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now when u hit the gas it just bogs (dies)

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Traumatic brain injury (TBI) accounts for up to one-third of combat-related injuries in Iraq and Afghanistan, according to some estimates. TBI is also a major problem among civilians, especially those who engage in certain sports. At the request of the Department of Defense, the IOM examined the potential role of nutrition in the treatment of and resilience against TBI.

The #1 guide to the principles and clinical applications of evidence-based medicine has just gotten better! A Doody's Core Title ESSENTIAL PURCHASE for 2011! No other resource helps you to put key evidence-based medicine protocols into daily

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discontinued early --Influence clinician behavior to improve patient care --Apply key strategies for teaching evidence-based medicine Also look for JMAEvidence.com, a new interactive database for the best practice of evidence based medicine.

From dirt bikes and jet skis to weed wackers and snowblowers, machines powered by small gas engines have become a permanent—and loud—fixture in American culture. But fifty years of high-speed fun and pristine lawns have not come without cost. In the first comprehensive history of the small-bore engine and the technology it powers, Paul R. Josephson explores the political, environmental, and public health issues surrounding one of America's most dangerous pastimes. Each chapter tells the story of an ecosystem within the United States and the devices that wreak havoc on it—personal watercraft (PWCs) on inland lakes and rivers; all-terrain vehicles (ATVs) in deserts and forests; lawn mowers and leaf blowers in suburbia. In addition to environmental impacts, Josephson discusses the development and promotion of these technologies, the legal and regulatory efforts made to improve their safety and environmental soundness, and the role of owners' clubs in encouraging responsible operation. Synthesizing information from medical journals, recent environmental research, nongovernmental organizations, and manufacturers, Josephson's compelling history leads to one irrefutable conclusion: these machines cannot be operated without loss of life and loss of habitat.

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There are at least four reasons why a sleep clinician should be familiar with rating scales that evaluate different facets of sleep. First, the use of scales facilitates a quick and accurate assessment of a complex clinical problem. In three or four minutes (the time to review ten standard scales), a clinician can come to a broad understanding of the patient in question. For example, a selection of scales might indicate that an individual is sleepy but not fatigued; lacking alertness with no insomnia; presenting with no symptoms of narcolepsy or restless legs but showing clear features of apnea; exhibiting depression and a history of significant alcohol problems. This information can be used to direct the consultation to those issues perceived as most relevant, and can even provide a springboard for explaining the benefits of certain treatment approaches or the potential corollaries of allowing the status quo to continue. Second, rating scales can provide a clinician with an enhanced vocabulary or language, improving his or her understanding of each patient. In the case of the sleep specialist, a scale can help him to distinguish fatigue from sleepiness in a patient, or elucidate the differences between sleepiness and alertness (which is not merely the inverse of the former). Sleep scales are developed by researchers and clinicians who have spent years in their field, carefully honing their preferred methods for assessing certain brain states or characteristic features of a condition. Thus, scales provide clinicians with a repertoire of questions, allowing them to draw upon the extensive experience of their colleagues when attempting to tease apart nuanced problems. Third, some

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scales are helpful for tracking a patient's progress. A particular patient may not remember how alert he felt on a series of different stimulant medications. Scale assessments administered periodically over the course of treatment provide an objective record of the intervention, allowing the clinician to examine and possibly reassess her approach to the patient. Finally, for individuals conducting a double-blind crossover trial or a straightforward clinical practice audit, those who are interested in research will find that their own clinics become a source of great discovery. Scales provide standardized measures that allow colleagues across cities and countries to coordinate their practices. They enable the replication of previous studies and facilitate the organization and dissemination of new research in a way that is accessible and rapid. As the emphasis placed on evidence-based care grows, a clinician's ability to assess his or her own practice and its relation to the wider medical community becomes invaluable. Scales make this kind of standardization possible, just as they enable the research efforts that help to formulate those standards. The majority of Rating Scales in Sleep and Sleep Disorders:100 Scales for Clinical Practice is devoted to briefly discussing individual scales. When possible, an example of the scale is provided so that readers may gain a sense of the instrument's content. Groundbreaking and the first of its kind to conceptualize and organize the essential scales used in sleep medicine, Rating Scales in Sleep and Sleep Disorders:100 Scales for Clinical Practice is an invaluable resource for all clinicians and researchers interested in sleep disorders.

