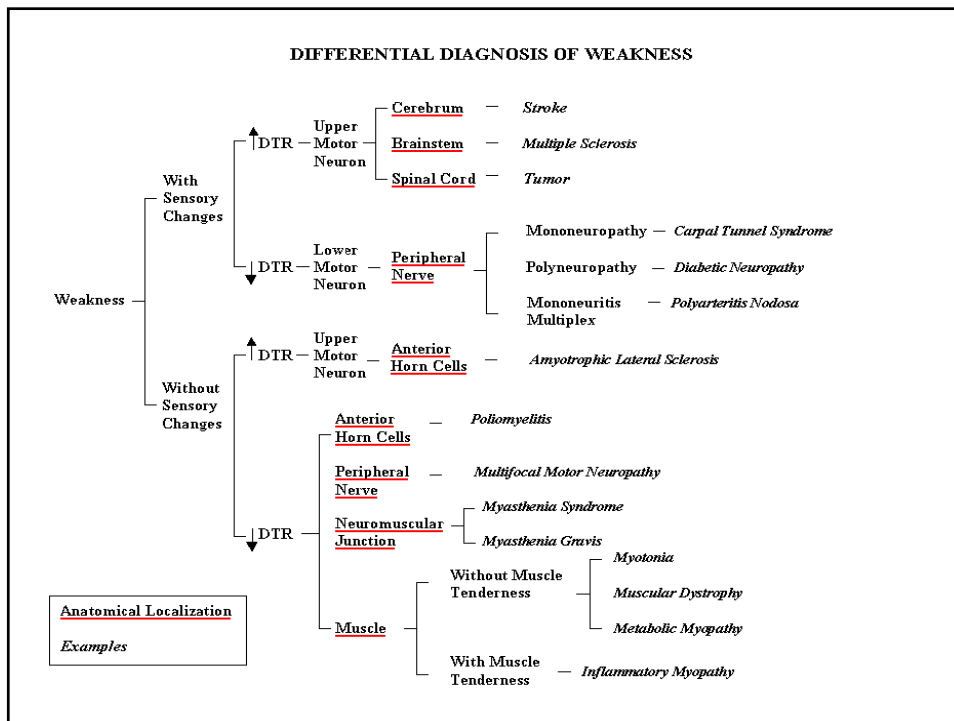
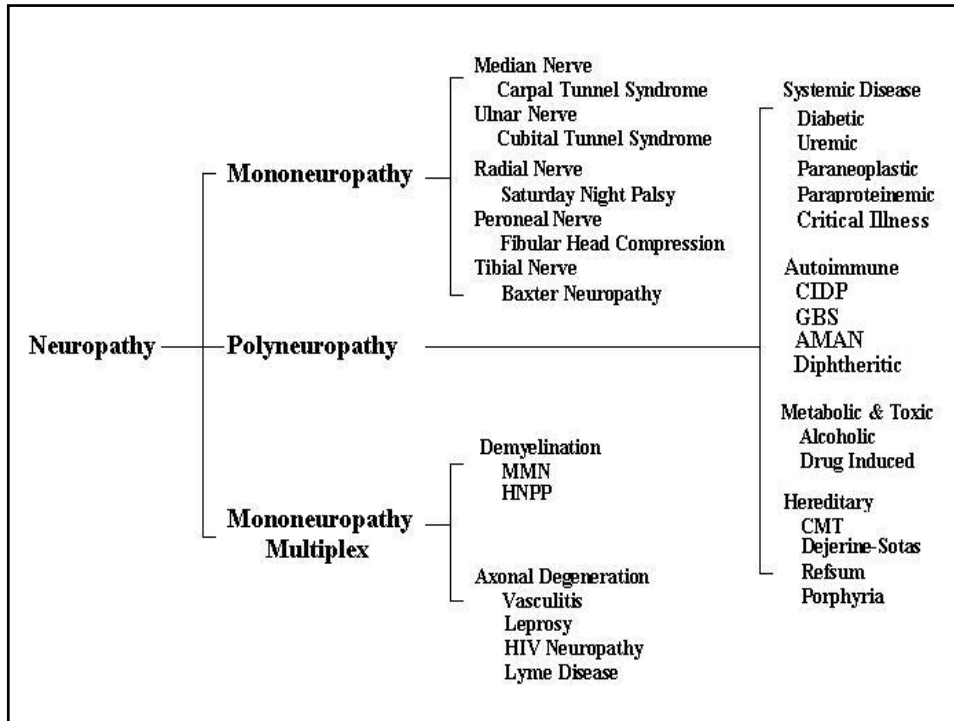


Principles and Practice

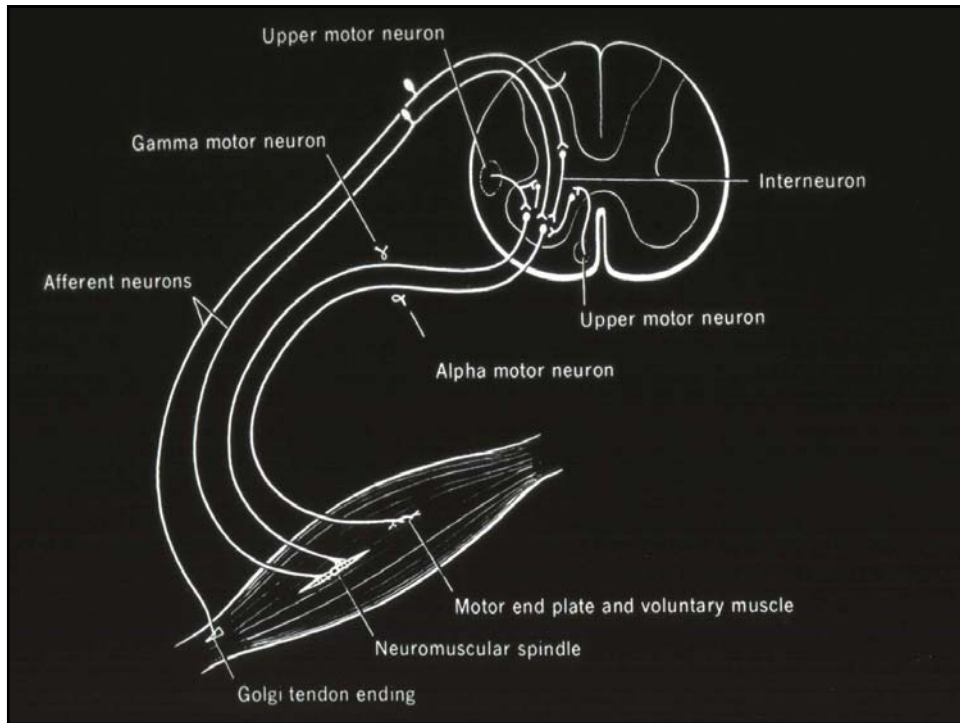
