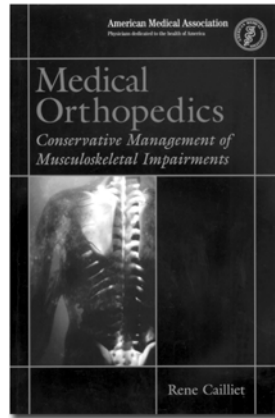


Managing musculoskeletal pain

Medical orthopaedics. Conservative management of musculoskeletal impairments. Rene Cailliet. Chicago: AMA Press, 2004 (\$106.30, xix + 217 pp). ISBN 1 57947 409 8.

IT IS A MONUMENTAL task to cover this huge topic in 200 pages. Professor Cailliet, however, has been writing about musculoskeletal impairments for the past three decades and has a knack for simplifying complex topics. He has previously found a receptive audience of over a million people. Undoubtedly, there is a thirst for knowledge in this field, as it is a common reason for seeking healthcare, but it is largely ignored by undergraduate training and hospital medicine, especially in Australia. This is a great pity, as a recent article in the *Medical Journal of Australia*¹ revealed that musculoskeletal disability is the commonest cause of disability across all age groups in Australia.

In the current “Decade of the Bone and Joint” it is encouraging to see that this black hole of medical education is receiving increasing attention. This book would be most attractive to the novice with little previous exposure to the field. It is easy to read, well illustrated and directive. The perspicacious reader will, however, be left unfulfilled. The peripheral joints are touched on so briefly I was left wondering why the author bothered at all. No mention was



made of tendinopathies or frozen shoulder syndrome, and the knee chapter was five pages long.

On the positive side, there is reasonable coverage of low back and neck pain, with an emphasis on the importance of ruling out red flags, avoiding rest, confident explanation, attention to psychosocial factors and limiting radiological exposure. Chronic regional pain and fibromyalgia are awarded a chapter each. The pathophysiology of these two syndromes is yet to be unravelled, but patients with these conditions seek help frequently and widely. Dissemination of quality information about both these topics is vital, and this book helps in this task.

Strangely, there is little reference throughout the text about the level of evidence for statements. Instead, we are given statements such as “therapists agree”, “exercises are desirable” and “salicylates are of value”. I suspect many readers would like to know more about the effect size of treatments rather than these global proclamations.

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1. Giles LC, Cameron ID, Crotty M. Disability in older Australians. *Med J Aust* 2003; 179: 130-133. □