Soft Tissue Mobilization
Techniques for the Geriatric Client [Videotape]
30 min., $39.95.

This 30-minute video explores soft-tissue mobilization with anatomical reviews and then actual treatment techniques that are demonstrated on an elderly model. The schematics of the anatomy are interspersed with actual problems and techniques identified on the geriatric model. The presentation is made in a forthright, relaxed manner that is easy to view.

The purposes of soft-tissue mobilization techniques are identified as to decrease muscle spasms, stretch tissues, increase circulation, and relieve pain. The presentation is divided into four areas: (a) evaluation of posture, (b) evaluation of motion, (c) descriptions of skin mobility check, and (d) demonstration of techniques.

An elderly model is presented for evaluation of her posture. Postural abnormalities associated with the aging process are pointed out. Evaluation of her movement patterns is also demonstrated in a clear, concise manner.

The protocol for observation of abnormal postures is presented. It involves movements such as neck flexion and extension, side bending, and rotation of the neck and then of the trunk.

The preliminary groundwork of anatomical review and postural observations is more than adequate in leading up to the treatment techniques. Following this segment is a presentation of the functions of the fascia of the body and how fascial limitations can affect a patient’s body alignment.

Various fascial releases are demonstrated on the model, including (a) a skin mobility check, (b) an anterior chest release, and (c) deep fascial release. Specific techniques for mobilization of the neck are demonstrated along with shoulder depression, rib lift, clavicle lift, scapular mobilization, and shoulder and rib cage mobilization.

Concluding this video, the point is made that soft-tissue mobilization is one of many approaches in treating the geriatric population. Specific benefits of this type of intervention include postural retraining, improved position for the geriatric patient, and improvement in movement patterns. The patient would be given a home program to continue with stretching and other activities after the mobilization techniques were applied.

This video is informative and provides an excellent review of the muscles associated with movement of the upper trunk, arms, and neck. It would be an excellent tool to add to a therapist’s basic body of knowledge. The model is an appropriate representative of a geriatric client that many therapists could relate to.

The tape does not address duration or frequency of treatment to achieve results. The treatment does appear to be something that the therapist would do hands-on, with the patient appearing to be a passive recipient. This type of intervention could be helpful when used with other techniques to achieve a functional outcome. The geriatric model is not seen at the end of the treatment session. The video, therefore, leaves us with the question, “Did she improve?”

Carol A. Mobley, OTR

Briefly Noted

Shoulder Pain (3rd ed.)
Neck and Arm Pain (3rd ed.)
F. A. Davis Company, 1915 Arch Street, Philadelphia, PA 19103-1493.
277 pp., $17.95.

The author discusses functional anatomy and tissue sites and mechanisms that cause pain in his books Neck and Arm Pain (3rd ed.) and Shoulder Pain (3rd ed.). He uses clear diagrams and terminology in an understandable style. The books are well organized and allow for quick reference of specific topics.

Each of the topics is covered thoroughly. Of particular interest to occupational therapists are the following chapters in Neck and Arm Pain: Posture, Mechanisms of Pain in the Neck, Spondylosis, and Differential Diagnosis of Neck and Arm Pain. Every chapter touches on the effect of pain on patients’ performance in their activities of daily living. Therapists are able to apply their theoretical bases to provide treatment that will incorporate a more sophisticated understanding of the neck and its related pain.

In Shoulder Pain, all of the individual chapters are excellent for application in occupational therapy practice. The chapters entitled Reflex Sympathetic Dystrophy, Hemiplegia, and Rotator Cuff Tear are especially helpful. The author provides us with the current clinical findings regarding many of the theories taught in school.

Both of these books will be an asset to occupational therapists. Therapists working with persons with physical disabilities will want to be sure to have these books on their shelves.

Catherine Gardner, MPA, OTR

Guillain-Barré Syndrome
369 pp., $55.

This book begins with a lengthy and, at times, monotonous history of the early research into Guillain-Barré syndrome, including the medical community’s exclusion of the contribution of Dr. André strohl. However, once the reader wades through this, what is left is a thorough examination of the pathology, symptomatology, and complete medical team management of Guillain-Barré syndrome.

The authors have provided detailed sections on clinical features of the typical and variant syndromes and specific treatments. Treatment approaches are presented in a straightforward manner with no guarantees for remediation provided. Comparison charts reflecting various clinical trials are informative, but of little use to the allied health professional.

Of note is the emphasis placed on the interdisciplinary team approach to the general medical care of the patient with Guillain-Barré syndrome. There is a comprehensive review of all disciplines (e.g., nursing, speech, respiratory therapy), with the authors stressing early intervention for patients to achieve maximum potential.

The sections on occupational therapy and physical therapy appear jumbled, with no clear distinction made between the professional roles each plays in splinting and positioning the patient.

Overall, this book is complete in its discussion of Guillain-Barré syndrome and achieves its goal of being an excellent and quick reference book.

Bonnie L. Rymko, COTA, OTR

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