXAMINATION OF THE SPINE AND EXTREMITIES is a functional guide-book, through which clinicians and students can rapidly assimilate the basic knowledge essential to the actual physical examination of the spine and extremities. Dr. Hoppenfeld has carefully incorporated three important features: 1) a tight, consistent organization; 2) an abundance of constructive illustrations; and 3) an effective teaching method.

First, each chapter conforms to the clinical process of examination of a specific area, yet the format is not inflexible, and may vary according to the dictates of a particular examination. Secondly, to increase perspective, the book contains over 600 illustrations. The drawings were designed specifically to add clarity and dimension to the textual material. Some are oversimplified, in order to impress basic concepts upon the reader, while others convey accurate anatomic detail. Most of the illustrations are drawn from the examiner's point of view, thereby showing the reader how to learn, by imitation, the most effective techniques of physical examination. Thirdly, in presenting a practical teaching method, the basic principles of phys-

ical examination are applied to each area discussed, and this format is followed consistently throughout the text. Dr. Hoppenfeld has used this procedure with great success in the instruction not only of physical therapists and related paraprofessionals, but also of orthopedic residents, medical students, and physicians.

1976 272 pp. illus. A7853-3 \$16.50

Also Available...

SLIDE PACKAGE for PHYSICAL EXAMINATION OF THE SPINE AND EXTREMITIES

A Slide Package consisting of 621 35mm, black and white slides, taken directly from PHYSICAL EXAMINATION OF THE SPINE AND EXTREMITIES, plus a legend-key booklet is available.

A teaching session with the slides, combined with an actual examination of a fellow-student will enrich and reinforce the learning experience as well as ensure the rapid and effective learning of fundamentals.

1976 621 slides A7854-1 \$385.00 per set

APPLETON • CENTURY • CROFTS Medical/Nursing Publishers
DEPARTMENT SK, 292 MADISON AVENUE, NEW YORK, N.Y. 10017



- Enter my order for _____ copy(s) of PHYSICAL EXAMINATION OF THE SPINE AND EXTREMITIES, A7853-3, @ \$16.50 each
- Enter my order for _____ set(s) of SLIDE PACKAGE for Physical Examination of the Spine and Extremities, consisting of 621 35mm, b & w slides, A7854-1, @ \$385.00 per set

NAME _____

AFFILIATION _____

ADDRESS _____

CITY/STATE/ZIP _____

Payment enclosed (publisher pays postage and handling) Bill me

JFP/377

work to residents and record gratitude for the enormous effort that must have been necessary to produce such a scholarly yet superbly practical work.

*Brian W. McGuinness, MD
Liverpool, England*

The Relaxation Response. *Herbert Benson. William Morrow and Company, West Caldwell, New Jersey, 1975, 158 pp., \$5.95.*

It is with great enthusiasm that this reviewer recommends this book to physicians and selected patients interested in the area of stress-related illness. Dr. Benson gives us a well-organized and delightfully written book dealing with the problem of stress in our lives. It is written in language understandable to those not medically sophisticated, but nonetheless contains clear presentation of the scientific data on the physiology of emotional stress. He suggests a mechanism by which all of us can decompress our lives and describes the salutary effects that can be expected from regular elicitation of a natural process which he calls the relaxation response.

Essentially, he demystifies the process of meditation and legitimizes it for the Western mind. His analysis of the essentials in the meditative process, as derived from a study of use of meditation in various cultures, can be widely implemented by physicians as a therapeutic tool in the care of patients. The emphasis is on the prevention and control of cardiovascular disease. The physiologic equivalents of the subjective sense of well-being experienced — reduction in oxygen consumption, blood pressure, and heart rate, for example — are discussed. The book is short and to the point, allowing the widest reader acceptance. It should be a monumental help to physicians in their attempt to introduce patients to a means of invoking relaxation and its therapeutic benefits. An

in-depth bibliography is included allowing for ease of research into the physiologic and psychologic responses to stress and their amelioration by meditation. Certainly in this era of emphasis on nonpharmacologic approaches to anxiety and tension (evidenced by the current interest in biofeedback), this monograph is most timely and useful.

*Edward M. Neal, MD
Healdsburg, California*

Chronic Illness in Children: Its Impact on Child and Family. *Georgia Travis. Stanford University Press, Stanford, 1976, 556 pp., \$19.50.*

The author, Georgia Travis, was Professor of Social Work at San Diego State University and is currently associated with the Institute for Medical Research of Santa Clara County, California. She has served as a medical social consultant with federal, state, and local agencies.