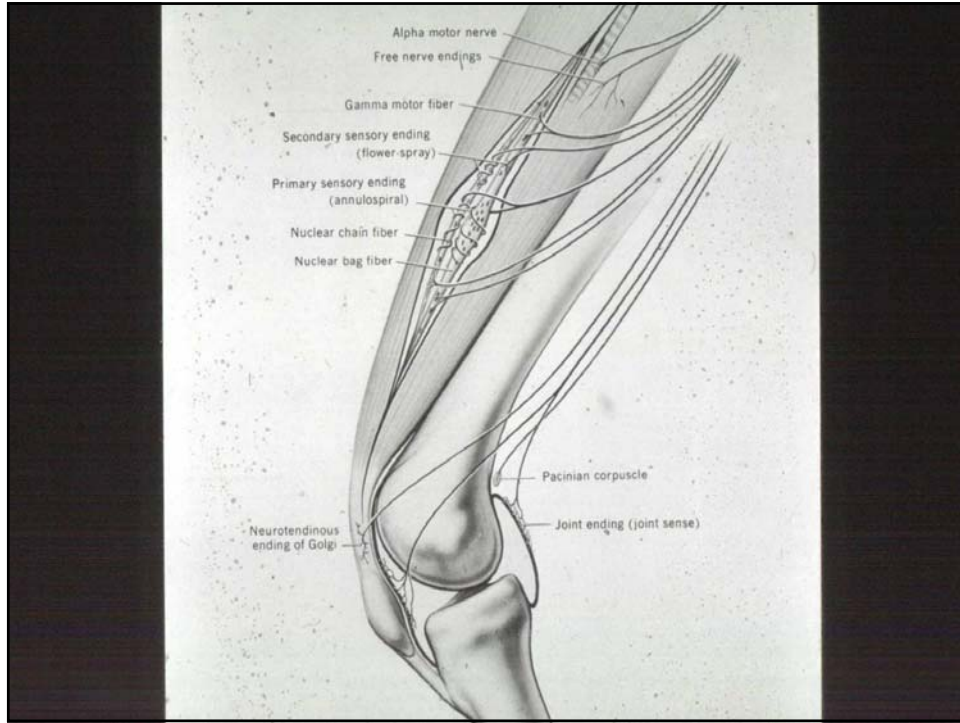
- 1) Hx & Px before EDx
- 2) Watch twitch, then measure
- 3) Distal vs Proximal Shocks
- 4) Linear or Nonlinear Changes
