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Book review

The Handbook of Forensic Rehabilitation. William H. Burke (Editor). Cost: \$34.95; 1994

This soft cover spiral volume is the only text that this reviewer is aware of addressing the topic of forensic rehabilitation. The text has multiple contributors in a variety of areas ranging from psychology (the bulk of the contributors) to case managers, neurologists, psychiatrists, and vocational specialists. Interestingly, there are no physicians within the field of rehabilitation medicine, nor rehabilitation nurses or rehabilitation therapists, such as PTs, OTs, or speech language pathologists contributing to this volume. Given that this is supposed to be a textbook on forensic rehabilitation it would seem that these exclusions are significant oversights on the part of the editor. That notwithstanding, the book is a good primer for persons with at least some knowledge base in rehabilitation medicine; but would definitely be considered too basic for the more experienced rehabilitation professional involved in forensic work.

The first chapter by Dr. Linda Shaw on 'Forensic Rehabilitation: Historical and Future Perspectives', provides an interesting overview of the evolution of forensic rehabilitation. The second chapter by Dr. Burke, editor of the text, provides an overview of neurologic rehabilitation, focusing mostly on traumatic brain injury and not per se forensic issues germane to this topic. Dr. David Price, who has contributed two chapters to the book, one on case analysis and the other a co-authored chapter on malingering, provides good overviews of both topics. The only comment on

the latter chapter is with regard to the lack of specific details and/or elaboration on neuropsychological tests specifically designed to assess for dissimulation versus simulation. One of the best written chapters in the book is probably the one by Heidi E. Fawber and Barbara Orstein on case management. Dr. Bruce Bird provides a rather lengthy, albeit well written, chapter on 'mild head injury'. Both Dr. Burke and Dr. Bird state in their respective chapters that moderate brain injury is defined as a Glasgow Coma Scale score of 8–12 whereas most neurosurgical texts quote this range as being from 9 to 12. Additionally, Dr. Bird notes that a 'mild head injury' is defined as a GCS score of greater than 13, when in fact such injuries are defined by GCS scores of 13 or more. Issues regarding nomenclature are not as well clarified as this reviewer would like to see relative to the chapter on 'Mild Head Injury' which should have more appropriately been labeled 'Mild Brain Injury' based on the rehabilitation community's current nomenclature for this condition. The chapter on pediatric brain injury by Dr. Carole Sellars and Dr. Burke is brief with some inaccuracies relative to their discussion on PVS, specifically the use of the term 'vegetative coma'.

The chapter by Dr. Sheldon Margulies on the neurologic examination in forensic rehabilitation was disappointing as it really focused little on the actual exam and more on the basic review of anatomy and physiology of brain function (information available in any basic neuroscience and/or behavioral neurology text). Additionally, the conclusion by Dr. Margulies that neurologists are the only physicians who evaluate patients with brain

injury from a medical standpoint to make determinations regarding neurologic diagnosis is faulty in this reviewer's opinion, as both neurosurgeons as well as physiatrists, and potentially even other physician specialties conduct such exams both clinically and forensically. This reviewer found that the topic most lacking from Dr. Margulies' chapter was an elaboration of the 'how to's' of the forensic neurologic exam. Specifically, there is no mention of different neurologic exam techniques to assess for non-organicity, i.e. assessing gait disturbances by having patients walk backwards, special maneuvers to assess for malingering such as Hoover's test for lower extremity weakness, non-pronator drift relative to upper extremity weakness not consistent with corticospinal tract involvement, among many others.

The chapter on psychiatric evaluation by Dr. Raskin and Tancredi seemed deficient in terms of its scope relative to the array of neuropsychiatric sequelae potentially occurring post-TBI. Additionally, there was inadequate discussion regarding apportionment of psychologic and psychiatric complaints to the injury in question, relative to differentiating between pre-existing and post-injury symptoms. There also appeared to be a significant degree of overlap between Dr. Raskin and Tancredi's chapter and Dr. Margulies' chapter in terms of the discussion of neurodiagnostic techniques. Other areas of repetition were noted in the book, particularly relating to neuropsychological assessment. Lastly, with regard to Dr. Raskin and Tancredi's chapter, there was inadequate psychiatric discussion of non-organic conditions including malingering, somatoform disorders, and factitious disorders. The chapter of neuropsychological evaluation by Dr. Harold Smith was well done; however, again it lacked specifics of the 'how to's' regarding such assessments. Lastly, the chapter on economic analysis

by Dr. Staller provided a reasonable overview of these issues, again, not with enough specifics regarding the logistics of carrying out the evaluation.

The strengths of this text are the broad scope of the topics covered and some of the stronger chapters as mentioned above. Weaknesses include a relatively significant amount of overlap regarding chapter content, particularly with regard to psychological/neuropsychological evaluatory issues, as well as, neurodiagnostic assessment. There are multiple typographical errors in the text as well as some inaccuracies in terms of the information provided from a neuromedical standpoint. Maybe most importantly, the book is not a 'how-to' guide but rather an overview in primer form of issues germane to forensic rehabilitation. Topics that should have been covered, in this reviewer's opinion, that were not included in this text book include: (1) establishing credentials for forensic rehabilitation experts; (2) the ins and outs of testifying as an expert witness in forensic rehabilitation; (3) determination of life expectancy; (4) loss of consortium issues and sexuality issues; (5) functional evaluation; (6) impairment and disability evaluation; and (7) causation and apportionment issues.

This reviewer would recommend 'The Handbook of Forensic Rehabilitation' to professionals within the first 5 years of their clinical work and/or those professionals interested in some of the specific topics covered germane to forensic rehabilitation. The book is not recommended for those looking for caveats on forensic evaluation or the 'cookbook' to becoming an expert witness in forensic rehabilitation. Overall rating: 7 out 10.

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