

## **FREQUENTLY ASKED QUESTIONS**

### **What does the EMG/NCS test do?**

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.

### **How long is the study?**

Each EMG/NCS study varies from patient to patient depending on what results are obtained. As such, the study can vary by patient and take up to several hours to complete.

### **What are the different parts of the study?**

The study is usually done in two parts:

- 1) Nerve Conduction Study (NCS)
- 2) Electromyography (EMG)

### **What is the Nerve Conduction Study?**

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?**

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 may 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 a 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.

### **Do I need to fast for this test to be performed?**

No. It is okay to eat and drink before the test.

Patient name: \_\_\_\_\_  
(print)

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 box(es) below.

Check all that apply:

|                          |                           |                          |                           |
|--------------------------|---------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | Burning Sensation         | <input type="checkbox"/> | Numbness/Tingling, Hands  |
| <input type="checkbox"/> | Diagnosed with Diabetes   | <input type="checkbox"/> | Numbness/Tingling, Leg(s) |
| <input type="checkbox"/> | Diagnosed with Neuropathy | <input type="checkbox"/> | Overall Muscle Weakness   |
| <input type="checkbox"/> | Headaches                 | <input type="checkbox"/> | Pins & Needles sensation  |
| <input type="checkbox"/> | Loss of sensation, Feet   | <input type="checkbox"/> | Radiating pain, arm(s)    |
| <input type="checkbox"/> | Loss of Sensation, Hands  | <input type="checkbox"/> | Radiating pain, leg(s)    |
| <input type="checkbox"/> | Low Back Pain             | <input type="checkbox"/> | Unsteady Gait             |
| <input type="checkbox"/> | Neck Pain                 | <input type="checkbox"/> | Weakness, arm(s)          |
| <input type="checkbox"/> | Numbness/Tingling, Feet   | <input type="checkbox"/> | Weakness, leg(s)          |

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

\_\_\_\_\_  
Patient's (Responsible Party) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewed by (therapist's signature)

\_\_\_\_\_  
Date reviewed