ELECTROMYOGRAPHY

To help diagnose peripheral nerve damage, 'pinched' nerves in your neck or back, or compressed nerves in your arm or leg, an Electromyographic study has been requested. The following information has been provided to help you understand what the test will include and why it was ordered.

There are two parts to an Electromyographic study: Nerve Conduction and EMG.

Nerve Conduction

Based on measurements of thousands of patients, standard ranges of nerve conduction have been published. A nerve conduction is how the information is sent from your brain to your arm or leg that allows you to walk or reach and hold objects. The SPEED and NUMBER of nerve fibers are evaluated in this section of the test.

Measurements will be made and marked on your skin. A recording pick up, made of a small metal disk or sticker is placed on your fingers or foot. A stimulator is placed at the measured mark and when activated, the recorder displays an image on the computer screen. The waveform is then analyzed for speed and formation.

Most patients do not find this portion of the test uncomfortable. The activation of the stimulator has been described as feeling like 'static electricity,' as when a person rubs their feet on a carpet and then touches another person. If pain is experienced, it will not be continuous and will last a short time.

EMG

A small pin is placed into your muscle and the examiner 'listens' to the sounds of that muscle at rest and during activation. The theory is to determine if the muscle is working with or without the help of your nerves. Most patients do not find this portion of the test painful, but it will be slightly uncomfortable. You may need to have up to 10 muscles examined for proper diagnostic information to be collected.

If, for any reason, you feel that you cannot continue with the study, do not hesitate to tell the examiner to stop. The information provided by the test will help determine a diagnosis and guide your prognosis.

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