

Urgent Care Specialists

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Report:	EMG-1133-28616	Physician:	Dr. John Smith
Age Range:	40-59	Ref Phys:	Dr. Joe Ranier
Height Range cm:	Between 5 ft and 5.5 ft	Technician:	Judy
Gender:	Female	Study Date:	8/16/2013

LEGEND

Borderline	Moderately out of normal range	Severely out of normal range	Technical
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* SD (Standard Deviation) indicates how far the patient's conduction values vary from normal. Values below -2.5 are considered abnormal.

NERVE CONDUCTION STUDY

Motor NCS

Nerve	Side	Stimulation Site	Dist., cm	Lat., ms	Lat., SD	Amp., mV	Amp., SD	Vel., m/s	Vel., SD
R Peroneal Motor	Right	ankle	7	3.65	1.81	9.18	2.54		
L Peroneal Motor	Left	ankle	7	4.3	0.64	4.24	-0.87		
R Tibial Motor	Right	ankle	14	5.9	-0.69	2.13	-2.39		
L Tibial Motor	Left	ankle	14	6.5	-1.5	2.23	-2.36		

* Middle & proximal site distances vary by patient therefore normals data is not available for these parameters

Sensory NCS

Nerve	Side	Stimulation Site	Dist., cm	Lat., ms	Lat., SD	PkLat., ms	PkLat., SD	Amp., μ V	Amp., SD	PkVel., m/s	PkVel., SD
R Sural Sensory	Right	calf	14	1.5	3.99	3.55	1.09	26.54	1.71	39.44	0.98
L Sural Sensory	Left	calf	14	1.0	3.99	3.8	0.33	43.54	3.26	36.84	0.21

F-Waves

Nerve	Min, m/s	Min, SD	Mean, m/s	Max, m/s
R Peroneal Motor	48.2	-2.19	53.45	53.45
L Peroneal Motor	51.3	-3.44	60.85	60.85
R Tibial Motor	52.65	-2.28	59.65	59.65
L Tibial Motor	53.75	-2.63	58.45	58.45

HReflex NCS

Nerve	Side	Stimulation Site	Dist., cm	Lat., ms	Lat., SD	Amp., mV	Amp., SD
R H-Reflex	Right	popliteal		33.15	-3.99	1.96	-1.05
L H-Reflex	Left	popliteal		NR	-4.0	NR	-3.99

Referral Diagnosis:

Findings

The findings of this nerve conduction examination suggest the following. Clinical correlation with the patient's symptoms and examination is indicated to confirm these findings:

Right and Left L5-S1 Radiculopathy

- 1) Prolonged Right H-Reflex Latency at 33.15 ms
- 2) Unrecordable Left H-Reflex Latency

The Electrodiagnostic results in this report are meant to supplement the patient examination and be reviewed by a qualified healthcare provider and are not a substitute for the professional judgment of the healthcare professional in diagnosing and treating patients. This impression was generated by a computer analysis and each potential finding identified should be clinically correlated by a qualified healthcare provider. This computer analysis does not imply that all listed findings are clinically relevant given that some recordings may be deemed a technical artifact and excluded from calculations. The clinical diagnosis can only be made by the treating physician in the context of the patient's other symptoms and findings.

