

where the images are at the end of the chapters. This is a minor annoyance, but it made for somewhat labored reading, with frequently flipping back and forth between pages. However, the authors may have had no choice, as these pictures are quite large; often a single set of pictures corresponding to a particular disease entity takes up a whole page. Another welcome addition is the radiographs and thoracic computed tomograms included in the chapter on chest radiology. These in particular are a good example of the clinical focus of this text; this material is quite low-yield for the United States Medical Licensing Exam (USMLE) step 1, and usually isn't heavily emphasized in 2nd-year courses, but will no doubt be useful to students in clinical rotations. Overall, the figures in **High-Yield Lung** go beyond what is traditionally offered in review books, and are an excellent educational resource.

The book begins with embryology, and then moves through anatomy, radiology, histology, physiology, pathology, microbiology, and pharmacology. Basically, this is a systems-based book on the lung, divided into chapters by basic science disciplines. The approach seems to work well, and should work especially well for the aspiring student, from the start of medical school. The book is detailed enough to be used for some sections of an anatomy or embryology class. Later the student could use it during a discipline-based pathology course, when dealing with lung pathology, or in a systems-based pulmonary course, or during 3rd and 4th year rotations and electives. One of the strengths of **High-Yield Lung** is that the writing and presentation is conducive to reading at various levels during a medical-school career.

The physiology and pathology chapters stand out for their excellence. The physiology chapter uses a good combination of figures (included at appropriate points) and text, and the writing is succinct but also explains everything well, without drowning the reader in esoteric details. The pathology chapter is also exemplary for its brevity and thoroughness. Well-thought-out explanations make it a fun read and provide sufficient information for most 2nd-year pathology or respiratory courses. These chapters are great for the first 2 years of medical school because they help identify the most important knowledge from the many details in the lectures and readings. This same compliment applies to most of the other chap-

ters. I wish I had had this book during my respiratory course.

Given its scope and the amount of detail, **High-Yield Lung** will be useful for students and clinicians at various levels. Foremost, the book will be useful for 1st and 2nd year medical students, which is one of the author's stated aims. It will also be useful for 3rd-year students to review the pulmonary system, and perhaps also for respiratory therapists seeking a basic, comprehensive review of the lung system, but without too much depth.

I read the book repeatedly, and it is obvious that a lot of time and care was put into it to make it accessible to students at different levels. This is quite different from many other 2nd-year USMLE review books, most of which are not very useful after the student enters the clinical years, either because they lack enough detail or they include topics that aren't so useful. Thus, the details in this book are what make it a good read for such a broad audience, from 1st-year through 4th-year medical students.

However, the book's stated aim of preparing students for step 1 of the USMLE is quite misleading; this book has far more detail than is needed to pass the USMLE step 1. This is my only major complaint about this otherwise wonderful review book. The large amount of detail which make the book good for a broad audience also poses a "catch-22" of sorts. On one hand, the amount and depth of material covered in this book is too much for the step 1 USMLE examination, and on the other hand this book entirely misses certain USMLE topics. For example, the pharmacology section does not discuss any adverse drug effects, which is inexcusable, since the step 1 examination has questions about adverse drug effects! But the amount of detail in this book is far too much for step 1 review; especially to start reviewing for that test, the reading would be overwhelming. The sections on embryology and anatomy are particularly laden with excessive detail that is not covered in the step 1 examination. While there are some step 1 questions on radiology, the questions ask for nowhere near as much detail as is given in the chapter on chest radiology. Though the information might be clinically useful, this book lacks the brevity that students appreciate when studying for the USMLE step I. And my criticism about lack of brevity applies to the entire book. A good USMLE step 1 review book, in my opinion, presents the bare essentials neces-

sary to do well on the test, preferably presented in tables or in an outline format; this book does neither. Though the bare essentials are, for the most part, included in this book somewhere, they are not as accessible as they should be for step 1 test preparation.

Another criticism of this book is that in some places it's hard to read because of the text size and layout. For example, the chapter on microbiology is well-written, to be sure, but I think the layout is not conducive to review or first-time reading. Putting all the details in one paragraph, in rather small type, with occasional words in bold is a great way to tire and frustrate even the most dedicated and focused reader.

However, I only make these complaints because the book claims to be good review for the USMLE step I, which it is most certainly not. However, considering the book on its other merits, and relative to the other claims in the introduction, it is an excellent basic respiratory review that would complement any medical school curriculum, either systems-based or discipline-based. It would be a good resource during all 4 years of medical school, which is a rare attribute. Perhaps its greatest achievement is combining basic science with relevant clinical details, in a book that can be read and enjoyed by medical students at all levels.