- 5) Short and Long of NCS

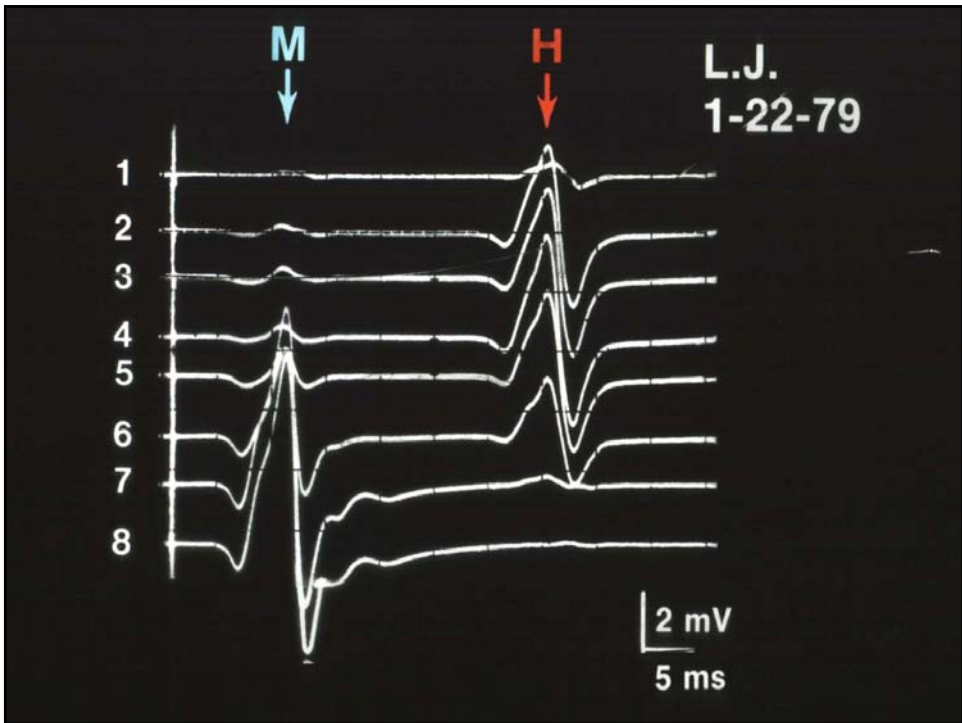


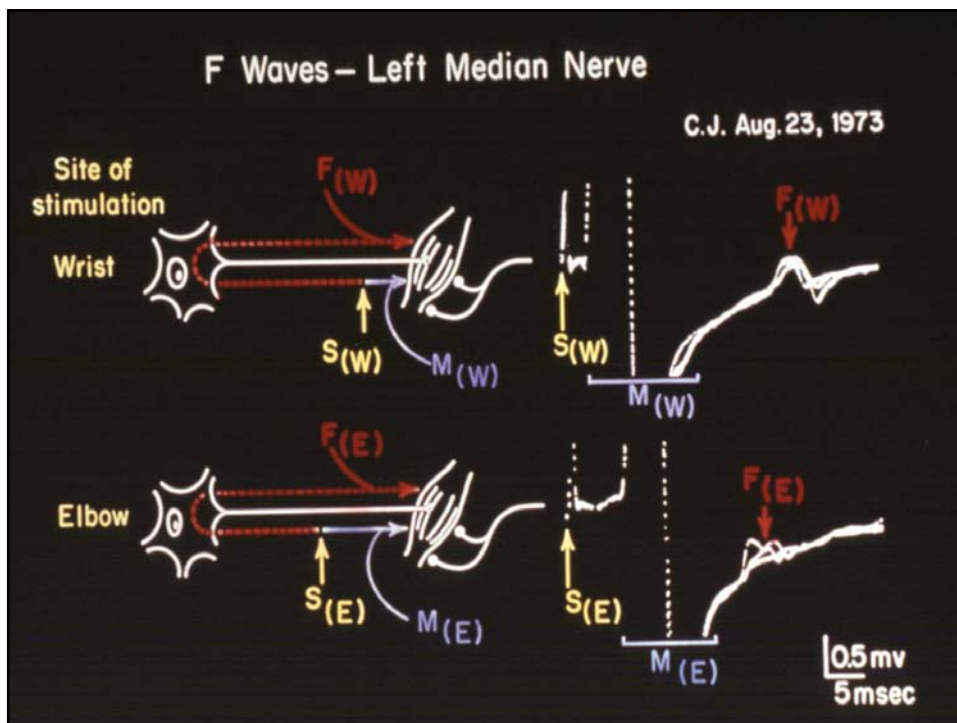
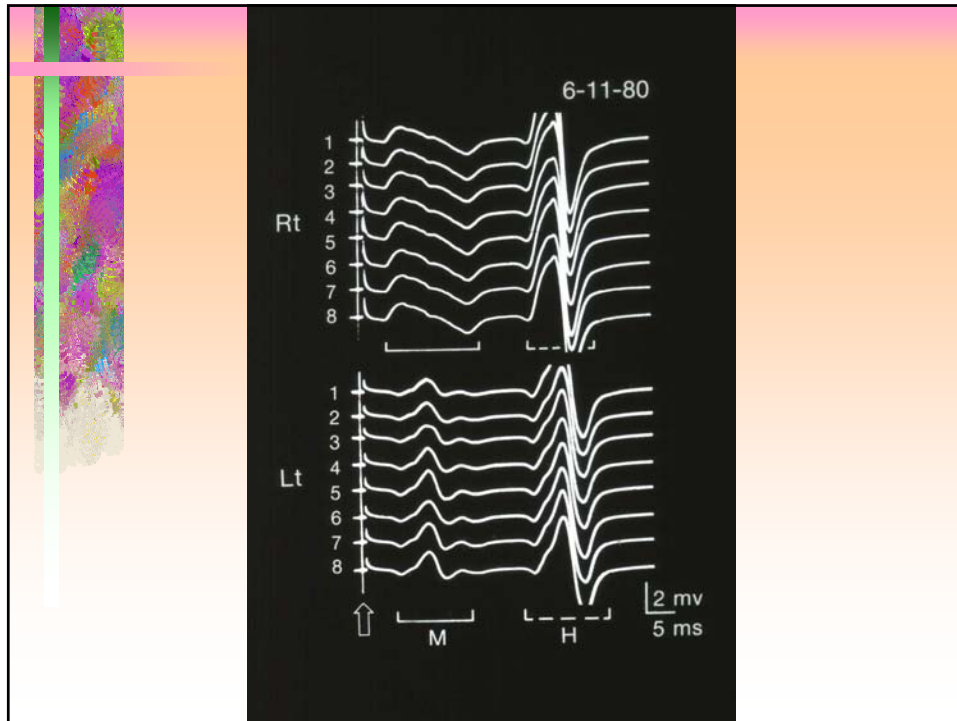