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Designing Clinical Research sets the standard for providing a practical guide to planning, tabulating, formulating, and implementing clinical research, with an easy-to-read, uncomplicated presentation. This edition incorporates current research methodology—including molecular and genetic clinical research—and offers an updated syllabus for conducting a clinical research workshop. Emphasis is on common sense as the main ingredient of good science. The book explains how to choose well-focused research questions and details the steps through all the elements of study design, data collection, quality assurance, and basic grant-writing. All chapters have been thoroughly revised, updated, and made more user-friendly.

The NACA and aircraft propulsion, 1915-1958 -- NASA gets to work, 1958-1975 -- The shift toward commercial aviation, 1966-1975 -- The quest for propulsive efficiency, 1976-1989 -- Propulsion control enters the computer era, 1976-1998 -- Transiting to a new century, 1990-2008 -- Toward the future

Healthcare decision makers in search of reliable information that compares health interventions increasingly turn to systematic reviews for the best summary of the evidence. Systematic reviews identify, select, assess, and synthesize the findings of similar but separate studies, and can help clarify what is known and not known about the potential benefits and harms of drugs, devices, and other healthcare services. Systematic reviews can be helpful for clinicians who want to integrate

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research findings into their daily practices, for patients to make well-informed choices about their own care, for professional medical societies and other organizations that develop clinical practice guidelines. Too often systematic reviews are of uncertain or poor quality. There are no universally accepted standards for developing systematic reviews leading to variability in how conflicts of interest and biases are handled, how evidence is appraised, and the overall scientific rigor of the process. In *Finding What Works in Health Care* the Institute of Medicine (IOM) recommends 21 standards for developing high-quality systematic reviews of comparative effectiveness research. The standards address the entire systematic review process from the initial steps of formulating the topic and building the review team to producing a detailed final report that synthesizes what the evidence shows and where knowledge gaps remain. *Finding What Works in Health Care* also proposes a framework for improving the quality of the science underpinning systematic reviews. This book will serve as a vital resource for both sponsors and producers of systematic reviews of comparative effectiveness research.

The volume's as handsome as our first crush, but don't just judge this book by its cover (blue, of course). We all have those pretty volumes that sit uncracked near our well-worn, food-spattered cookbooks. But *Bluestem's* recipes, while ambitious, can be tackled by the humble home chef. --VIVmag A repeated nominee for the James Beard Award for Best Chef Midwest, chef Colby Garrelts and highly

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respected pastry chef Megan Garrelts offer their culinary techniques inside *Bluestem: The Cookbook*. From Warm Eggplant Salad and Potato-Crusted Halibut with Herb Cream to delectable desserts such as Honey Custard and Peanut Butter Beignets with Concord Grape Sauce, the Garreltses showcase local, Midwestern ingredients and artisanal producers through 100 seasonally driven recipes. Including a full-meal lineup of recipes, from amuse-bouche to dessert, *Bluestem* offers helpful tips from a professional kitchen alongside seasonal wine notes and 100 full-color photographs that capture the simple beauty of *Bluestem's* composed dishes. Guided by their childhood memories and inspired by the world around them, the Garreltses offer a Midwestern sensibility inside *Bluestem: The Cookbook*, while enabling cooks of all experience levels the opportunity of replicating *Bluestem's* contemporary taste and signature dishes at home.

This compact how-to reference provides psychological and medical therapists and students with practical and evidence-based guidance on diagnosis and treatment of chronic pain.

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