Handbook for Somatosensory Rehabilitation. Claude Spicher. Sauramps Medical, 2006. 198 pages.

> ''This handbook for somatosensory rehabilitation deals with the definitions, testing, rehabilitation and prevention of disorders of the cutaneous sense.'' Claude Spicher.

Mr. Spicher, an occupational therapist, begins by reviewing cutaneous sense and the cells responsible. He provides background information reviewing research performed previously; initial identifications and classifications. The rationale for which test to use and arguments for systematic testing are presented. Sensibility testing is described in great detail. The objective of the test, the materials to use, positioning and administration, explanation to the patient, results, and interpretation are all explained to the reader.

''Rehabilitation of hyposensitivity'' is the author's term, rather than the more typical somatosensory rehabilitation. Five steps of rehabilitation are described. The program is detailed and progression to the next step is allowed, once certain criteria are met. The last step consists of permanent assessment with exacting descriptions of test administration for axonal lesion. Mr. Spicher provides illustrations of the nerve lesion, the stages of regeneration, and the rehabilitation phase to be used at that time and location.

Part 2 of this text addresses painful complications. First, reviewing the use of analgesics is offered. Subsequently, the author reviews the use and administration of the McGill Pain Questionnaire. Careful assessment of allodynia is addressed.

Rehabilitation is through mechanical vibration working from a less painful region to desensitization of the site of the axonal lesion. A case review of a patient with a Morton's neuroma outlines four stages of neuralgia: hypoaesthesia, mechanical allodynia, neuralgic prodrome, and neuralgia. Complex regional pain syndrome type II is treated in much the same way with careful diagnostic testing to identify the axonal lesion through aesthesiography, static two-point discrimination, mapping of Tinel's signs, and somatosensory qualifiers. The author explains that the presence of hypoaesthesia as the time for rehabilitation to begin. A multidisciplinary approach is recommended to include pharmacological agents, modalities, and manual techniques all performed below the pain threshold.

The final chapter addresses prevention through careful screening and early identification and reducing the prevalence of chronic disorders and their recurrence.

Many tables and forms are provided at the back of the book to assist the therapist with identifying, mapping, and treatment of axonal lesions.

There is no question that this text is extremely well outlined in its presentation. The tables are clear and important information is outlined in bullet list form or in bold type. I appreciate this approach since my days, probably much like yours, are very busy and time for reading a new text must be efficient.

This text represents a very detailed discussion of somatosensory rehabilitation and a good resource for those therapists who work with these patients. However, locating this book may be a challenge as it is published in Paris, France. It is not offered through Barnes and Noble nor Amazon.com. A Google search directed me to the publisher's web site, which is partially presented in French.—Nancy Beaman, OTR/L, CHT