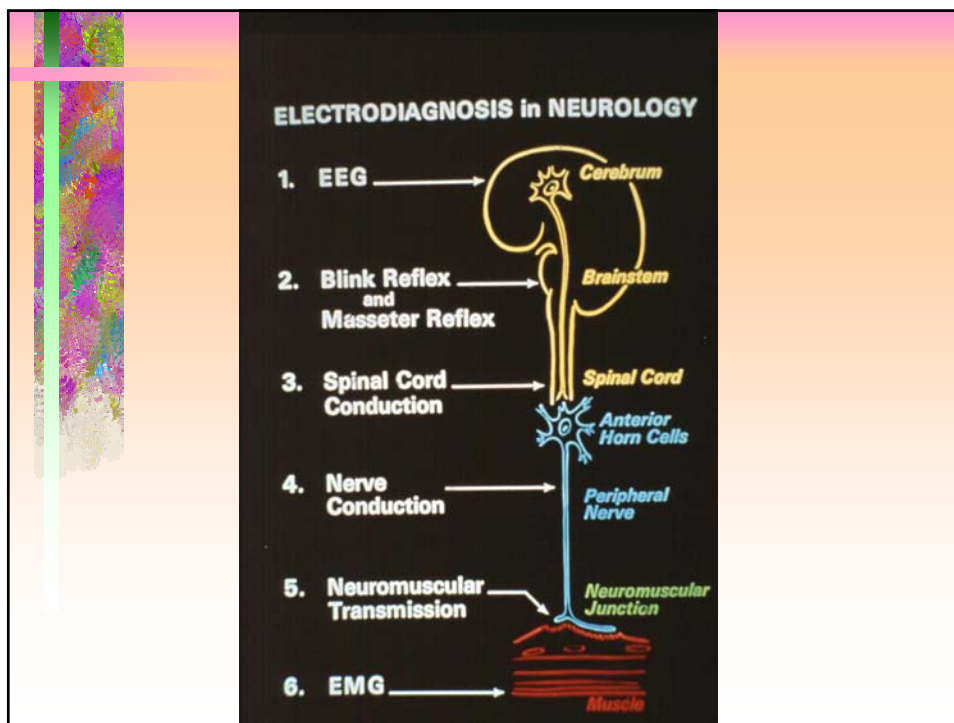
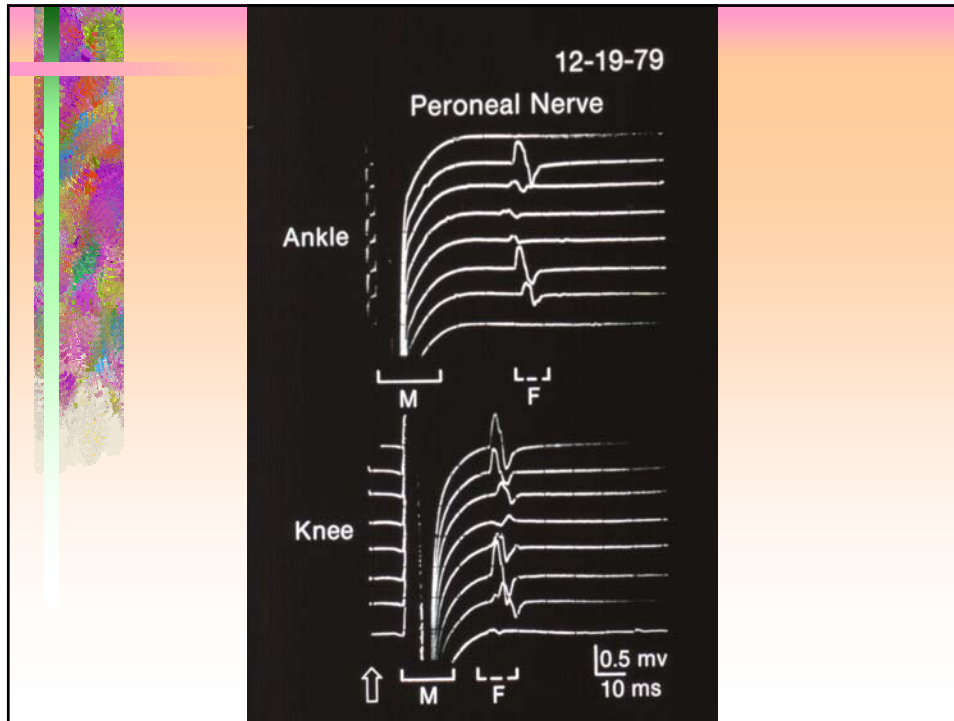
NCS: Long and Short of It