Dr. John Smith

NERVE CONDUCTION ANALYSIS DETAIL

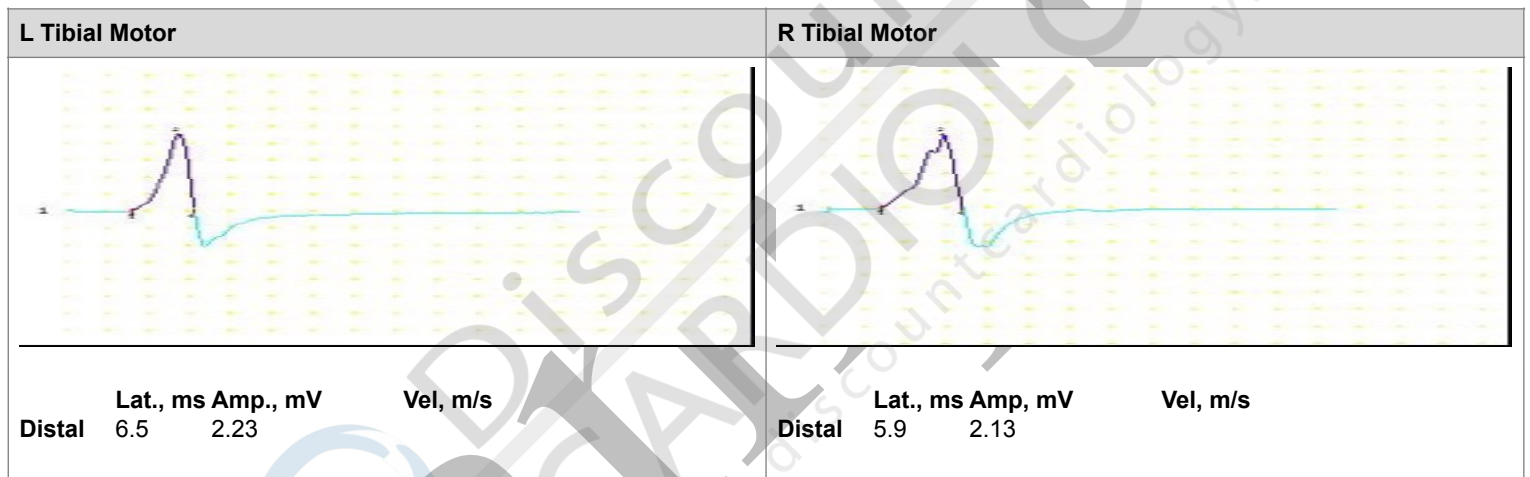
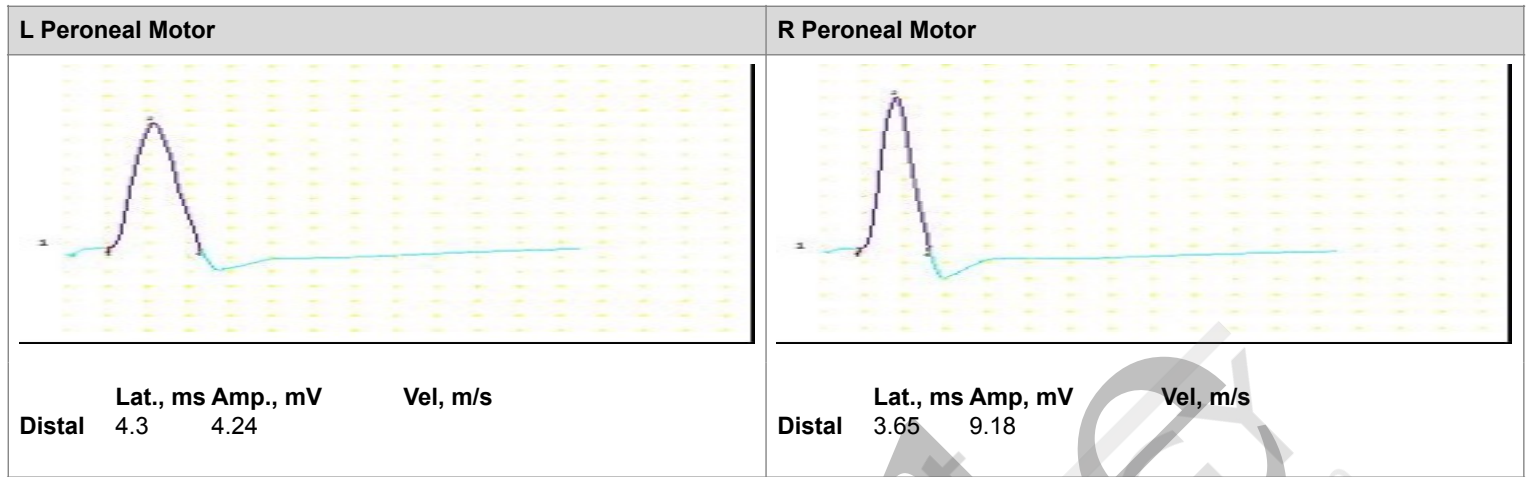
The findings of this nerve conduction examination suggest the following. Clinical correlation with the patient's symptoms and examination is indicated to confirm these findings:

1) Right and Left L5-S1 Radiculopathy Lumbo-sacral root lesions are most frequent in the L5-S1 distribution, the intervertebral space between the lumbar and sacral vertebrae. They are typically caused by compression of the nerve root as it exits the spinal canal and cause a great deal of low back pain with radiation to the affected limb(s) and loss of reflexes, and weakness. Their onset is usually acute, following an injury, or can come on as an aggravation of an old back injury. Treatment should address the cause, and in the beginning, consists of an anti-inflammatory drug regimen and analgesics, accompanied by traction if indicated. When symptoms do not subside within months or significantly interfere with function, and imaging shows a well defined lesion, surgery is indicated.

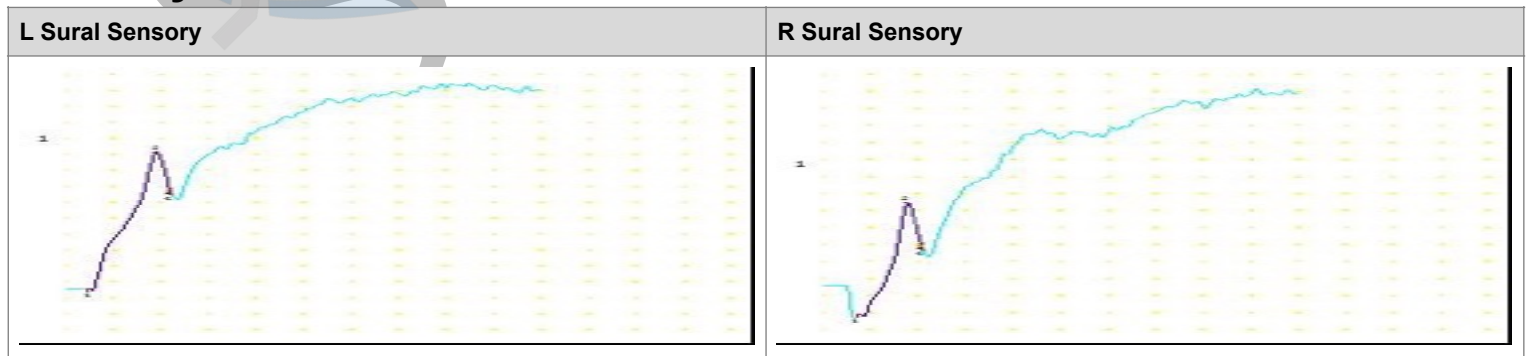
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Motor Waveforms