The objective of this reference book is to provide social work practitioners and students with information about the psychosocial implications of various chronic illnesses in children. Mrs. Travis rightfully feels that the worker needs a framework of basic medical information in order to understand the practical problems and emotional burdens facing family and child, and the effect of illness on family relationships. The medical information, in order to be meaningful and useful to her audience, is presented in lay terms and related to fundamentals of child development and family service. Utilizing medical specialists and a large literary resource file evidenced by a 38-page bibliography, Mrs. Travis wrote the book which she, herself, had been unable to find on the library shelves.

The work is well-organized, authoritative, and thorough. The orienting theoretical chapters lay forth the au-

Continued on page 572

Brief Summary

K-LOR™ (POTASSIUM CHLORIDE SUPPLEMENT)
TM-Trademark

Indications:

K-LOR is indicated in the treatment and prevention of hypokalemia and hypochloremic alkalosis where the severity of the condition does not warrant parenteral therapy. Conditions or factors which may give rise to potassium deficiency include diarrhea and vomiting, decreased potassium intake, increased renal excretion of potassium which may occur in acidosis, diuresis, adrenocortical hyperactivity, or the administration of exogenous adrenocortical steroids, injection of potassium-free fluids, and increased glucose uptake such as occurs in insulin-treated diabetic acidosis.

Potassium chloride may be particularly useful to help prevent the hypokalemia which may be induced by the administration of most diuretic agents.

Contraindications

Potassium chloride is contraindicated in the presence of severe renal impairment with oliguria or azotemia, untreated Addison's disease, adynamia episodica hereditaria, acute dehydration, heat cramps, and hyperkalemia from any cause.

Potassium chloride should not be employed in patients receiving potassium sparing agents such as aldosterone antagonists and triamterene.

Precautions

With normal kidney function, potassium intoxication from oral administration is not likely to occur, since renal excretion of the ion increases in response to a rise in the concentration of body potassium. Nevertheless, potassium supplements must be administered with caution, since the dietary or daily amount is not accurately known. Frequent checks of the patient's clinical status and periodic ECG and/or serum potassium levels should be done. High serum concentrations of potassium ion may result in death through cardiac depression, arrhythmia, or arrest. The drug should be used with caution in the presence of cardiac disease and systemic acidosis.

Adverse Reactions

Side effects include abdominal discomfort, nausea, vomiting and diarrhea.

In the presence of renal dysfunction it may be possible to induce hyperkalemia by oral administration of potassium salts. The symptoms and signs of potassium intoxication include paresthesias of the extremities, weakness and heaviness of the legs, flaccid paralysis, listlessness, mental confusion, fall in blood pressure, cardiac arrhythmias and heart block. Electrocardiographic abnormalities such as disappearance of the P wave, widening and slurring of the QRS complex, changes of the S-T segment and tall peaked T waves may be noted with hyperkalemia.

Fastin[®] IV 30 mg. (phentermine HCl)

Before prescribing FASTIN[®] (phentermine HCl), please consult Complete Product Information, a summary of which follows:

INDICATION: FASTIN is indicated in the management of exogenous obesity as a short-term (a few weeks) adjunct in a regimen of weight reduction based on caloric restriction. The limited usefulness of agents of this class should be measured against possible risk factors inherent in their use such as those described below.

CONTRAINDICATIONS: Advanced arteriosclerosis, symptomatic cardiovascular disease, moderate-to-severe hypertension, hyperthyroidism, known hypersensitivity, or idiosyncrasy to the sympathomimetic amines, glaucoma.

Agitated states.

Patients with a history of drug abuse.

During or within 14 days following the administration of monoamine oxidase inhibitors (hypertensive crises may result).

WARNINGS: Tolerance to the anorectic effect usually develops within a few weeks. When this occurs, the recommended dose should not be exceeded in an attempt to increase the effect; rather, the drug should be discontinued.

FASTIN may impair the ability of the patient to engage in potentially hazardous activities such as operating machinery or driving a motor vehicle; the patient should therefore be cautioned accordingly.

Drug Dependence: FASTIN is related chemically and pharmacologically to the amphetamines. Amphetamines and related stimulant drugs have been extensively abused, and the possibility of abuse of FASTIN should be kept in mind when evaluating the desirability of including a drug as part of weight-reduction program. Abuse of amphetamines and related drugs may be associated with intense psychological dependence and severe social dysfunction. There are reports of patients who have increased the dosage to many times that recommended. Abrupt cessation following prolonged high dosage administration results in extreme fatigue and mental depression; changes are also noted on the sleep EEG. Manifestations of chronic intoxication with anorectic drugs include severe dermatoses, marked insomnia, irritability, hyperactivity, and personality changes. The most severe manifestation of chronic intoxications is psychosis, often clinically indistinguishable from schizophrenia.

