

**Thoracoscopy for Physicians: A Practical Guide.** DR Buchanan and E Neville. New York: Arnold/Oxford University Press. 2004. Soft cover, illustrated, 166 pages, \$42.50.

Medical thoracoscopy is a procedure that is slowly gaining popularity in the United States. As more and more pulmonologists are becoming interested in the visualization and evaluation of the pleural space, a concise practical handbook is certainly necessary.

This book by Buchanan and Neville reviews the procedure and related issues, such as the classification of pleural effusions, etiologies of abnormal pleural fluid, suggested workup, and other surgical approaches, such as video-assisted thoroscopic surgery.

Generally, I found this small book informative and helpful for the novice, but brevity also creates problems, as many topics cannot be expanded on in necessary detail. An example is the short discussion on "trapped" lungs. The difference from lung entrapment is not well defined, pleural manometry is not mentioned, and the discussion about potential interventions is too short.

Also, I have issues with some of the authors' recommendations. Should there really be "diagnostic" thoracentesis? I would argue that if a needle is placed into the pleural space, as much fluid as possible should be drained. Another issue is patient-positioning. Most centers place the patient on his/her side and choose lower points of entry than are suggested by Buchanan and Neville. Obviously, there is often more than one way to perform a procedure.

The book includes a helpful appendix that lists exactly the equipment and disposables required. Note, though, that more than one equipment-maker supplies the needed instruments, and that those instruments differ in design.

Overall, I recommend the book for the beginner in the field, or medical support staff, but I emphasize that the book will not replace the training and experience required for undertaking medical thoracoscopy. Advanced endoscopists will quickly need to resort to more detailed discussions (than this book provides) of pleural problems and pathology.

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**Writing and Defending Your IME Report: The Comprehensive Guide.** Steven Babitsky Esq, James J Mangraviti Jr Esq, J Mark Melhorn MD. Falmouth, Massachusetts: Seak. 2004. Hard cover, 654 pages, \$149.95.

Seak is well known in the field of publishing textbooks and audiotapes and producing seminars about independent medical examinations (IMEs). The authors of this book also bring a personal wealth of experience in writing and lecturing on this topic. **Writing and Defending Your IME Report: The Comprehensive Guide** is a large text. It provides almost everything the interested reader will need to know to perform an acceptable IME. Though it will appeal primarily to physicians, nonphysician clinicians who perform IMEs or who participate in medico-legal activities will find this book useful.

The IME has become necessary in the current practice of medicine. When a health care practitioner agrees to perform an IME, he must be knowledgeable, objective, and thorough about the disease or disability in question. The third-party payer, attorney, employer, patient, and multiple other stakeholders demand this. With numerous case examples and model reports, the authors demonstrate this and many other important facts. Each chapter has a unifying theme that is subdivided into multiple sections. In general, each section contains an introductory paragraph that describes a key point, followed by an example (eg, an excerpt of an IME report or a question-and-answer dialogue between an attorney and the examining physician in a deposition or courtroom situation). This is followed by comments from the authors, who explain why the report or the testimony was either correct or flawed. The text contains 18 chapters, nearly all of which begin with an executive summary. In addition, Chapter 1 provides an overall summary of the key points of all the subsequent chapters. This encyclopedic format allows the reader to stop at the end of a particular topic in a given chapter and easily return later to review another topic.

The book provides a handy review of the basic do's and don't's of an IME examination and report. It does not give a preferred or best-case format, but instead provides multiple formats for the reader to consider. The experienced IME physician generally develops her own procedures and protocols for reviewing records, obtaining the history, examining the patient, and submitting a re-

port. Even so, this book provides alternatives for all IME physicians to consider.

As with any medical evaluation, an IME requires accuracy, precision, and an awareness of detail. The IME report is often scrutinized by multiple individuals. The authors show how a physician can be trapped during testimony because he wrote a seemingly innocent but flawed statement about the history, the physical examination, or the conclusions. The authors make excellent points by emphasizing how attorneys scrutinize reports and then ask probing questions to the physician, who must explain his statements under oath. Confusing or incorrect responses can lead to the conclusion that the IME is invalid. The authors also point out that an IME can become a public record, retrievable years later, so the physician must remain consistent in his statements. The book also provides examples of how a physician can respond appropriately to difficult questions and place the attorney on the defensive.

