“sensory child” and “typical child” are labels to apply most cautiously, if at all, as even well-intentioned use may be stigmatizing or worse. While referenced less than Sensory Processing Disorder, Ms Dalgliesh also discusses two other disputed diagnoses: pediatric autoimmune neuropsychiatric disorder associated with Group A streptococci (PANDAS) and late-stage Lyme disease. The book would have been stronger had the author relegated these “controversial” conditions to an endnote, as their inclusion diminishes what is otherwise a fine treatment of behavioral issues common to many children with developmental disabilities, psychiatric illness, or other special needs.

Overall, I strongly recommend The Sensory Child Gets Organized: for parents and family members of a sensory child and also for medical educators, residents, and practicing clinicians caring for pediatric patients. We all encounter sensory children: in our work, our communities, and our families, and this book helps us understand the unique challenges these children and their loved ones face and how to help.

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Evidence-Based Physical Diagnosis, Third Edition
Steven McGee

Steven McGee, MD, has published extensively on evidence-based physical diagnosis and medical statistics. He updated his series on the physical exam with Evidence-Based Physical Exam, Third Edition in 2012. This small paperback manual is produced for students, residents, and clinicians alike. The purpose of the manual is to explore the tension between historic physical exam methods and modern measurements of accuracy for all diagnostic tests. Dr McGee is an advocate of the evidence-based exam and the use of likelihood ratios (LRs) for understanding exam findings. Purchase of the book also includes access to an online formatted text. The goal of the book is to increase the reader’s confidence in physical exam skills. The book also helps each reader understand the accuracy and limitations of these skills.

The book contains 68 chapters that are divided into an introductory section and 14 subsequent sections organized by organ system. The organizational structure of the book makes the information accessible. It opens with an introduction to the physical exam and a statistical review of pretest probability, sensitivity, specificity, and likelihood ratios. It is vital for the reader to understand these concepts because these concepts are key to the structure of the remaining sections. These opening aspects of the book also review the concept of interobserver agreement for each physical sign. A table included in this section reviews the K-statistic, or interobserver reliability, for each exam finding. This is a helpful concept to reference when teaching the concept of physical exam reliability to learners.

The subsequent chapters are separated into general appearance, vital signs, head and neck, lungs, heart, abdomen, extremities, and the neurologic exam. There are additional chapters devoted to cardiac, pulmonary, and neurologic disease. The final chapter of the book reviews exam findings in the Intensive Care Unit. The book does not contain an exhaustive explanation of exam techniques and does not include pictures that correlate with exam technique. There is no review of developmental disorders, pediatric, psychiatric, urologic, gynecologic, or obstetric physical exam findings. Content on the use of physical exam for screening the asymptomatic patient for occult disease is not included.

The organization of content within each chapter is clear. All the chapters have clear subheadings and clearly marked reference tables. After the introductory chapters, each chapter is devoted to a specific finding or skill. The chapter structure includes a brief, but not exhaustive, review of physical exam findings, historical notes, and evidence-based studies for reliability. Pathophysiology related to each finding is reviewed along with related disease processes. Medical sign eponyms and special testing are included, and evidence for their inclusion in the exam is reviewed. A review of the evidence for each finding is placed in a table and bar graph form. These tables make
understanding the sensitivity, specificity, and LRs for each finding very efficient. The graphic representation of LRs for each physical exam finding within a specific disease process helps make comparing different findings more transparent. Some sections have historical significance only or significance in resource-poor environments. The online text provided by Elsevier includes a text search function and links to PubMed for reference review.

The chapter organization and online text make this a good reference tool for reviewing statistical, historical, or reference materials when learning or teaching the physical exam. The chapter organization does not, however, include clinical cases or illustrations. The lack of narrative or illustrations in the text will limit readability for beginning learners. This book is very beneficial for family physicians that teach exam skills to medical students or residents. Because it reviews the historical context of each exam finding and the evidence behind its modern use, the text could play an important role in the reference library of both university-based and community-based faculty. The concise book provides a quick reference for busy faculty. It also helps learners build their understanding of historic terms and modern evidence for physical exam. A clinician who understands the accuracy of physical exam skills should be empowered to use medical technology more wisely. Understanding the diagnostic accuracy of our exam skills brings evidence-based diagnostic power to the established art of the physical exam. This book is rooted in medical history, but it gives the clinician references for the use of the evidence-based physical exam in the modern setting. Faculty and learners will find this text helpful when they pair it with a general physical exam textbook or atlas.

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