

Involving the public in NHS, public health and social care research: briefing notes for researchers

Roger Steel (editor)

Spiral bound softback, 64 pages

INVOLVE Support Unit; 2004

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May also be downloaded from www.invo.org

Many bodies that award grants for research, particularly the National Health Service and the Department of Health, will ask the applicants how they have involved the participants in the design of the study. This is always described as part of the general principle of consulting the public on all the issues that concern them rather than making decisions on their behalf – though it is fair to say that many people will not really have noticed this happening, nor found it makes much difference to their lives. The reason for involving the public in ‘prioritising, commissioning, undertaking and disseminating’ research is to make the research more likely to be relevant, and more likely to be applied. After all, patient care is the ultimate ‘point and purpose’ of health research.

In 1996, the NHS set up a unit in Eastleigh, Hampshire called ‘Consumers in Research’, to promote patient involvement in research, by offering advice, presentations, debates and publications about good practice. Its principle is to promote patients and carers as ‘active partners’ in research rather than ‘subjects’. The unit has now been renamed INVOLVE. The capital letters does not mean that the word is an abbreviation for anything - but seems just a slightly trite way of

drawing attention to a name (the designer for smart cars did the opposite). But this is no fault of the unit or its staff: they have published an excellent booklet introducing and explaining what consumer involvement means, and how researchers may go about achieving it at every stage of the research process, from identifying research topics right through managing the research and evaluating the research process. The text is rather repetitive but this means it deals with every aspect thoroughly. Examples and suggestions are made throughout the text, and cartoons enliven it. My favourite was the research team meeting round a table to evaluate some recent project; the chairman says ‘So what went well in the research?’ and from the other end of the table comes the reply ‘Coffee and biscuits’.

There are, as you might expect, all sorts of problems in involving consumers: from how to identify someone who can represent the interests of the patient group fairly and genuinely; to how to discuss esoteric research concepts without making people who do not understand the jargon feel inferior; to letting go, or at least sharing, control of a pet research project. This book covers all these areas, and gives checklists to guide the reader on who to approach and how to do it, as well as ideas for job descriptions and person specifications. Anyone who wants to organise research of any kind would be well advised to consult the website of INVOLVE at www.invo.org.uk and to download this document. The time will inevitably come when it will be impossible to run projects without being able to demonstrate that the consumers were involved in every step.

Adrian White

Acupuncture in Physiotherapy

Val Hopwood

Paperback, 275 pages

Butterworth Heinemann Health; 2004

ISBN 0-7506-5328-0

Having being mentored and taught by the author during my acupuncture MSc studies, I initially thought that writing a review of her latest book was an opportunity to seek revenge for the times I felt hard done by after receiving assessment of my course work.

In fact, I found *Acupuncture in Physiotherapy* a very good read – my only criticism being with the publishers who could have made it clearer to the reader, via a subtitle, that the contents are predominantly based on an introduction to the concepts of TCM diagnosis. The text would therefore be relevant to any healthcare professional wishing to extend a basic knowledge in acupuncture, as indeed is stated on the back cover.

The chapters are clearly laid out and follow a logical order, described by the author as layers of an onion with the core, Qi, blood and body fluids explained first, followed by Zang Fu, the extra meridians, meridian acupuncture, and lastly superficial acupuncture, which represents the outer skin. Although TCM diagnosis dominates, Western medicine is also covered in thoughts on how acupuncture may ‘work’ and the author provides a review of relevant research. This is enhanced by clear examples of clinical case studies.

As the author acknowledges, in the chapter *Pulling it All Together* – which relates TCM patterns of disharmony to diagnosis in Western medicine – knowledge of conditions such as haemorrhoids, cirrhosis of the liver and dysentery may at first glance seem irrelevant to a physiotherapist practising acupuncture. This chapter, however, directs the therapist towards pulling all the patient’s symptoms together, rather than just focusing on the condition for which they have been referred.