One especially excellent chapter is entitled "Damaging Extraneous Language and Information That Should Not Be Included in IME Reports." It clearly points out that innocent-sounding statements such as "If you have any questions regarding the detail and content, please call. . ." are easily used against the physician. The chapter on "The Examinee's History" emphasizes the importance of precise reading of records. It also outlines the essential components of history-taking for an IME. The chapter provides good examples of various formats for the written history. The text offers many "pearls." Among these are to avoid "hedge" phrases such as "I think." Another comment regards computer-assisted report templates; the physician must be prepared to defend that the entire evaluation process was actually individualized to the patient. One interesting suggestion, which every clinician should consider, is to request that the patient read and sign a satisfaction survey at the end of the examination. When responding in the affirmative to questions that ask if the patient thought he was treated with dignity and respect, or in the negative when asked if he experienced any difficulties during the examination, the authors point out that if the same patient subsequently complains that he was physically injured during the course of the examination, it is less likely to be believed. I have heard of several instances in which patients made such claims against an IME doctor. A positive satisfac-

tion-survey response is an excellent way to contradict such a claim. Another recommendation is that if the clinician chooses to document the start and end times of the examination, the reported times should be precise, not approximate.

A section on physical examination provides a brief outline of the components of the examination, which may help a clinician who is new to this form of evaluation. The examples emphasize the neurological and musculoskeletal systems. Overall, the textbook focuses primarily on these 2 body systems. That emphasis is well placed, because the majority of IMEs are performed on individuals who have neurological or orthopedic problems. The examples in this text, therefore, may appear to have less meaning to practitioners who perform IMEs on the cardiac or pulmonary systems. However, the principles regarding record review, history taking, report writing, and testimony are equally relevant and appropriate to all IME examiners.

The chapters entitled "Defeating Counsel's Tactics" and "Trick and Difficult Cross-Examination Questions" provide entertaining collections of questions that are often raised by opposing counsel in an attempt to discredit the examiner and the report. The authors provide recommendations on responding appropriately and professionally to such tactics. In the legal system, every word has a meaning. The authors em-

phasize the necessity of proofreading and using precise language.

The final chapter, "Model Reports," has 182 pages and includes various styles and lengths of complete IME reports, each of which the authors critique with both positive and negative comments. Because of the length of some of these reports, I suspect many readers will choose to direct more of their effort toward reading the authors' comments. This chapter would be more user-friendly if the top of each page contained a heading with the name or report number, to allow faster identification of a particular report. IME physicians should understand that the length of an IME report is not the key factor in determining quality, but that fact is not stressed by the authors.

Model report #3 contains an impairment rating that uses the American Medical Association Guidelines for the Evaluation of Permanent Impairment. I would have liked the authors to more clearly distinguish the difference between an IME and an impairment-rating evaluation. In some states those 2 reports are separate, each with distinct information, that must be provided to the payer. I also would have liked the authors to explain how they estimate or respond to questions about functional capacity in circumstances when a formal functional capacity examination is not performed. Many practitioners make guesses when asked to estimate functional capacity, and the au-

thors' expertise on this matter would have been helpful.

Regarding the format of this text, some redundancy occurs, in part because the authors chose an encyclopedia format. For example, malingering is discussed in 3 chapters. Could it have been consolidated into one section? The phrases "I believe" and "I do not believe" are also discussed in 3 different chapters. The 11-page index helps to find topics, but I would have preferred to see similar terminology and topics more closely grouped in the text. I found one misspelling, on page 416: "Flexeril" is misspelled "Flexeric."

An experienced IME physician may not wish to read this text cover-to-cover but rather may choose to review the executive summary of Chapter 1 and the summary section of each chapter. He can then refer to specific topics and examples as needed.

Overall, I commend the authors for producing what may be the definitive text on IMEs. As more third-party payers and attorneys are requesting second opinions and reviews of medical care, **Writing and Defending Your IME Report: The Comprehensive Guide** provides an essential resource for anyone who wishes to perform IMEs.

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