



Book review

The Thorax – An Integrated Approach, Diane Lee. Handspring Publishing (August 2018). ISBN13:978-1-912085-05-7

This book, written by Diane Lee, offers a detailed explanation of an integrated approach to the thorax by demonstrating the author's methodology of assessment and treatment while taking into consideration the integrated systems model (ISM) approach.

Throughout the book, the reader will find clear illustrations of hands on assessments to determine possible cause(s) of complaints; considered options of treatment as well as reasons behind the importance of educating patients to understand their pain. Exercises based on Pilates and Yoga are explored towards the end of the book, to improve the function of the thoracic cavity in relation to the whole body.

In Chapter one, the reader will find a good review of osteology, arthrology and myology of the thorax. The information is accompanied by well-presented images, showing the interrelationship of thoracic cavity structures. This initial chapter also includes an illustrated step-by-step hand on guide for the keen learner to perform palpation assessment of the thorax.

Chapter two addresses the biomechanics of the thorax by introducing the concept of osteokinematics (study of motion of bones regardless of the motion of respective joints) and arthrokinematics (study of motion of joints regardless of the motion of the respective bones). A table with a brief summary of studies of the biomechanics of the thorax can be found in the beginning of the chapter. Again, the use of clear surface anatomy photos helps to understand what the author wants to convey.

Chapter three is the longest and the densest. Although it starts by briefly introducing the “principles of the integrated systems model” or ISM as an evidence-informed approach, based on the biopsychosocial model; the content of this chapter changes direction towards a quite extensive guided assessment protocol for the thoracic cavity, taking into consideration its relationship to the whole body.

According to the author, “shifting understanding to include biopsychosocial and social factors does not mean letting go of the biological ones if they can be determined relevant to the clinical picture”. Explanations are given regarding the importance of a well taken case history to assist in the search for hidden clues when looking for reason (s) behind the primary complaint (meaningful complaint) as well as the primary activity(ies) that triggers pain. The understanding of movement(s) or action(s) involved in the meaningful complaint during activities and assessment, are asserted as assisting in the identification of sensory, cognitive or emotional experiences or beliefs that may be influencing or triggering the meaningful complaint.

The various assessment and control tests demonstrated in this chapter are used to identify any possible underlying system involvement in the primary cause of complaint(s). The reader will find a comparative table containing differentiating outcome features between the articular, the neural, the myofascial and the visceral systems' impairment.

The author describes that “the path is clearer when the patient's information is organised, prioritised, and the clinical relevance of each component and finding determined”. Only then the clinical puzzle that precedes the treatment plan can be put together. To further assist assessments, the use of ultrasound is included to check the activation of abdominal muscles.

The relatively shorter chapter 4, explains in more detail the principles of the ISM model. It highlights the importance of educating patients to understand their pain to improve strategies to re-establish good function and well-being. It also describes the importance of motivating patients to explore ways to change their sensorial, cognitive and emotional behaviour. The treatment plan promoted involves hands-off and hands on to release and remove possible maintaining preventive barriers of optimal strategies to function.

In chapter five, we will find relevant case histories showing the application of the integrated approach to the thorax, highlighting the relationship of the thorax to the whole body. In my view the book comes to life here! The listed case histories cover thoracic involvement in pelvic girdle and hip pain, abdominal muscle dyssynergies, diastasis of rectus abdominis and poor lumbosacral control, stress urinary incontinence, cervical and thoracic movement restrictions.

The explanations regarding forms of assessment, delivery of treatments and considerations are expressed in a cohesive manner and the ultrasound images illustrate the behaviour of the abdominal muscles during curl-up tasks. The case histories also have an innovative QR codes linking to relevant videos from Diane's website.

In chapter six, the acronym RACM is used to describe the hands on treatment protocol utilised by the author. It stands for Release, Alignment, Control and Movement. Here the author demonstrates various techniques, including the so called vector-specific mobilisation, distraction, some high velocity, low amplitude thrust and few myofascial stretches to release articular restrictions. She also demonstrates release techniques for neural system impairments, diaphragm and dry needling approaches.

Chapter seven outlines the three stages of motor learning and movement training following the concept of neuroplasticity. According to the author, “the final and critical part of each treatment session is to train better strategies for function and performance, which requires motor learning and movement training. The aim is to build and use new and better brain maps and movement strategies that share loads and control excessive cranial, thoracic, abdominal and pelvic pressures in a way that sustains tissue structure, blood flow, drainage function and overall health”.

Images of taping methods, movement training using body weight, free weights and light Pilates equipment and yoga asanas; demonstrate the training methods of choice used by the author.

A descriptive table found in this chapter shows the principles of the 3 stages of movement training, clarifying the intended task of each stage. A second table provides a list of training goals and tasks that would assist in the execution of motor training. The chapter ends with an interesting description of a “Low Pressure Fitness” exercise, usually used to prevent and assist women with urinary incontinence and pelvic

organ prolapse.

“The Thorax, an integrated approach” is not just a book to read but also a good source of reference. The author, Diane Lee, shares her understanding of the thorax with enthusiasm and commitment; inviting the reader to appreciate the interrelationship of dysfunctions of the thorax and its effects on the whole body.

The abundance of information covered in some of the chapters such as chapter three and six, can be overwhelming at times. In chapter three, the reader may struggle in following the extensive detailed information of biomechanics of the thorax and the numerous assessment tests. It may be too much to take on board in one go!

Although various reference sources can be found throughout the book, it would be helpful to have added recent research studies and further information about the rationale behind the included assessments. Perhaps a subdivision or even another chapter, addressing the different systems would have helped to clarify the importance of this comprehensive but prolonged integrated assessment.

I would also welcome more explanations regarding the ongoing development and implementation of the biopsychosocial model in the

integrated approach. This would provide a more balanced reading, particularly when the emphasis was mostly on the biological aspects of the model.

The author explains, in a preempting manner, that her strength lies in dealing with articular and neural system restrictive impairments, preferring to refer readers to other sources of myofascial and visceral approaches. Unfortunately, the limited inclusion of myofascial techniques and considerations as well as the almost total absence of visceral concepts in the book can be considered as highlighting an important missing link to a fully integrated approach to the thorax.

Finally, this book finishes on a good note for me, with an intriguing chapter on case histories and a final chapter containing interesting information about body control, movement, pilates exercises and yoga asanas as tools to assist patient’s restoration to a better awareness through movement and health.

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