Bev - FYI

Chest Physiotherapy in the Intensive Care Unit
Edited by Colin F. Mackenzie, M.B., Ch.B.
Baltimore, Williams & Wilkins, 1981
260 pp, illustrated, $23.00

Reviewed by Colleen M. Kigin, M.S., R.P.T.

In the preface to this book, the editor states that there is a large spectrum of interpretations of chest physiotherapy in the medical community. The literature often fails to define chest physiotherapy when reporting responses to treatment. As a result of individual experience and opinion, clinicians have developed indications, precautions, and contraindications.

Chest Physiotherapy in the Intensive Care Unit is a concise, yet detailed text edited by an anesthesiologist/intensive care clinician, with three physical therapists serving as contributors. It offers a solid definition of chest physiotherapy and provides substantial data to support the authors' statements on when and how to apply it, and on expected changes with treatment.

The book is based on the experience of the intensive care unit of the Maryland Institute for Emergency Medical Services (MIEMSS). The text includes a review of the history of chest physical therapy (CPT); a discussion of many misconceptions regarding chest therapy; and a description of the patient population at MIEMSS, covering methods of mechanical ventilation, criteria for weaning, and data on bronchoscopy. This information helps the reader to understand the indications for and techniques of CPT as described in the text, and also clarifies one's understanding of the associated treatment.

The book has chapters on various CPT techniques, including progressive treatment of the initially immobilized patient, and on physiological changes following CPT. A variety of specific patient populations are presented, and adjunctive care is described. The 10 chapters are followed by appendices that contain statistics on patients treated at MIEMSS. This text does not follow the traditional postural drainage and percussion approach; instead, it provides an extensive review of the literature, descriptions of all types of patients and treatments, well-organized case studies, and substantial information on adjunctive equipment.

There are clear descriptions of treatment for patients with chest tubes, rib fractures, head trauma, multiple leg fractures, and acute respiratory distress. Important issues are raised, such as the physiological changes produced by CPT and how to measure them. The discussion includes records of a large quantity of physiological measurements made during treatment at MIEMSS. From these data, the authors found that CPT does not cause hypoxemia in the critically ill patient, and that it is not the amount of sputum but the location of sputum in the respiratory tract that can lead to dramatic improvement in Po_2 after treatment. In the extensive literature review, the text addresses forms of treatment—bagging, blind suctioning—that are practiced in other centers but have not been useful at, or advocated by, MIEMSS. The one area of concern is that the book lacks comparative data to document or support the opinions expressed in these few areas.

In my opinion, this is the best-written and most thorough text that has been published on CPT. It is a must for the therapist or physician who is using or assessing the therapy.

Boston, MA

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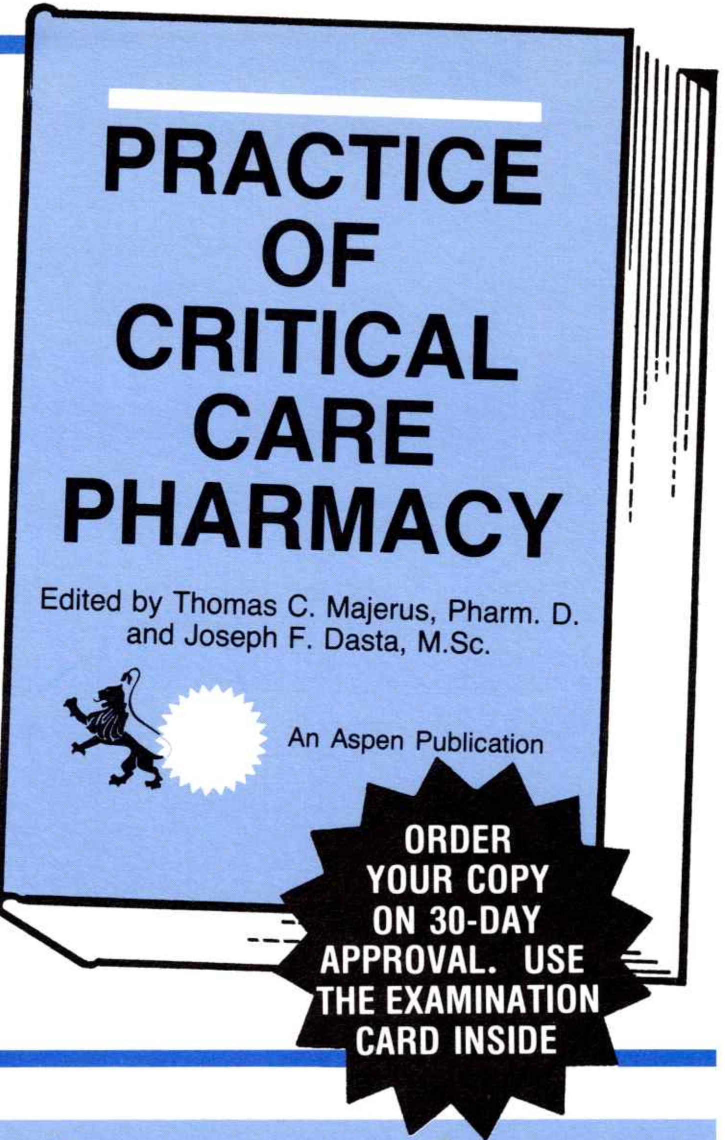

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