

12. Cooney K, Pathak U, Watson A. Infant growth charts. *Arch Dis Child* 1994;71:159-60.
13. World Health Organization technical report series 854. Physical Status: The Use and Interpretation of Anthropometry. Geneva: World Health Organization, 1995.
14. World Health Organization. An evaluation of infant growth - a summary of analyses performed in preparation for the WHO Expert Committee on Physical Status: The Use and Interpretation of Anthropometry. [Unpublished] 1994.
15. Guo SM, Roche AF, Yeung DL. Monthly growth status from a longitudinal study of Canadian infants. *Can J Public Health* 1990;81:215-21.
16. Babson SG. Growth of low-birth-weight infants. *J Pediatr* 1970;77:11-18.
17. Blishen BR, McRoberts, HA. A revised socioeconomic index for occupations in Canada. *Can Rev Sociol Anthropol* 1976;13:71-73.
18. Cameron N (Ed.). *The Measurement of Human Growth*. London: Cromm Helm, 1984;55-99.
19. Hamill PVV, Drizd TA, Johnson CL, et al. Physical growth: National Center for Health Statistics percentiles. *Am J Clin Nutr* 1979;32:607-29.
20. Dibley MJ, Goldsby JB, Staehling NW, et al. Development of normalized curves for the international growth reference: Historical and technical considerations. *Am J Clin Nutr* 1987;46:736-48.
21. Dean AG, Dean JA, Coulombier D, et al. (Eds.). Epi Info, Version 6: A word processing, database, and statistics program for epidemiology on microcomputers. Atlanta: Centers for Disease Control and Prevention, 1994.
22. Wright CM, Waterston A, Aynsley-Green A. Comparison of the use of Tanner and Whitehouse, NCHS, and Cambridge standards in infancy. *Arch Dis Child* 1993;69:420-22.
23. Dewey KG, Peerson JM, Brown KH, et al. Growth of breastfed infants deviates from current references data: A pooled analysis of US, Canadian, and European data sets. *Pediatrics* 1995;96:495-503.
24. WHO Working Group. Use and interpretation of anthropometric indicators of nutritional status. *Bulletin of the World Health Organization* 1986;64:929-41.
25. Health and Welfare Canada. Present patterns and trends in infant feeding in Canada, 1990.
26. Hack M, Fanaroff AA. Growth patterns in the ICN graduate. In: Ballard RA (Ed.), *Pediatric Care of the INC Graduate*. Philadelphia: W.B. Saunders Company, 1988.
27. Brandt I. Growth dynamics of low-birth-weight infants with emphasis on the perinatal period. In: Falkner F, Tanner JM (Eds.), *Human Growth: A Comprehensive Treatise*, 2nd ed. New York: Plenum Press, 1986.
28. Elliman AM, Bryan EM, Elliman AD, Harvey DR. Gestational age correction for height in preterm children to seven years of age. *Acta Paediatr* 1992;81:836-39.
29. Wachtel RC, Landsman JK, Hussey-Gardner B. Detection delay in premature infants: The need for partial correction. *Pediatr Res* 1996;39:283A.
30. Albertsson-Wikland K, Karlberg J. Natural growth in children born small for gestational age with and without catch-up growth. *Acta Paediatr Suppl* 1994;399:64-70.

Received: October 27, 1996
Accepted: July 28, 1997

B O O K R E V I E W S R E C E N S I O N

Preventing Patient Falls

Janice M. Morse. *Thousand Oaks, CA: Sage Publications, Inc., 1996; 152 pp.*
Hardcover: \$46 US; Softcover: \$21.95 US

Falls are everyone's business. An individual can suffer serious physical (and psychological) harm, caregivers and families suffer increased burden of care, and hospital stays and costs are prolonged. Increasingly we recognize that many falls are not 'accidents' but are caused or exacerbated by numerous preventable factors.

In this easily readable book, Janice Morse starts by providing an excellent overview of the somewhat complex, multi-factorial issues around patient falls. The author classifies falls into three different types which come with outlines of their prevention strategies. The core of the book, however, revolves around the use of Morse's own fall scale within the context of an interdisciplinary falls prevention program. An almost step-by-step approach to creating such a program is outlined together with heavy emphasis on evidence-based practices to back this up. Thus techniques for measurement of baseline data, types of variables to measure and ongoing program evaluation are discussed.

The Morse fall scale is a simple and effective way of assessing the risk of an individual's falling. It uses six easily measured variables (such as a history of falling, presence or absence of intravenous therapy, etc.) to provide a falls risk score. Accordingly, its use allows appropriate resources to be targeted more efficiently to those at high risk.

Discussion of the construction, reliability, validity, sensitivity and specificity of the scale is provided in detail in the appendices together with over 20 pages of references for further reading for those interested.

I disagree with Morse, in that this book is not just for nurses and administrators but would be appropriate and useful for any health care professional, particularly those involved with the high-risk populations in rehabilitation and long term care. Furthermore, the methodology described for the creation of a clinical scale and the

implementation of an intervention program serves as a good example for individuals interested in community health and epidemiology.

Nigel L. Ashworth, MB, ChB, FRCPC
Dept. of Physical Medicine & Rehabilitation
Saskatoon City Hospital, Saskatoon, SK

Evidence-based Health Care: How to Make Health Policy and Management Decisions

J.A. Muir Gray. *Edinburgh: Churchill Livingstone, 1997; 270pp., \$25.00 Cdn.*

This book proposes a comprehensive approach to health care decision making, targeted at health care workers at all levels. It introduces the principles of epidemiology, defines and explains terms and gives practical examples of how these principles should be used as evidence for decision making. The clear writing style makes the book accessible to those without any formal training in epidemiology, economics or health administration. Throughout, key points are highlighted by use of clear diagrams and flow charts. As well, frequent checklists are provided and can be used as quick reference or revision aids. An innovative feature is the presence of various vignettes, which place the preceding topics in perspective and allow for reflection on their practical application.

The groundwork for the evidence-based decision making is laid in chapters one to three. Briefly, the author suggests an empirical approach be key to sound health care decision making. Some attention is given to the need for evidence-based decisions in clinical practice, policy making and management of health care services with specific examples for developing countries. The text then addresses significant epidemiological issues and offers strategies for each. In all scenarios, thorough literature synthesis, including methodological evaluation and data analysis, is emphasized. Additional user information is provided in an appendix on medical databases such as MEDLINE,

See Book Reviews, page 142