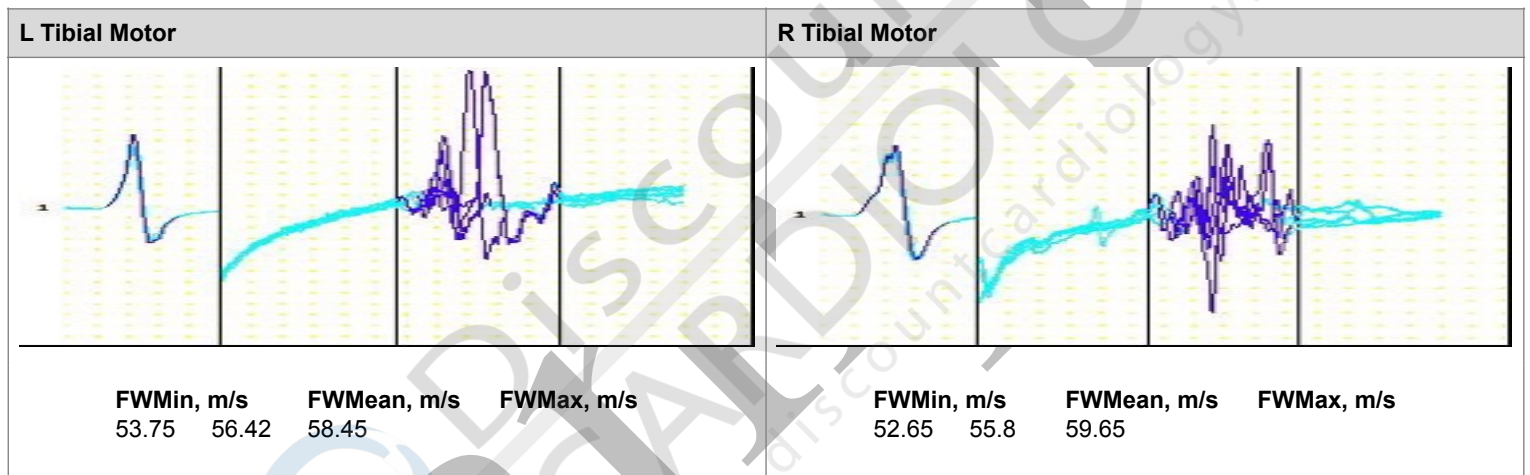
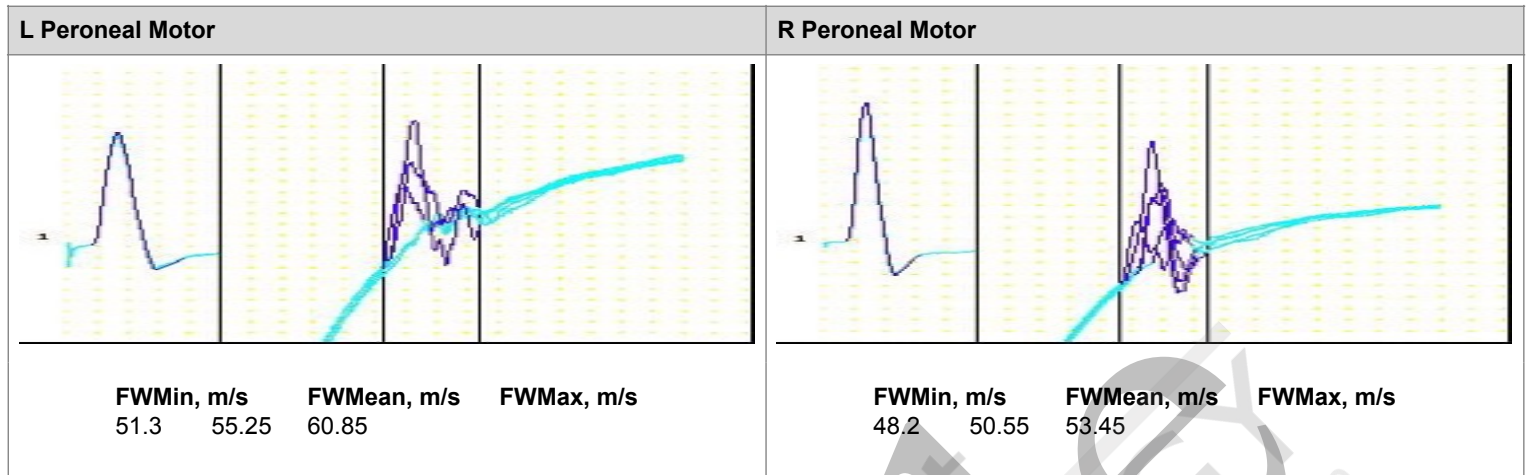
Sensory Waveforms



