REHABILITATION & Performance Center
PHYSICAL THERAPY

DIAGNOSTICS FORM
NCV/EMG Testing
Ultrasound

FREQUENTLY ASKED QUESTIONS

What does the EMG/NCS test?
The EMG/NCS study examines the integrity of the peripheral nerves and muscles of the body. The study does NOT examine the brain or spinal cord. It is important to realize that you can have a nerve or muscle problem even though you may not 'think' you have any nerve or muscle problems. This test does NOT measure pain. You may have a normal EMG/NCS study, even though you have severe pain.

What are the different parts of the study?
The study is usually done in two parts:
(1) Nerve Conduction Study (NCS) and
(2) Electromyography (EMG)

How long is the study?
Each EMG/NCS study varies from patient to patient depending on what results are obtained. As such, the study may take as little as 20 minutes or as much as an hour.

What is the Nerve Conduction Study or NCS?
The NCS involves examining the nerves in your arms or legs. This consists of placing sticky pads on the surface of the skin and administering a small electrical impulse vibration to see how well the nerves react and function. These results are monitored on a computer.

What is the Electromyography or EMG?
The EMG examines the muscle activity in your body. This study consists of inserting a small pin into the muscles and monitoring their activity. These results are monitored on a computer.

Is the EMG/NCS painful?
The test is not painful. You might feel slight skin discomfort but not really any major pain.

Do I have to tell the therapist about any specific medical conditions?
Yes. Please notify the therapist if:
(1) You think you may have AIDS or hepatitis, OR
(2) If you are taking any blood thinners, such as Coumadin or Aspirin

What type of clothing should I wear?
For both men and women, wear shorts and T-shirt.
Remove all jewelry BEFORE your appointment; rings, watches, etc.
Please DO NOT use any lotion or cream on the day of the tests as it will be difficult to perform the study.

What do I need to do before I enter the exam room?
Use the restroom. Wash and dry hands thoroughly.

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Patient Name: _____ Date: _____

Your doctor has referred you for diagnostic testing. If you currently feel, or have felt any of the following symptoms within the past several months or if you have been diagnosed with any of the following conditions, please check the appropriate boxes below.

Check all that apply:

☐ Burning Sensation

☐ Diagnosed with Diabetes

☐ Diagnosed with Neuropathy

☐ Headaches

☐ Loss of Sensation, Feet

☐ Loss of Sensation, Hands

☐ Low Back Pain

☐ Neck Pain

☐ Numbness/Tingling, Feet

☐ Numbness/Tingling, Hands

☐ Numbness/Tingling, Legs

☐ Overall Muscle Weakness

☐ Pins & Needle Sensation

☐ Radiating pain, arms

☐ Radiating pain, legs

☐ Unsteady Gait

☐ Weakness, arms

☐ Weakness, legs

Your signature below acknowledges that the information provided is accurate to the best of your knowledge.

(PRINT) PATIENT NAME | Patient / Responsible Party Signature | Date

Reviewed by (Therapist's Signature) | Date reviewed