Linton SL (ed). New avenues for the prevention of chronic musculoskeletal pain and disability. Amsterdam: Elsevier; 2002.

Steven Linton's book serves as a precise expose on the errors of many typical management strategies for back pain. Examples include inappropriate surgery and excessive diagnostic imaging. Alternatives which have strong evidence-bases are presented in a logical, easy to follow manner. A who is who of leaders in the musculoskeletal disability field edge towards a consensus on a staged model for managing back problems. In this book there are numerous chapters by international authorities who agree that reassurance and advice are the first level of care. This should be followed by a brief cognitive-behavioral approach, with only the most stubborn patients requiring a more comprehensive, multidisciplinary approach.

The organization of the book is very simple and covers 3 sections: the need for prevention; risk factors and mechanisms; and early identification and preventive intervention. Von Korff, Main, Vlaeyen, Gatchel, Feuerstein, Waddell, and others hit on burning issues in the disability field such as why workers don not return to work, and if risk factors of disability can be identified in the injured worker. One of the most practical chapters written by Vlaeyen and Linton describes the 3 steps of behavioral intervention, including screening, education, and exposure. Exposure includes desensitization to feared stimuli by graded exposures to specific exercises which mimic the feared activities a person is avoiding in their daily or work life.

Shaw, Feuerstein and Huang unmask with great detail the following 3 risk factor domains:

1. ergonomic and biomechanical factors (physical load, frequent bending, keyboard use)
2. work organization and psychosocial factors (job satisfaction, monotonous work)
3. individual psychosocial and health behavior factors (fitness, pain avoidance beliefs, perceived ability to work)

These authors reference the latest literature showing the relative risks for a poor recovery based on the

presence of these findings, as well as what can be done to influence these factors.

Burton and Waddell write that communication problems in medicine are important and common. A patient's anxiety, distress and dissatisfaction are shown to be directly related to a lack of information. Studies are summarized showing that written educational material is a weak intervention, and that a person's readiness to change is a key component.

In one of the most relevant chapters, Linton writes, a detailed outline of the content of the cognitive-behavioral group education classes that are shown to be successful in preventing and treating chronic disability. Topical class outlines cover the following topics:

1. Causes of pain and prevention of chronic problems
2. Managing your pain
3. Promoting good health, controlling stress at home and at work
4. Adapting for leisure and work
5. Controlling flare-ups
6. Maintaining and improving results

Van den Haut and Vlaeyen describe how and why interventions in chronic pain should focus on consequences of pain rather than the pain itself. Besides graded exposures, other techniques include problem solving therapy (5 steps), record of coping attempts tool, and brainstorming.

This book represents a highly accessible, yet innovative dissemination of current approaches from the cognitive-behavioral perspective. It is edited by one of the world's greatest authorities in the chronic pain field, Steven Linton, with supporting contributions from many of the foremost scientists and clinicians on the subject. While authoritative it is also surprisingly lucid and practical and thus would benefit any health care provider dealing with patients suffering chronic musculoskeletal pain and/or disability.

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