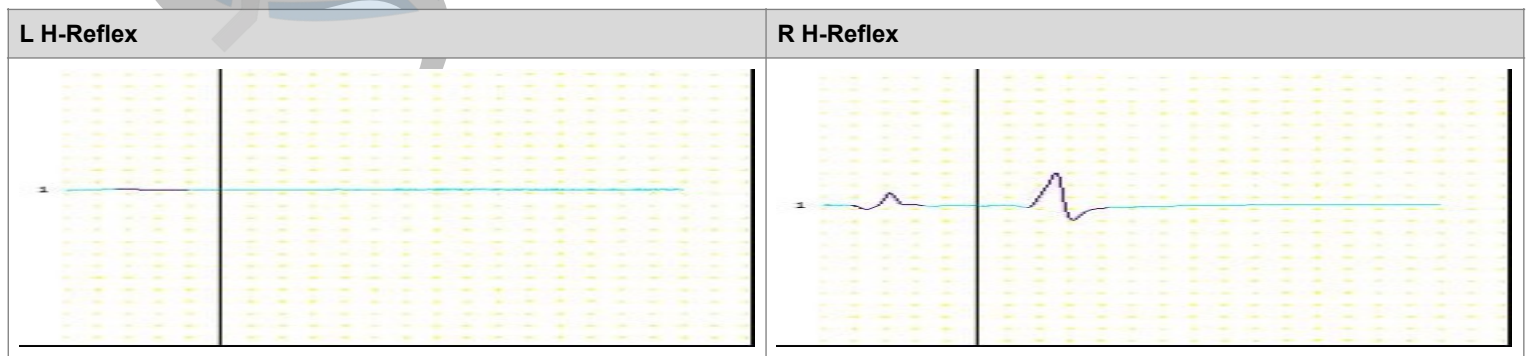
	Lat., ms	PkLat., ms	Amp., μ V	Vel, m/s		Lat., ms	PkLat., ms	Amp, μ V	Vel, m/s
Distal	1.0	3.8	43.54		Distal	1.5	3.55	26.54	