All too often, particularly in my field of musculoskeletal physiotherapy, you hear therapists, myself included, who refer to patients

by their symptoms. For example: ‘I’ve got a chronic back pain now, followed by an OA knee.’ From a personal perspective, having knowledge of TCM patterns of disharmony has helped immensely with how I approach and assess patients, whether or not I choose to use acupuncture as part of their management. I therefore suggest that therapists with basic acupuncture skills embrace rather than ignore this chapter. It will enhance the clinical reasoning behind acupuncture point selection and hopefully result in more effective treatment.

Within this section and within chapter 11, *TCM Theory in Modern Medicine*, if the text is indeed meant more for the physiotherapist reader, I might have expected more case studies demonstrating how acupuncture complements different physiotherapy treatment modalities, rather than a discussion of acupuncture treatments in isolation. That said, dotted throughout the book, in addition to the longer case studies, are references in particular to neurological and musculoskeletal conditions and how acupuncture can be used in their management. These should be particularly useful to the physiotherapy practitioner.

The book is clearly written and very easy to follow. Diagrams and tables enhance and break up the text with the wide left hand margin allowing room for note taking. This also provides space so the reader is not overwhelmed with too much text on each page.

As the back cover states, the book acts to fill the gap in the current literature for those wishing to study acupuncture to a more intermediate level. It whets the appetite for those hungry to know more about the traditions underpinning the art of acupuncture, as well as providing food for thought for the more scientific, research based-practitioner.

As the author acknowledges, the book provides an overview of a variety of concepts used in acupuncture treatment, saying that one aim of the book is to stimulate and encourage further reading. To this end, the book finishes with a much appreciated list of recommended texts for the reader to go on and explore. This is in addition to an extensive reference list at the end of each chapter.

This book would be a welcome addition to any

physiotherapy department where therapists wish to develop a more than basic knowledge of acupuncture and want to start appreciating the potential for acupuncture as a complementary therapy.

Finally, for those female therapists not

practising acupuncture, the discussion on page 234 of how to treat cellulite may be of interest, whilst those of us who do practise will be self-treating to see if needling the likes of ST36, SP3 and SP6 really does work!

Liz Tough

Acupuncture for Dentists - 10 Central Treatments Palle Rosted

Hardback flipchart, 45 pages, price including postage: £31

Published by Forlaget Klim, Denmark; 2004

www.acupuncturebook.com

ISBN: 87-7955-267-6

This is an easy to use reference text for the dentist who is embarking on their basic acupuncture training and bringing it into their everyday practice. In fact, it is ideal for anyone using acupuncture to treat head and neck complaints. The book is designed so that it will stand upright on your desk, thus aiding reference during treatment. This design also means you can use it as a flipchart to explain to patients the cause of their facial pain symptoms and the proposed treatment to alleviate their complaint.

In brief, the book is divided in two sections, a general section and a treatment section. The general section starts with the basic concepts of acupuncture, examination of the patient, safe needling techniques, and the neurophysiology of acupuncture. The treatment section describes the treatment of ten separate conditions, namely:

atypical facial pain, temporomandibular joint dysfunction, trigeminal neuralgia, sinusitis, stress, neck pain, headache and migraine, xerostomia, nausea and vomiting, and gag reflex.

The book is constructed so that the main text and acupuncture point locations are on the front of each page, with larger illustrations on the back of the page for reference and patient explanation. The illustrations by Vibeke Holstein Schmidt are bold, well depicted, and extremely easy to understand. They cover the meridians of the head and neck region, acupuncture point location, and trigger points.

For each of the conditions described there are: basic treatment acupuncture points and supplementary points, both of which have suggested needle size, insertion depth, and angle. Trigger points in the associated muscles with their pain radiation are also discussed, with illustrations demonstrating these as well as the acupuncture points.

Overall, Dr Rosted has given the practitioner of head and neck acupuncture a fantastic book from which to form the basis of their knowledge, whilst also providing an effective tool for patient education during consultations.

David J C Johnson

Community Dental Officer