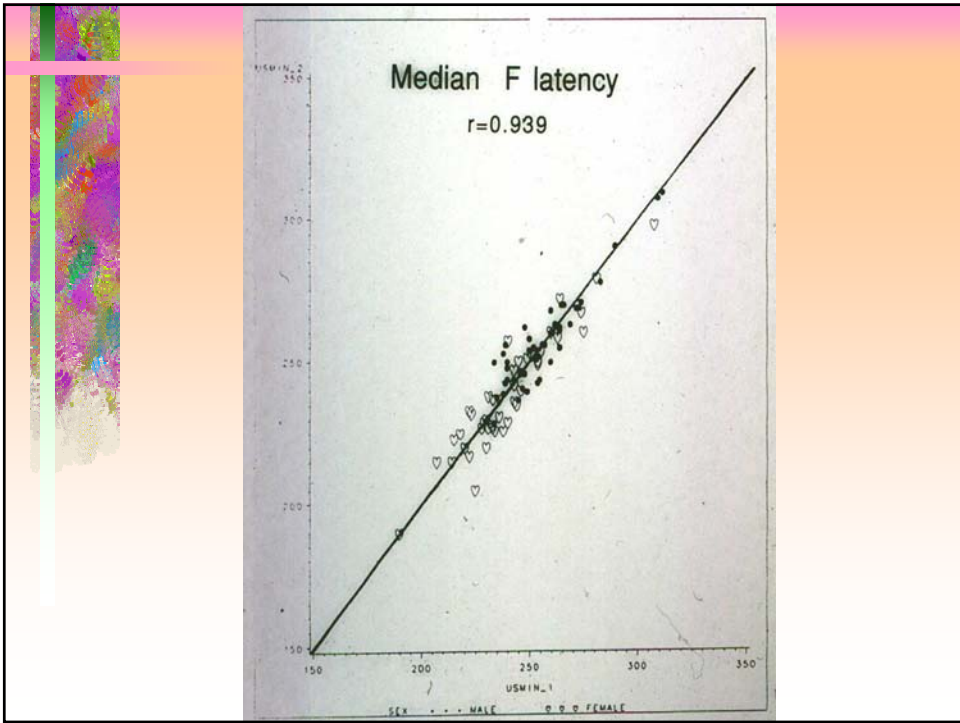
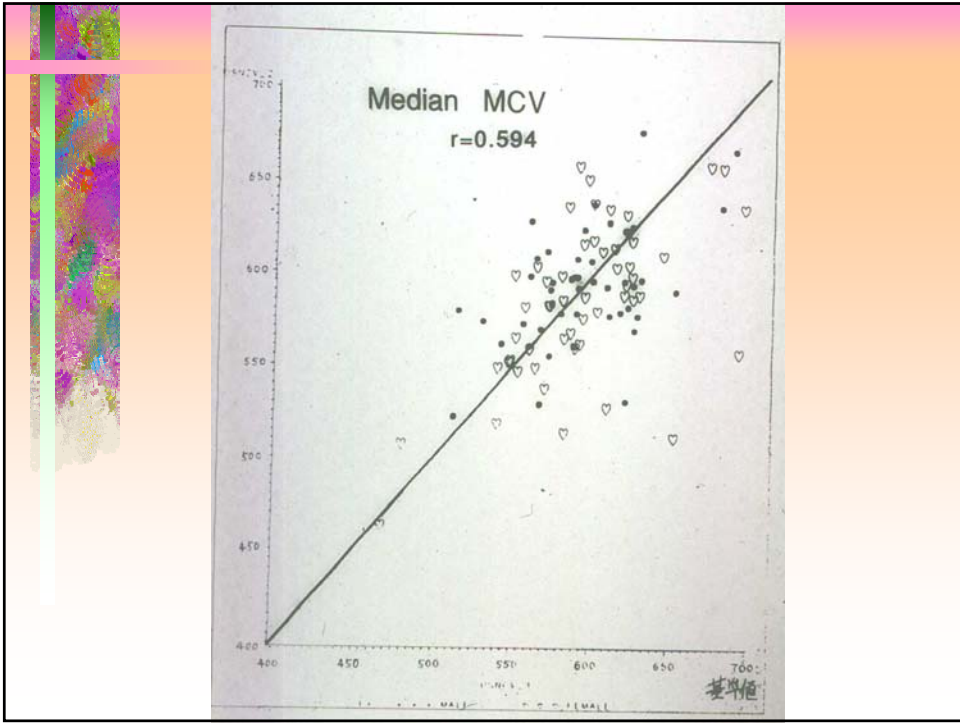
- 1) Short distances magnify focal abnormality despite increased measurement error.
