Case Studies in Neurological Rehabilitation

This innovative new book provides current, highly practical and enjoyable text to refer to when dealing with the usual mix of cases seen in a typical neurological rehabilitation service. The material is presented as case histories to set the scene for a discussion of a complex neurological rehabilitation issue. Almost all similar book titles present clinical cases as diagnostic challenges. What is unique about this book's approach is its presentation of cases as management challenges. Most cases seen in neurological rehabilitation services are already diagnosed but nonetheless difficult because of their complexities. The cortical blindness case is a good example. The patient's visual impairment is probably the least of his problems as the cognitive, behavioural, sleep etc are the prime causes of disability and handicap. The author presents the cases in an uncomplicated way, allowing non-medically trained clinicians to follow the arguments with ease.

There are three parts. The first part is on the basic principles of service delivery. This part is short and presents a relatively narrow view. Readers from overseas may find the material useful but it lacks originality.

The second part is based on case studies and is subdivided into thirteen sub-sections to cover all the major issues that neurological rehabilitation clinicians face routinely. There are forty-five case histories with different types of management problems. Each section consists of brief case histories followed by a well-written commentary highlighting all the must-know points. This extremely useful section contains explanations, classifications, criteria for diagnosis and proposed guidelines and management options. Most of the topics use tables, which aid understanding and recall. All topics end with a brief but relevant further reading suggestion list. The second part is the real strength of this book as it provides clear practical advice about day-to-day complex neurological rehabilitation issues in a simple and easy way.

The quality of the commentaries varies with good, insightful cases such as aphasia, thromboprophylaxis and pontine myelinolysis and other cases with relatively limited scope, such as locked-in syndrome (ignoring low consciousness states as differential diagnosis) or ataxia. I could not understand the absence of a case dealing with memory impairment despite the excellent coverage of the other main cognitive rehabilitation issues.

This weakness is probably common to all similar books with a single authorship as the author only feels comfortable dealing with the areas of his specialist interest.

The book concludes with 50 multiple-choice questions covering issues, which are probably too brief to warrant a full case discussion. This part is very helpful for trainees preparing for European/North American board examinations.

Overall this is a well-written, interesting and handy practical guide that would be useful for any clinician dealing with long-term neurological conditions whether s/he is a doctor, therapist or nurse.
Traditionally neurological rehabilitation units have been based in hospitals and largely serve the needs of the post-acute disabled population, particularly after stroke or traumatic brain injury. However, there are a number of drivers that are serving to shift the emphasis from hospital into the community. This is particularly the case for people with cerebral palsy as well as more slowly progressive conditions such as multiple sclerosis and Parkinson's disease. The development, at least in the UK, of a focus on primary care has also served to highlight the need for adequate rehabilitation teams to be based within the community. Measurement in neurological rehabilitation. Oxford: Oxford University Press, 1996. The best textbook and critique of outcome measures relevant to the field. Case study 3: Stroke Rehabilitation, Gait Disturbance 103. Case study 4: Head Injury, Acute Phase 105. Case study 5: Head Injury, Long-term Rehabilitation 107. Case study 6: Spinal Cord Injury at C3 109. Case study 7: Spinal Cord Injury at T5 112. Neurological physiotherapy covers a broad area of practice spanning intensive care, acute, rehabilitative and community services. New ways of working have seen an increase in physiotherapists working in community and primary care settings, a number of case studies presented touch upon the differences experienced when working in these areas. The case studies based in acute settings highlight transferable skills which may impact on the approach to treatment of the patient with neurological impairment. Case Reports in Neurological Medicine publishes case reports and case series focusing on diseases of the nervous system, as well as abnormal neurological function. Case Reports in Neurological Medicine maintains an Editorial Board of practicing researchers from around the world, to ensure manuscripts are handled by editors who are experts in the field of study. Meet the editorial board. Abstracting and Indexing. This journal's articles appear in a wide range of abstracting and indexing databases, and are covered by numerous other services that aid discovery and access. Find out more about where and how the content of this journal is available. Find out more.