Over the years cryotherapy has emerged as the most popular modality for treating acute musculoskeletal injuries. While most clinicians have become familiar with its use, too often the rationale for using a particular technique is based on habit rather than logic or proven theory. The author, Kenneth Knight, has devoted his career to understanding cryotherapy. Knight wrote this book to give readers a more solid basis for understanding why as well as how and when to use various cryotherapy techniques.

The book includes the most current and extensive literature review available on this topic. Knight, who himself has published extensively in the area of cryotherapy, provides a rather unique referencing system. He has organized the reference list according to the major thrust of the article (rehabilitation, circulatory and temperature responses, immediate care and postsurgical cryotherapy, etc.).

Each of the 10 categories is assigned a letter, and the articles in that section are alphabetized and numbered at the end of the book. This may seem confusing at first, but after browsing the text the reader will see that each reference is a combination of a letter and a number.

This book is divided into 3 parts, the first of which provides a basic introduction to cryotherapy and explains its evolution in clinical practice. Topics range from various uses of cryotherapy and its methods of application to issues surrounding appropriate uses of heat versus cold. Knight gives an interesting historical overview of cryotherapy, and with a touch of humor he characterizes the misconceptions about heat and cold of just a few decades ago. This overview then leads into Part II, showing how cryotherapy became a frequent topic of research during the late 1980s.

The Scientific Basis of Cryotherapy (Part II) explains why one should use specific techniques. Knight establishes the rationale for using cryotherapy with his detailed explanation of the inflammatory response and its role in wound healing. By bridging the gap between theory and practice, this part may well contain the most important information in the book. I have always believed that if one understands the healing process, one will be able to make good clinical decisions in designing a rehabilitation plan.

The importance of understanding the role of sport injury rehabilitation and the psychological response to cold application prior to initiating cryotherapy treatment are the topics of chapters 4 through 6. Chapter 7 discusses how acute care RICES (rest, ice, compression, elevation, stabilization) is related to the pathophysiology described in the previous chapters. Subsequent chapters in this section discuss the effects of cold application on circulation, neurology, pain, muscle spasm, and muscle and joint stiffness. This very comprehensive section concludes with an important chapter on precautions and contraindications of cryotherapy.

Part III, Clinical Techniques Involving Cryotherapy, is written with the clinician in mind. The focus is on explaining how to apply various methods of cryotherapy. The section is heavily illustrated and provides excellent visual cues on technique.

Chapter 15 discusses topics ranging from making ice packs to applying vapo-coolant sprays. The next 3 chapters address the proper technique along with the expected effects, advantages, and disadvantages for RICES, cryokinetics, and muscle spasm. Chapters 19 through 21 conclude the book with suggested cryotherapy techniques for special conditions such as surgery, pain, and abrasions and blisters.

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Overall, this book provides a delicate balance of information that should satisfy clinicians, teachers, researchers, and students alike. It has the scientific basis needed to stimulate the thinking of researchers and scholars, and gives the rationale for and practical application of cryotherapy to satisfy teachers and students.

The author explains proper techniques and offers the clinician a guide to conducting various cryotherapy techniques in his or her everyday practice. *Cryotherapy in Sport Injury Management* is equipped with figures and tables to facilitate an understanding of some of the more difficult concepts. Knight does a good job of presenting applicable research findings that help validate the information in the book.

By far the most comprehensive text on this topic, *Cryotherapy in Sport Injury Management* will likely be referred to on a regular basis. I highly recommend it.

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**Athletic Taping and Bracing**

David H. Perrin. Published 1995 by Human Kinetics, P.O. Box 5076, Champaign, IL 61825-5076. (136 pp., $25)

Reviewed by Meredith Bushy, graduate student in sports medicine, UNC Chapel Hill

Targeted to both students and instructors, this text is a guide to the techniques and principles of athletic taping. The first chapter covers introductory material; the remaining six chapters focus on specific areas of the body; each includes a section on anatomy, range of motion, taping and bracing, and exercises relative to the specific pathology. A glossary of terms and a reference list complete the text. The format is well organized and the illustrations and figures that accompany the text are excellent.

The introductory chapter explains the role of taping and bracing in our profession from a rehabilitative and preventive perspective. The author, David Perrin, emphasizes the importance of knowing the sport and the athlete, understanding the injury, and appreciating the role of exercise as an adjunct to taping or bracing. Also discussed are preparation prior to taping, proper taping techniques, and the various types of tape.

Chapters 2 through 7, respectively, cover foot/ankle/leg, knee, thigh/hip/pelvis, shoulder, elbow/forearm, and wrist/hand injuries. After reviewing the ankle's relevant anatomy and ranges of motion, Perrin describes the closed and open basketweave taping method for ankle sprains and recommends various exercises for strengthening the ankle. Among the injuries discussed are Achilles tendinitis, arch strains, plantar fasciitis, Morton's neuroma, great toe sprains, heel contusions, and shin splints; a brief section on orthotics is also included.

Knee injuries are discussed in light of collateral and cruciate ligament taping. Perrin also describes exercises and bracing specific to knee injuries. The section on patellofemoral joint pain includes an explanation of McConnell taping. The taping technique is well explained, but more clarification about assessing the abnormalities in the patella or definitions of patellar tilt, rotation, and glide would be helpful.

For the thigh, hip, and pelvic region, Perrin illustrates the hip spica and thigh wrap for strains and contusions. He also stresses the need to protect and monitor a contusion to avoid the development of myositis ossificans. The recommended exercises include flexion and extension of the hip, but there is no mention of adduction and abduction.

Concerning shoulder injuries, taping for the acromioclavicular joint is advocated both for support and protection, followed by recommended exercises. Perrin also discusses glenohumeral joint sprains and instability. There is an emphasis on exercises for promoting glenohumeral joint stability, but no mention of scapular stabilization exercises. The chapter also touches upon protecting arm contusions.

The section on the elbow and forearm explains how to tape elbow sprains as well as how to prevent hyperextension and epicondylitis. As with the other