

BOOK REVIEW

Physical Diagnosis of Pain: Atlas of Signs and Symptoms of Pain, 4th ed
Steven Waldman, editor
Elsevier (Philadelphia, PS, USA) £153.99, pp. 468, ISBN No: 9780323712606

“When all else fails... Examine the patient!” writes Steven Waldman in this 4th edition of the *Physical Diagnosis of Pain*. This (subtitled as) *Atlas of Signs and Symptoms of Pain* is a true companion for both less and more experienced pain specialists, especially those involved in interventional pain management.

Waldman is the sole author of this recently re-edited book, which makes it remarkably consistent and logically organized; he is, an author of other books in the field of injection techniques. But this book is different, because it provides a return to the basics of clinical examination. This can solve problems commonly encountered when considering alternative diagnoses at the bedside. In no less than 281 chapters, a similar number of tests and clinical entities are reviewed. These involve examination of the spine, limbs, chest and abdominal wall with a focus on musculoskeletal conditions.

The result is a high-quality (with a hard and sturdy cover), particularly well-illustrated book with clear images (all in colour) and easy-to-follow figure sequences explaining the physical tests and manoeuvres. Medical imaging (ultrasonography, X-rays, magnetic resonance imaging) and anatomical studies support the explanations of pathologies.

The book concentrates a lifetime of experience and a high degree of expertise. Even if it were available, a clinician wishing to benefit from similar expertise from teachers or colleagues would have to invest years in a department of physical medicine. The painful shoulder, for example, is a particularly complex joint where clinical diagnosis is essential to guide therapy, but requires a lot of experience. A much more trivial example is the Schober test, which should be considered more widely. The reader can then go from region to region, and from test to test, to review the most well-known, and consider other less well known tests as well.

The book is available digitally, with a layout that works on electronic devices, making it searchable and downloadable. The online content includes short videos (30–60 s), which are a

nice addition, especially considering this as a resource for focused teaching and case discussions. Their quality varies, but all are effective. Longer videos, dedicated to comprehensive examinations of regions (e.g., the shoulder exam) would have been helpful, but only short videos focusing, for example, on tests or dermatomes are available.

The strengths of the book relate to the rigorous bedside approach. It would help many of us not only to examine patients, but also to communicate more effectively between clinicians, focusing on specific signs and reproducible tests when examining patients. It would be useful when considering an alternative diagnosis when a first technique does not work, or to have a consistent approach in multidisciplinary teams, especially when clinical presentations can fluctuate.

While a weakness may be the approach focused on physical problems (mostly musculoskeletal), it must be recognized that these are sufficiently complex and frequent to represent a significant proportion of patients with persistent pain. The large number of tests considered in this book, sometimes difficult to prioritize and possibly redundant, could however help discover different tests to use, and to evaluate and compare the consistency of results.

In conclusion, *Physical Diagnosis of Pain* is a pearl for the bedside physical examination (with or without the help of other techniques like ultrasonography), which is invaluable when it comes to a patient-centred approach patient rather than an approach centred on radiological observations.

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