- 2) Long distances, though insensitive to focal lesions, yield better for diffuse process



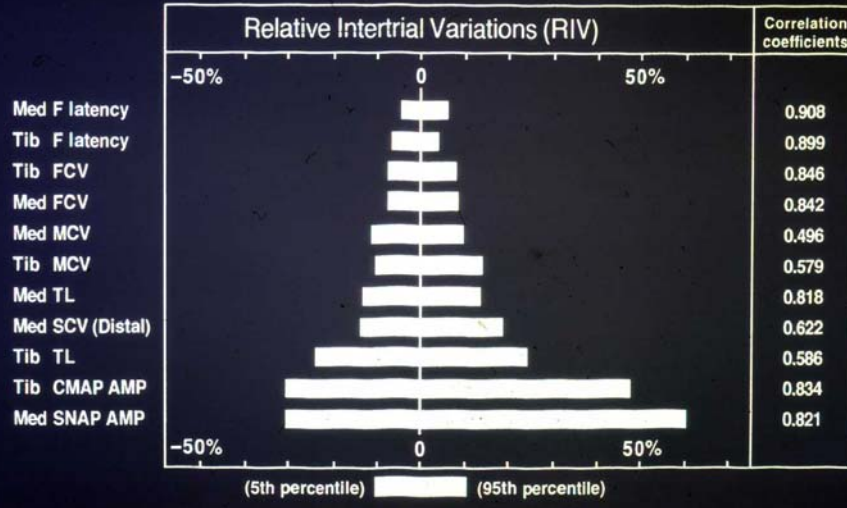