F-Waveforms



H-Reflex Waveforms



Not Recordable

	Lat., ms	Amp, mV	Vel, m/s
Distal	33.15	1.96	

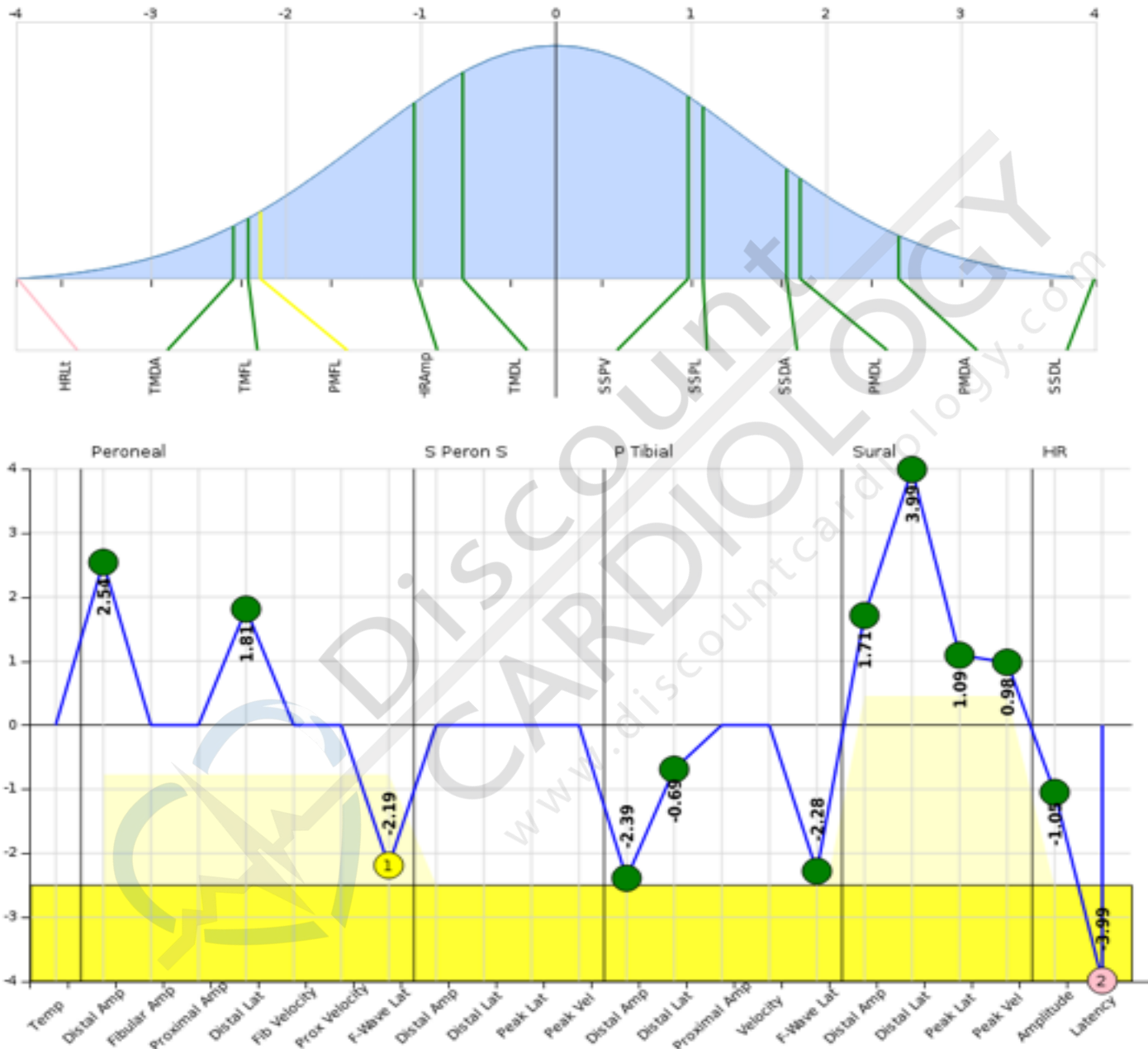


Exam Results Details

Lower Nerves

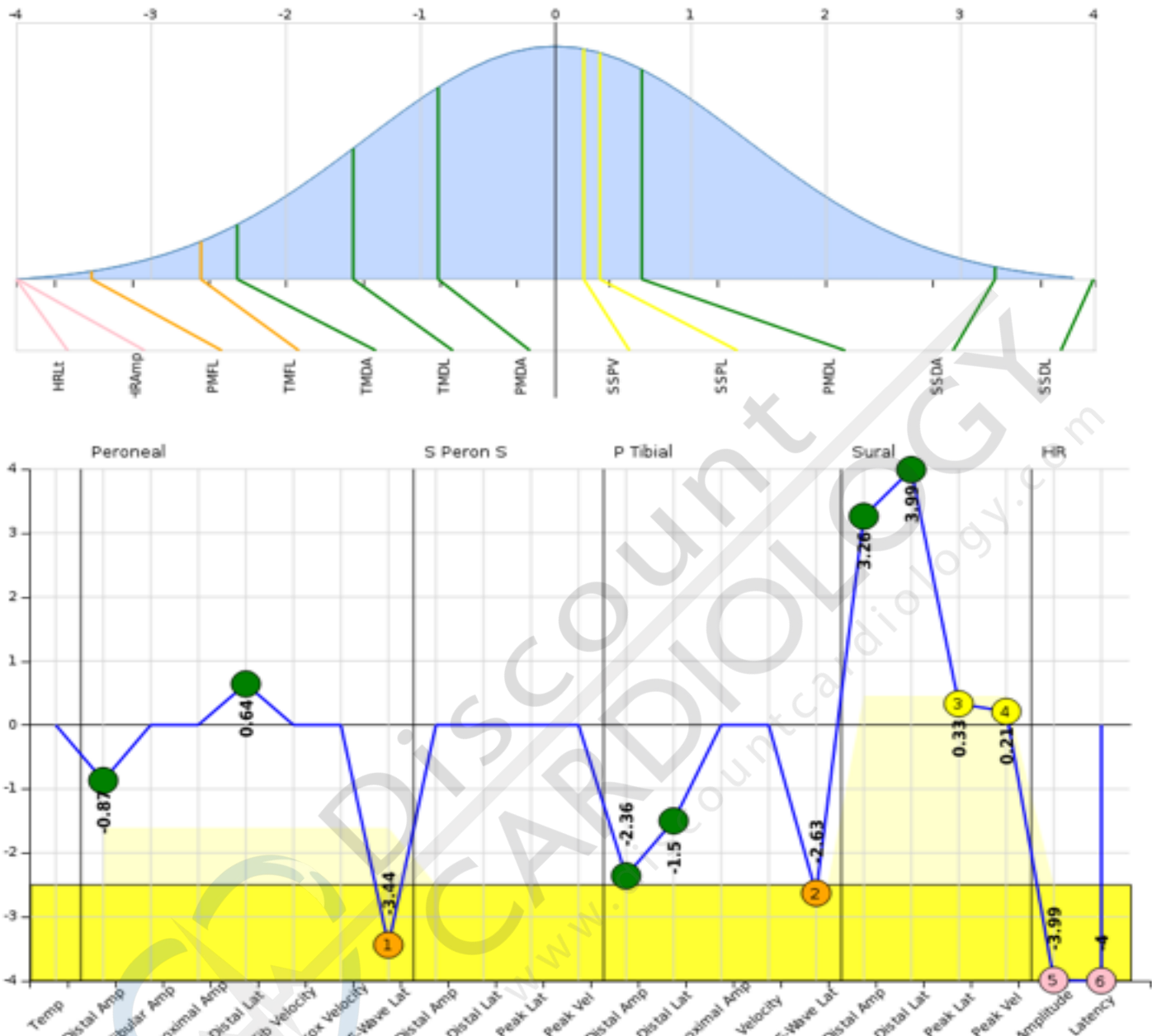
Figure 3 – Lower Right

Peripheral Neuropathy Score: 0.32



1. R Peroneal Motor F-Wave Latency appears to be borderline
2. R H-Reflex Latency appears to be severely outside of normal range

Figure 4 – Lower Left
Peripheral Neuropathy Score: 0.53



1. L Peroneal Motor F-Wave Latency appears to be moderately outside of normal range
2. L Tibial Motor F-Wave Latency appears to be moderately outside of normal range
3. L Sural Sensory Peak Latency appears to be borderline
4. L Sural Sensory Peak Velocity appears to be borderline
5. L H-Reflex Amplitude appears to be severely outside of normal range
6. L H-Reflex Latency appears to be unrecordable

NEEDLE EXAM SUMMARY

Muscle	Side	Spont Act.	MUP Amplitude	MUP Duration	MUP Polyphasic
EDB Right - Extensor digitorum brevis, Ischiadicus, L4-S2	Right	Normal	Normal	Normal	Normal
L3-L4 Right - Lumbo-Sacral Paraspinals L3-L4	Right	Normal	Normal	Normal	Normal
L4-L5 Right - Lumbo-Sacral Paraspinals L4-L5	Right	Normal	Normal	Normal	Normal
L5-S1 Right - Lumbo-Sacral Paraspinals L5-S1	Right	Normal	Normal	Normal	Normal
LG Right - Gastrocnemius, Tibial S1-S2	Right	Normal	Normal	Normal	Normal
MG Right - Gastrocnemius, Tibial S1-S2	Right	Normal	Normal	Normal	Normal
TA Right - Tibialis anterior, Peroneal, L4 L5 s1	Right	Normal	Normal	Normal	Normal
VL Right - Vastus lateralis, Femoral, L2-L4	Right	Normal	Normal	Normal	Normal

