

The book begins with a simple definitions page. This is followed by a flow chart titled "How to advise the climacteric woman: the chain of reasoning." On the opposite page the relevant issues are detailed, together with page numbers indicating where these issues are dealt with in the book. It is a very effective way of setting out the book. Sections I and II discuss the indications for treatment. This is followed by section III, which deals with the contraindications and risks of HRT. The rest of the book, titled "Guidelines for practical HRT and the management of women on HRT" is perhaps more appropriate for European countries than Hong Kong. For example, the authors recommend a mammogram for every woman starting HRT and thereafter every two years for women with a normal risk of getting breast cancer and annually for women at high risk. Similarly, there is a relatively large section on menopausal symptoms and how to manage them. The symptom profile in Hong Kong and much of Asia appears to be substantially different to those described in the book and mammography for every woman starting HRT may not be a realistic proposition in Hong Kong. Nevertheless, on the whole, the discussion is balanced and reasoned.

The book appears to operate on two levels. At one level, exemplified by sections titled "The basics," it is too simple, especially considering the book's intended readership are gynaecologists. Sections titled "The theory" are generally excellent. However, anyone trying to gain an overview of the relevant literature is likely to find these sections too succinct. Whole areas of research are often reduced to a single sentence. Nevertheless, it does give coherent recommendations for sometimes difficult issues. Most of the major medical issues about HRT are addressed in a systematic manner. However, the language and style may be

difficult for some, especially those who are not conversant with the language of research and scientific literature. An example is "The multivariate adjusted risk for current users of oestrogen plus progestogen, appears to be 1.41 (95% CI-1.15-1.74)."

To the authors' credit, they point out that many of their recommendations are based on the best available evidence but some of it is incomplete and the recommendations may change in the light of new evidence. A large amount of research is published every year on the menopause and HRT. A book like this will almost certainly need to be updated regularly. This second edition comes just 12 months after the first edition. However, both the format and the style allow for easy updating and this may be one of the strengths of the book.

This book can be recommended for gynaecologists and physicians who have an interest in HRT and the menopause. Although the stated target of the book is European gynaecologists, there is much in it that will be useful in Asia. The approach is commendably scientific. It gives the reader reasoned advice and tries to collate the literature supporting the advice and recommendations. However, the literature could have been reviewed less succinctly and the language at times could have been less technical. This would have increased its potential readership considerably. Those who want to read further on the topic will have an excellent start in the references provided.

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Principles and practice of isokinetics in sports medicine and rehabilitation

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This book was written and edited by an academic orthopaedic and sports medicine expert, a consultant orthopaedic surgeon, a sports scientist and a research physiotherapist with contributions from distinguished international academics and researchers. Such a combination of authors has given a wide perspective to the book with respect to isokinetic technology. As stated

in the preface, this book was written as a practical guide for isokinetic assessment that highlights the scientific value of isokinetic exercise for sports medicine and sports sciences.

The book is written in simple English and is easy to read. It is divided into three sections. Section 1 is an

introduction of the principles and basic science of isokinetic technology. It begins with definitions and terminology of muscle contraction, which provides useful references for beginners in conducting isokinetic assessment and training. In the early part of the book, the authors clearly state the functions of isokinetic technology, which include muscle evaluation, rehabilitation, research, diagnosis of injury, and training. Each of these functions has been further elaborated and illustrated with clinical examples in the text. The issue of reliability with isokinetic assessment has been covered in great detail. Table 2.3 in particular, is very informative in comparing various studies of isokinetic assessment with different protocols and machines. Methods to increase reliability have also been clearly addressed. The authors are to be complimented for linking the fundamental sciences with clinical rehabilitation in simple terms, such as the effect of contraction speed on muscle force production, open versus closed kinetic chain exercises, eccentric versus concentric exercises, etc. These are basic concepts, but important ones, when planning an isokinetic exercise programme for clinical rehabilitation or athletic training.

Section 2 is a round table seminar from distinguished academics and clinicians from Australia, Europe, and the United States on isokinetic research. Each seminar addresses an issue that is pertinent to exercise sciences and rehabilitation. This section provides readers with different viewpoints from international experts in sports medicine, sports sciences, and rehabilitation about isokinetic technology. The pros and cons of isokinetic exercise, its scientific value, applications, and limitations have been addressed. Many of the contributors have also given their views on the future direction of isokinetic technology, which are helpful for potential researchers in this area. The reference list for these communications is a good resource for workers in this field.

Section 3 is a practical guide for isokinetic application and has an extensive reference list. Pages 108-121 describe the step-by-step procedures for isokinetic assessment and the common parameters to

be measured. Although some of the descriptions are superficial, it does give a guide for the inexperienced operator as to how to conduct a proper isokinetic assessment and the precautions needed to ensure high test-retest reliability. Much of the text describes rehabilitation programmes for different body parts. This is very useful for a clinician who is setting up an isokinetic exercise regimen. Modifications can be based on these suggested programmes to determine the effectiveness of rehabilitation. Unfortunately, stage II of the rehabilitation programme for shoulder impingement syndrome seems to be missing on page 157. The part on interpretation of isokinetic curve data will be particularly useful for clinicians who use isokinetic technology for diagnostic purposes. It would have been more informative, however, if the contralateral limb test results had also been shown to highlight the effects of each injury pattern. The section on the pathomechanics of these injuries could also have been extended to give more background information and explanation of the abnormal isokinetic test results.

One criticism I have is of the quality of the diagrams and figures. There are more than 100 tables, figures, and diagrams in the book, but a few, particularly the photographic diagrams, are substandard and do not match the quality of the book contents. However, this is only a minor criticism and does not detract much from the readability of the book.

Overall, I think the book has met its objectives of addressing the scientific value of isokinetic exercise in sports medicine and sports sciences. I have no reservations in recommending it as a practical guide on isokinetic assessment and training for professionals in sports medicine, sports sciences, and rehabilitation.

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Principles and Practice of Isokinetics in Sports Medicine and Rehabilitation. Hong Kong: Williams & Wilkins; 1996. p. 107-86. D°
b/d. $\hat{\text{A}}$ Usefulness of measuring isokinetic torque and balance ability for exercise rehabilitation. J Exerc Rehabil. 2015;11:65-6.

Find clinical practice guideline summaries for the Physical Medicine and Rehabilitation medical specialty area. These clinical guideline tools are designed to assist clinicians in evidence-based best practices and improving patient outcomes. Category. Specialty.Â Pharmacy â€“ Other Physical Medicine and Rehabilitation Podiatry Preventive Medicine Psychiatry Psychology Pulmonology Radiology Rheumatology Sleep Medicine Sports Medicine Surgery â€“ Colon and Rectal Surgery â€“ General Surgery â€“ Neurological Surgery â€“ Orthopedic Surgery â€“ Pediatric Surgery â€“ Plastic Surgery â€“ Thoracic Surgery â€“ Vascular Urology Women's Health. It is important for sports medicine physicians to assist patients in setting goals related to performance process rather than outcomes, such as returning to play.[3]. Stages of Rehabilitation. Initial Stage of Rehabilitation.Â Isokinetic exercise can be an important aspect of strengthening following injury. This type of exercise uses equipment that provides resistance to movement at a given speed (e.g., 60Â°/s or 120Â°/s).[8].Â Sport-specific functional rehabilitation should focus on restoration of the injured athleteâ€™s ability to have sport-specific physiology and biomechanics to interact optimally with the sport-specific demands.[1] That means that they need to be replicated at the same speed, on the same surface and with the same level of fatigue to be truly effective.[8].