Usage in Pregnancy: Safe use in pregnancy has not been established. Use of FASTIN by women who are or who may become pregnant, and those in the first trimester of pregnancy, requires that the potential benefit be weighed against the possible hazard to mother and infant.

Usage in Children: FASTIN is not recommended for use in children under 12 years of age.

PRECAUTIONS: Caution is to be exercised in prescribing FASTIN for patients with even mild hypertension.

Insulin requirements in diabetes mellitus may be altered in association with the use of FASTIN and the concomitant dietary regimen.

FASTIN may decrease the hypotensive effect of guanethidine. The least amount feasible should be prescribed or dispensed at one time in order to minimize the possibility of overdosage.

ADVERSE REACTIONS: *Cardiovascular:* Palpitation, tachycardia, elevation of blood pressure. *Central Nervous System:* Overstimulation, restlessness, dizziness, insomnia, euphoria, dysphoria, tremor, headache; rarely psychotic episodes at recommended doses. *Gastrointestinal:* Dryness of the mouth, unpleasant taste, diarrhea, constipation, other gastrointestinal disturbances. *Allergic:* Urticaria. *Endocrine:* Impotence, changes in libido.

DOSAGE AND ADMINISTRATION: *Exogenous Obesity:* One capsule at approximately 2 hours after breakfast for appetite control. Late evening medication should be avoided because of the possibility of resulting insomnia.

Administration of one capsule (30 mg) daily has been found to be adequate in depression of the appetite for twelve to fourteen hours. FASTIN is not recommended for use in children under 12 years of age.

OVERDOSAGE: Manifestations of acute overdosage with phentermine include restlessness, tremor, hyperreflexia, rapid respiration, confusion, assaultiveness, hallucinations, panic states. Fatigue and depression usually follow the central stimulation. Cardiovascular effects include arrhythmias, hypertension or hypotension, and circulatory collapse. Gastrointestinal symptoms include nausea, vomiting, diarrhea, and abdominal cramps. Fatal poisoning usually terminates in convulsions and coma.

Management of acute phentermine intoxication is largely symptomatic and includes lavage and sedation with a barbiturate. Experience with hemodialysis or peritoneal dialysis is inadequate to permit recommendations in this regard. Acidification of the urine increases phentermine excretion. Intravenous phentolamine (REGITINE) has been suggested for possible acute, severe hypertension, if this complicates phentermine overdose.

CAUTION: Federal law prohibits dispensing without prescription.

Beecham
laboratories
Bristol, Tennessee 37620

Continued from page 568

thor's premises, concepts, and her own biases, and raise extremely thought-provoking issues. Chapters six through 18 deal with representative chronic disease conditions, such as asthma, diabetes, leukemia, cystic fibrosis, hemophilia, and others, and are written with minimal technical jargon. Each of the latter chapters is broken down into sections on "Medical Realities" and "Psychosocial Implications."

The theories presented are based on the writer's view of man as a biopsychosocial organism who is in constant interaction with his environment.

The concept of experience was selected to best exemplify the ways children and their families live with chronic illness; the concept of stress, because illness is stress.

The writer's personal bias, as stated, is toward prevention. Unlike many other human service professionals who believe in complete personal freedom of parents in mating, she feels that the unborn child's right to avoid a miserable life should be considered if there is known sex-linked genetic disease.

The recurrent subject touched upon in different guises is that of bioethics, or the philosophy of life and death. This timely topic is most frequently and cautiously approached in dealing with aging, suicide, and intractable pain in adults. One cannot be exposed to severe chronic illness in children for very long, without encountering the same question. Some readers might disagree, perhaps strongly, with the way the author treats the problem. From long experience accumulated with painful, miserable lives, Mrs. Travis seems to have concluded that concern should embrace most deeply the quality of life rather than mere length of life.

Overlooking the simplified discussion of the chronic medical conditions, the book is worthy reading for family physicians, pediatricians, and behavioral scientists. Its main and important value will be to other members of the health-care team — health planning officials, social workers, nurses, and clergy.

O. Randy Cain, MD
Family Medicine Spokane
Spokane, Washington