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**Clinical Manifestations and Assessment of Respiratory Disease**, 5th edition. Terry Des Jardins MEd RRT and George G Burton MD FAARC. St Louis: Mosby/Elsevier. 2006. Soft cover, illustrated, 654 pages, \$62.95.

I have taught from **Clinical Manifestations and Assessment of Respiratory Disease**, by these 2 seasoned writers, since the second edition was published. The latest edition included Beverly Ervin MSA RRT as a contributor. I was honored when asked to review the latest edition of this well-known lung disease book.

What makes this book unique is the format used throughout the chapters on lung disease. Each disease is presented in the following format: an illustration and discus-

sion of the disease's major anatomic alterations, pathologic mechanisms, clinical manifestations, and treatment options. Each chapter follows a set sequence of sub-topics: etiology, clinical manifestations, treatment and management, case study, and self-assessment test. The primary focus of each chapter is the overview of clinical manifestations, which describes the common clinical signs and symptoms. This assists the reader to gather relevant data, make an objective evaluation, identify the desired outcomes, and design a safe and effective treatment plan. Without this understanding of disease management, the clinician would merely go through the motions of performing therapies without adequate understanding of their effectiveness or when to adjust therapy.

The case studies provide realistic scenarios of patients suffering with disease, manifestations of the disease, and notes from the subjective/objective/assessment/plan (SOAP) method. The case studies in the chapters and at the end of the book are brief enough to be used in the classroom, for group discussion or small-group work. I found the cases realistic, accurate, and a good teaching tool.

The book's first section is dedicated to assessing the cardiopulmonary system and the data from common laboratory tests and special procedures. The chapters on patient interviewing and physical examination are particularly thorough. Although the topics covered in this first section (which accounts for 130 pages of the book) are often included in other lung disease books, what is unique here is the authors' attempt to tie in the assessment data and findings to normal physiology. In addition, in the chapters that cover specific diseases, the clinical manifestations of each disease are discussed with a reference to pages in this first section, which introduces related concepts. Again,

the authors bridge the normal physiology and the pathophysiology.

Two additional topics are covered that are not typically found in disease-related books. Chapter 9 covers therapist-driven protocols, with discussion on the knowledge base and assessment skills needed to implement a protocol. Examples of appropriate protocols are included. And Chapter 10 covers recording skills and how to collect and organize assessment data and therapeutic outcomes. This chapter will assist students in developing good documentation skills. The Health Insurance Portability and Accountability Act is also discussed.

What I found particularly useful in the disease chapters was how the suggested treatment plans for each disease are referenced to the therapist-driven protocol in Chapter 9. This tactic minimizes redundancy between chapters.

The color illustrations of the diseases are useful for scanning into presentation software for use in the classroom. A 2-color version of each photograph is also provided at the beginning of each chapter.

Parts II through XIII cover the lung diseases a respiratory therapist will encounter. Most are thorough and have been updated since the 4th edition. I did find a few chapters that omit key concepts or material. For example, I was surprised that the definition of chronic obstructive pulmonary disease, in Chapter 11, omitted reference to the Global Initiative for Chronic Obstructive Lung Disease, which redefined COPD and developed new standards of care. Chapter 15 has less than a page on community-acquired pneumonia and ventilator-associated pneumonia, which are timely topics that need further discussion. Chapter 17 on tuberculosis omits environmental control measures for the hospitalized patient with active tuberculosis. The chapters on sleep apnea, lung cancer, and acute respiratory distress syn-

drome cover these topics superficially. However, the remaining chapters are thorough and offer the detail appropriate for students in either an associate or bachelors degree program.

A few other minor issues I noted include: using the outdated term "rhonchi" to describe lung sounds; interchanging the terms "emergency room" and "emergency department" in most of the case studies; and gastric reflux is not discussed beyond a sentence or two in Chapter 13, on asthma, whereas it is covered in depth in Chapter 15, on pneumonia.

The book concludes with 10 additional practice case studies, with sections to have the student complete his or her own SOAP notes; the authors' answers are provided elsewhere in the book. These cases lend themselves well to class discussion or having students in small groups complete the SOAP notes. The appendixes and glossary are thorough.

To accompany the 4th edition the authors wrote a book of case studies tied to that edition. I hope they provide a similar partner book for this 5th edition. However, instructors may find adequate the 5th edition's emphasis on SOAP notes and its supplemental cases at the end of the book.

This book has evolved over the past 5 editions to become a staple in the respiratory care classroom. The book uses a number of andragogical principles that will assist the student in developing a good understanding of the concepts.

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