SAMPLE EMG/NCV REPORT - NORMAL STUDY

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2/9/2010 12:50:20 PM

Patient: XXXX, Regina DOB: 4/17/1966 Physician: Smith ID#: XXXX_REGINA_10020 SEX: Female Ref. Phys: Jones

Patient Complaints:

Right hand numbness

Patient History:

The patient is referred by Dr. Jones for an electrodiagnostic evaluation of the right upper extremity. The patient suffered a work related injury while working at an office. The patient reports pain and numbness in the right hand.

Physical Exam:

GEN: No acute distress, well nourished, well developed

HEENT: Normal cephalic, PERRLA, EOMI EXT: No clubbing cyanosis or edema

MUSCULOSKELETAL: No asymmetry, mass or tenderness to palpation. Strength is 5/5 in bilateral

upper and lower extremities

SPINE: There is no tenderness to palpation to the cervical or lumbar paraspinal muscles NEURO: Patient is alert, awake and oriented x 3, muscle tone is normal without clonus.

DTR's are symmetrical and normal in bilateral upper and lower extremities. Sensation to light touch is

normal

Phalen's is negative Tinel's is negative

ELECTRODIAGNOSTIC STUDY:

Nerve conduction study of the right upper extremity was done today with the surface skin measure at 32 degrees Celcius and above near the site of the recording electrodes.

Informed consent was obtained. Needle electromyography was performed with a monopolar disposable needle electrode on selected muscles as shown below. Nerve conductions were performed using standard surface conduction techniques. The patient tolerated the procedure without complications.

Patient: XXXX, Regina Test Date: 2/9/2010 p. 2

Impression:

There is no electrodiagnostic evidence of a neuropathic or a myopathic process in right upper extremity at this time. Also, no electrodiagnostic evidence of a neuropathy or a plexopathy in the right upper extremity based on the nerve conduction studies. Conventional nerve conduction studies and EMG cannot test the small sensory pain fibers which, when irritated secondary to compression or tendon inflammation etc., could be a source of pain and paresthesias from within the sensory nerves, nerve roots, subcutaneous structures, and/or bony structures, etc.

In compliance with labor code section 4628 and the rules of practice and procedure, specifically 10978 and 10606, the following is supplied.

I declare under penalty of perjury, that all opinions in this report are mine. I performed the evaluation and cognitive services at Precision Occupational Medical Group 1805 E. Dyer Road #110, Santa Ana, CA 92705 and that, except as otherwise stated herein, the evaluation was performed and the time spent performing the evaluation was in compliance with the guidelines, if any, established by the Industrial Medical Council or the Administrative director pursuant to paragraph (5) of subdivision (j) of the section 139.2 or section 5307.6 of the California Labor Code.

I have complied with the Labor Code section 139.3 and I have offered or received any commissions or inducements for this consultation. The name and contents of the report and billings are true and correct to the best of my knowledge, executed on this date.

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ELECTRODIAGNOSTIC RESULTS:

EMG

Side	Muscle	Nerve	Root	Ins Act	Fibs	Psw	Amp	Dur	Poly	Recrt	Int Pat	Comment
Right	Abd Poll Brev	Median	C8-T1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	_
Right	1stDorInt	Ulnar	C8-T1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	ExtIndicis	Radial (Post Int)	C7-8	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	ExtCarUIn	Radial (Post Int)	C7-8	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	ExtCarRad	Radial	C6-7	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	BrachioRad	Radial	C5-6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	Biceps	Musculocut	C5-6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	Triceps	Radial	C6-7-8	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	Deltoid	Axillary	C5-6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	Upper Cervical	Rami		Nml	Nml							
Right	Mid Cervical	Rami		Nml	Nml							
Right	Lower Cervical	Rami		Nml	Nml							

Motor Nerves

Site	NR	Onset (ms)	Norm Onset (ms)	O-P Amp (mV)	Norm Amp (mV)	Neg Dur (ms)	Segment Name	Delta- O (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
Right Me	edian	(Abd Poll	Brev)								
Wrist		2.97	<4.0	13.85	>5.0	5.39	Elbow-Wrist	3.75	23	61.33	>50.0
Elbow		6.72		13.51		5.63					
Right Ulnar (Abd Dig Min)											
Wrist		2.81	<4.0	12.30	>5.0	5.94	B Elbow-Wrist	3.59	21	58.50	>50
B Elbow		6.41		11.43		6.56	A Elbow-B Elbow	2.50	14	56.00	>50
A Elbow		8.91		10.78		6.72					
Right Radial (Ext Ind Prop)											
Ext Ind Prop1		1.95	>1.0	4.09		7.34	Ext Ind Prop1-Ext Ind Prop1	0.00			

Patient: XXXX, Regina Test Date: 2/9/2010 p. 4

Sensory Nerves

Site	NR	Peak (ms)	Norm Peak (ms)	P-T Amp (μV)	Norm Amp (μV)	Segment Name	Delta- P (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
Right Med	lian Aı	nti (2nd [Digit)							
Wrist		3.13	<3.7	92.39	>15.0	Wrist-2nd Digit	3.13			>50
Right Ulna	ar Anti	i (5th Dig	jit)							
Wrist		3.19	<3.8	73.65	>15.0	Wrist-5th Digit	3.19			>50.0
Right Med Median	lian ar	nd Ulnar	Ortho (W	/rist)						
Palm Ulnar		1.84	<2.3	124.03	>14	Median Palm-Wrist	1.84			
Palm		1.78	<2.3	43.04	>6	Ulnar Palm-Wrist	1.78			
Right Rad Base 1st	ial An	ti (Base '	1st Dig)			Base 1st Digit-Base 1st				
Digit		2.00	<2.7	53.17	>13	Dig	2.00			

FWave/HReflex

NR	Lat1	Lat2	Delta	Amp
	(ms)	(ms)	(ms)	(μV)
	•	•		

Right Median-F (APB)

23.97 0.00 23.97

Right Ulnar-F (ADM)

26.69 0.00 26.69

Right Radial-F (Ext Ind Prop)

23.24 0.00 23.24

Test Date: Patient: XXXX, Regina 2/9/2010 Right Median Anti Sensory Right Ulnar Anti Sensory **Right Median and Ulnar Ortho Sensory** Median Palm Wrist Wrist Ulnar Palm 20 (uV) Right Radial Anti Sensory 2 (ms) 20 (uV) Right Median-F 2 (ms) 2 (ms) **Right Median Motor** Wrist Base 1st Digit Elbow 20 (uV) Right Ulnar Motor 5000 (uV) Right Ulnar-F 5000 (uV) / 200 (uV) Right Radial Motor 2 (ms) 5 (ms) Wrist B Elbow A Elbow 5000 (uV) Right Radial-F 5000 (uV) / 200 (uV) __5 (ms) 5000 (uV) 5 (ms)

5000 (uV) / 200 (uV)

__5 (ms)