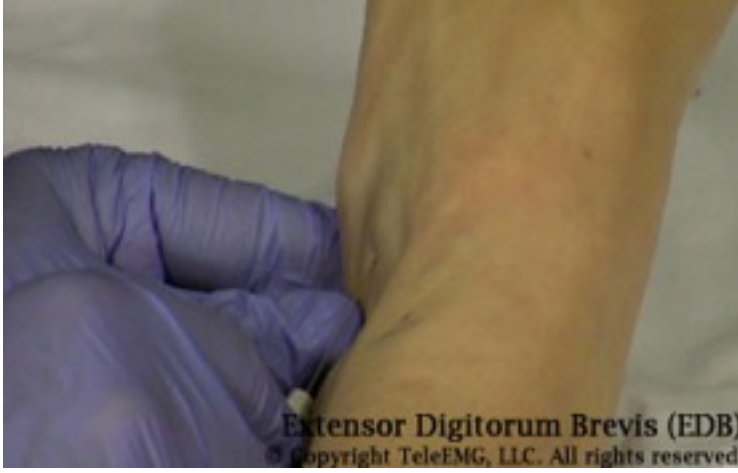

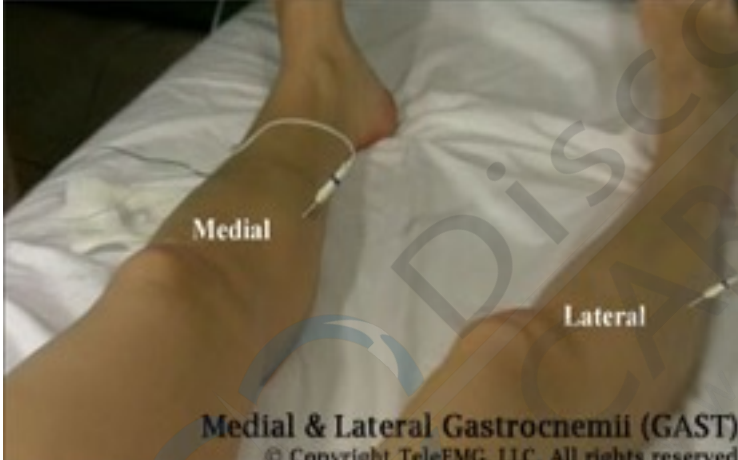

EMG Impression Summary:

The findings of this needle examination show the following:

1. No abnormalities found.

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Needle Exam Muscles

Extensor digitorum brevis, Ischiadicus, L4-S2	Lumbo-Sacral Paraspinals L3-L4; Lumbo-Sacral Paraspinals L4-L5; Lumbo-Sacral Paraspinals L5-S1
 <p>Extensor Digitorum Brevis (EDB) © Copyright TeleEMG, LLC. All rights reserved</p>	 <p>Lumbo Sacral Paraspinals (LSP) © Copyright TeleEMG, LLC. All rights reserved</p>
Gastrocnemius, Tibial S1-S2	Gastrocnemius, Tibial S1-S2
 <p>Medial Lateral Medial & Lateral Gastrocnemii (GAST) © Copyright TeleEMG, LLC. All rights reserved</p>	 <p>Medial Lateral Medial & Lateral Gastrocnemii (GAST) © Copyright TeleEMG, LLC. All rights reserved</p>
Tibialis anterior, Peroneal, L4 L5 s1	Vastus lateralis, Femoral, L2-L4



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