

# TeleEMG FAQs

## **1. How is the Focus different from other Machines already on the market?**

The Focus EMG machine is about the size and weight of a paperback book. Other EMG machines are about the size and weight of a medium pizza box.

The Focus plugs into a laptop with a single USB cord making set up easy and not time consuming. Other EMG machines have many different wires connecting the machine to the laptop, the machine to a wall unit the lap top to the stimulator and so fourth. Set up time is generally around 15 to 20 minutes.

The Focus draws its power off of the computer, which allows it to draw clean power at any location. Other EMG machines draw their power through a wall unit, which can prove troublesome in a lot of locations.

The Focus is licensed to the machine, not the laptop. Its often the laptop that breaks down and is very costly to the customer. With our system the can simply replace the laptop. Additionally this allows them to plug the Focus into any laptop they may have in office or another office. Other EMG machines are licensed to the laptop, making the laptop very expensive to replace..

## **2. Who Can perform NCVs, needle EMGs and GSR?**

NCVs (25-30minutes) and GSR (10-15minuets) require no special certification to perform, however, either an MD or NP must perform the needle EMG (5-10 minutes).

## **3. How does the software work?**

The software uses a 50,000 plus patient database to cross reference norms and come back with your analysis. Within 1-3 minutes you will receive a 6pg Microsoft word editable document, which will have your practice information and logo up at the top. The doctor then takes this information correlates it with patient symptoms and history to make the final diagnosis. Its used to help diagnose your most common neuropathies, such as carpal

tunnel, lower back pain, neck pain, ulnar neuropathies, diabetics etc... For this service we charge \$35/patient. analysis in laymen's terms

#### **4. How does the Nerve Conduction Velocity Test Work?**

Nerve Conduction Velocity Test are used to discover nerve damage by measuring how long it takes the electrical stimulation to travel down the nerve. Common ailments associated with Nerve damage are: Carpal Tunnel, Tarsal Tunnel, Ulnar neuropathies, lower back pain, neck pain, Diabetes and much more.

#### **5. How does the Needle EMG Work?**

The Needle EMG is performed with an acupuncture size needle with a recording device at the tip. The sound recorded appears as positive and negative fibs on your laptop screen. It's a live shot of the nerve rather than a recorded measurement. The needle is often used to confirm what was found during the nerve conduction study.

#### **6. What is GSR/How does it work?**

Galvanic Skin Response (GSR) studies, also known as sympathetic skin response, evaluate the autonomic nervous system, and in particular the small C Fibers. It allows you to evaluate patients that have symptoms of a neuropathy but have normal nerve conduction studies. That is because routine nerve conduction studies evaluate large nerve fibers whereas GSR evaluate small nerve fibers. Small nerve fibers are commonly involved early in Diabetics, overweight patients and patients with a demyelinating condition. The GSR test is simple to perform and usually takes only a few minutes. Typically, small disposable surface electrodes are placed on the hand and foot at the same time and a small electrical shock is delivered to record the GSR. It is reimbursable by Medicare!

#### **7. What benefit does this have to the patient/doctor**

TeleEMG offers both the patient and the doctor a significant amount of convenience. For the patient, it means that their pain can be diagnosed right there and then. It also saves them the time of having to take a day out of

their busy lives to schedule this simple 20-minute test. Likewise for the doctor he/she is able to treat the patient immediately rather than waiting on the typical 2-3 week turn around of referring them out to a neurologist. In addition, the doctor is able to generate revenue by keeping the patients in house.

### **8. What kind of doctors are using this service?**

TeleEMG service a wide variety of doctors. Any doctor that sees patients in pain from nerve damage/diabetes will benefit from adding this service to their office. These doctors include: Internist (General), Family Practitioners (General), Pain Management (general with subspecialty of pain) Orthopedics (Sports), Endocrinologist (Diabetes), Oncologists (Cancer), and Chiropractors.

### **9. Who is the Founder? What are his credentials?**

Dr. Joe Jabre is the board certified neurologist who developed the program. Dr. Jabre taught at major academic teaching institutions in Boston and trained hundreds of residents in the performance of EMG and nerve conduction studies.

### **10. How long as the TeleEMG company been in business?**

TeleEMG has been in business for 12 years and has earned the reputation of being a leader in NCV analysis. The software was developed over 30 years by a team of dedicated neurologist with a 50,000+ patient database.

### **11. How does this test differ from what neurologist do in their office?**

It does not. TeleEMG teaches you how to do the exact same test that neurologist have been doing in their office for the past 30+years. It uses the same electrode placement and the same traditional EMG machine.

### **12. Who signs the reports?**

NCVs EMGs and the GSR report represents an analysis of objective nerve conduction data that compliments the physician's findings to arrive at a clinical diagnosis. The physician performing the study signs the report. In other words, the physician signing the reports is correlating the findings with the patients history to make a complete diagnosis.

### **13. Are the reports monitored?**

TeleEMG performs random monitoring of reports transmitted to them anonymously over the web to ensure quality studies. Reports are transmitted observing strict patient privacy HIPAA compliance rules. HIPAA laws refer to patient privacy and STARK laws refer to kick backs.

### **14. Why not use a neurologist over TeleEMG?**

TeleEMG reports are instantaneous and automatically uploaded to our system. Also your reports are customized with your practice information and logo. Where as with a neurologist you would either have to email or fax the report findings over. The reports are often hand written and in no particular format. Also there is at least a week turn around time or more. TeleEMG also offers constant remote quality assurance to make sure that your test are being performed correctly by your techs.

### **15. Can you bill for both Upper and Lower at the same time?**

In some cases yes you can bill for both and upper and a lower. For example, Diabetics require a full upper and lower and in some cases a patient will be complaining of both lower back pain and neck pain/carpal tunnel. However for the most part insurances do not like to see both an upper and a lower on a patient. It will raise red flags.

### **16. Do certain states require more training than other to perform the exam?**

No, there is no special certification/set amount of time for training required to perform NCVs. The laws state that the person performing must have knowledge in this field and have a physician on site, but no specifics on the amount of time for training. Needle EMGs for the most part must be performed by MDs unless state law says otherwise.