

Pulmonary Rehabilitation**Claudio F. Donner, Nicolino Ambrosino, Roger S. Goldstein, 2020****CRC Press, Boca Raton****ISBN: 9781138498815****eBook ISBN: 9781351015592****Pages: 518; illustrations: 168; \$ 199.95**

Commenting on this book is a great privilege and an opportunity to share some emerging aspects regarding the development of pulmonary rehabilitation. Indeed, appreciating the therapeutic value of this modality is possible because of continuous research and tireless commitment of all professionals involved in the care of patients with respiratory diseases and pulmonary-related impairments. In the mid-1940s, rehabilitation of patients with pulmonary tuberculosis attracted the attention of researchers. The world was not probably ready to face that infection, and we are nowadays in the same position with new and emerging diseases. There were also illuminated discoveries such as the experimental transplantations by the Russian scientist Vladimir Demikhov, the first successful lung transplantations in the late 1980s, the innovations in cardiac and thoracic surgery such as the cardiopulmonary bypass, the development of mechanical circulatory support devices. A common thread links all these discoveries, namely the desire of man to enter unexplored territories. Also pulmonary rehabilitation has undergone this process.

The patients' conditions during hospitalisation have improved over time, and we are currently living a gold era where dignity and respect are the keywords of the relationship between clinician and patient. The improvements achieved in the last century have allowed us to take advantage of the sacrifices of our colleagues and patients as well. Nowadays, there are available technical resources, logistics, and dedicated supply chains to deal with daily clinical practice in respiratory settings.

Let us not forget how intense and demanding is the therapeutic treatment of pulmonary patients either in stable conditions or during an exacerbation. Patients with pulmonary diseases are prone to physical deconditioning: therefore, a multidisciplinary intervention is mandatory. Indeed, pulmonary rehabilitation has attracted increasing attention because it is the sum of all the interdisciplinary activities by several professionals.

We have read with great interest the second edition of “*Pulmonary Rehabilitation*”, by CF Donner, N Ambrosino and RS Goldstein, no need to remind who they are in pulmonary rehabilitation history, with the collaboration of the most recognised authorities in the field as chapter authors. This book represents a perfect example of how cooperation can produce excellent results, fruitful for the whole scientific community that can find the scientific material necessary to understand the deepest concepts of pulmonary rehabilitation. Its reading should be suggested to all those subjects needing to better understand the strict relationship between therapy and pathology, including medical students, healthcare professionals, clinicians, and stakeholders. This book is not a simple updating of the successful first edition, it deals with the most recent innovations in the field such as new approaches to exercise training, namely whole-body vibrations and water-based rehabilitation. A section on the management of lung transplantation, as well as the role of pulmonary rehabilitation in intensive and critical care settings, is undoubtedly providing further insights on these specific arguments. The chapter on COVID-19, the personalised approach to and the role of pulmonary rehabilitation in palliative care are examples of novelties in the field.

Professionals seeking to improve their specific knowledge on pulmonary rehabilitation should have this book on their bookcase and when reading it, thinking about the significant value of human cooperation. Looking at the contributors of this edition, we are in the presence of recognised clinical experts in their field, and we stand proudly with them in appreciating their work.

Massimiliano Polastri

Medical Department of Continuity of Care and Disability,
Physical Medicine and Rehabilitation, St. Orsola University
Hospital, Bologna, Italy

Stefano Nava

Department of Clinical, Integrated and Experimental
Medicine (DIMES), University of Bologna, and Respiratory and
Critical Care Unit, St. Orsola University Hospital, Bologna, Italy