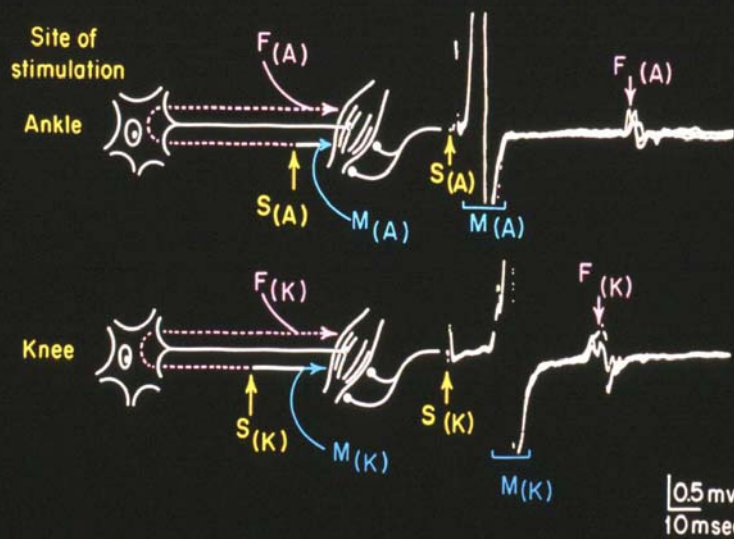


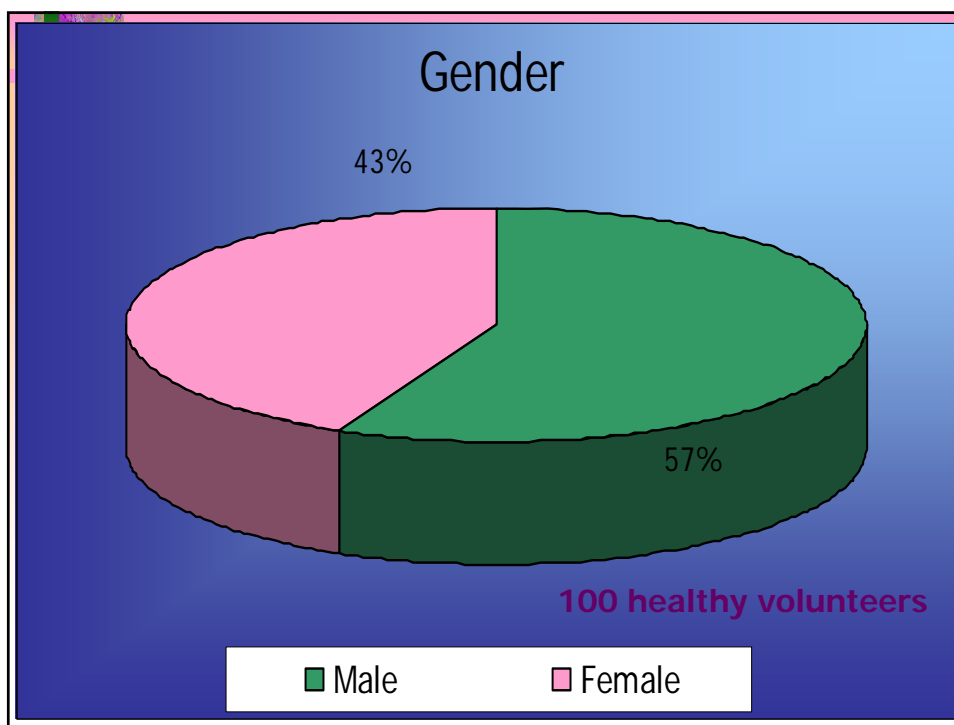
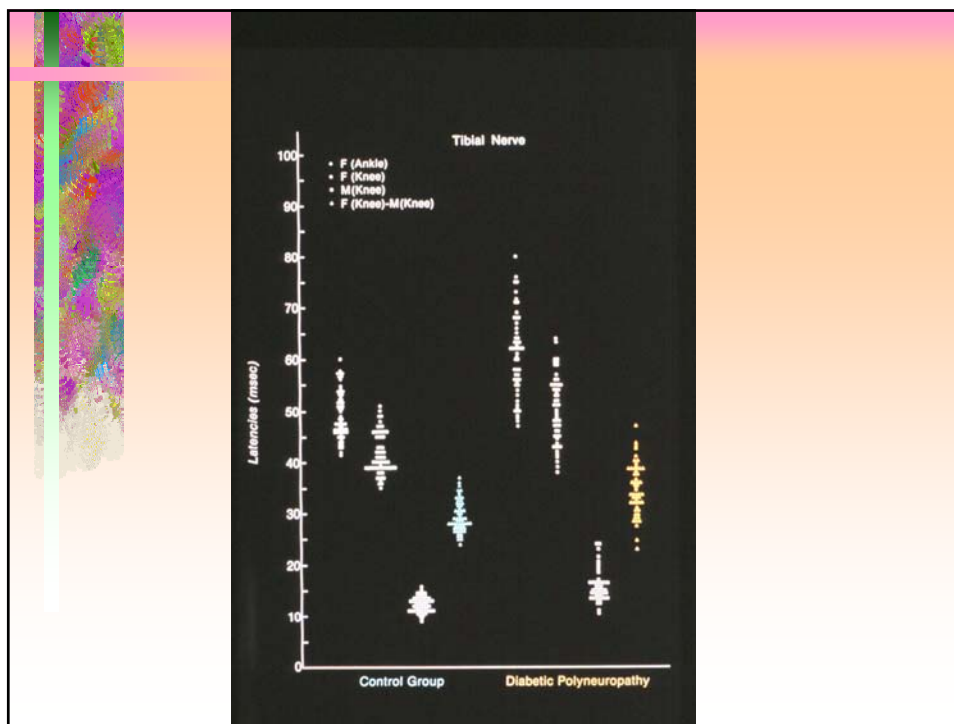
Reproducibility of Neurophysiological Measurements — healthy volunteers —

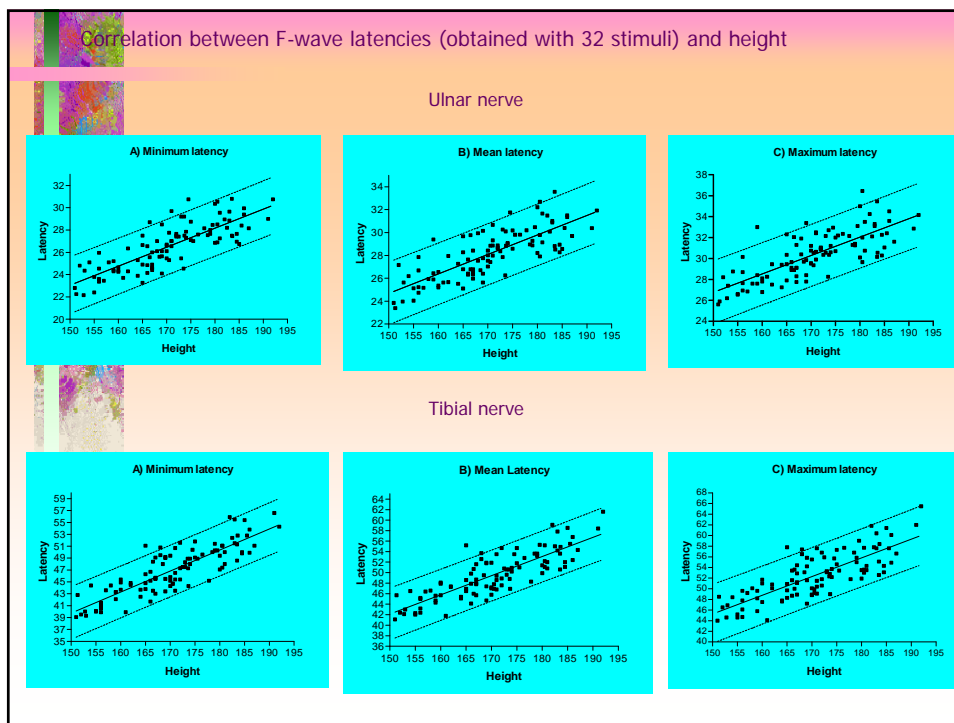
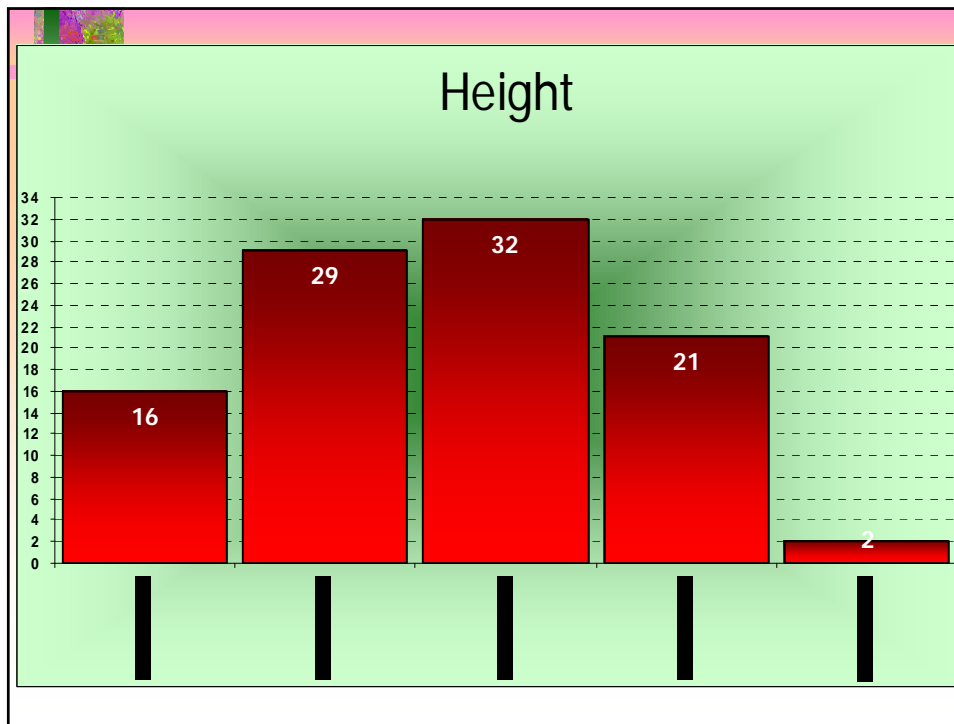


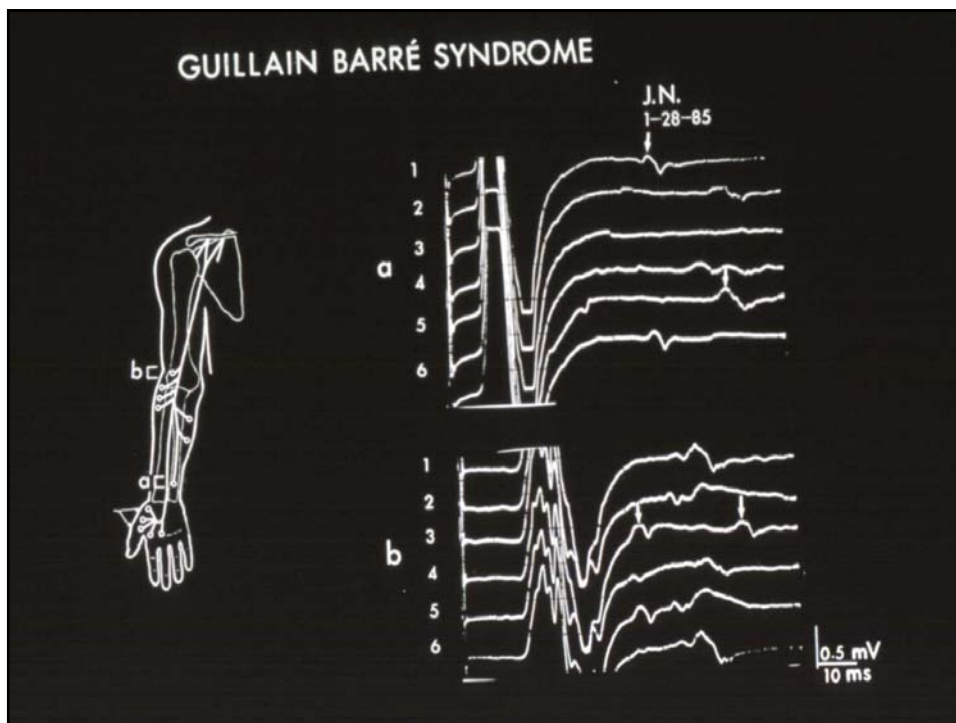
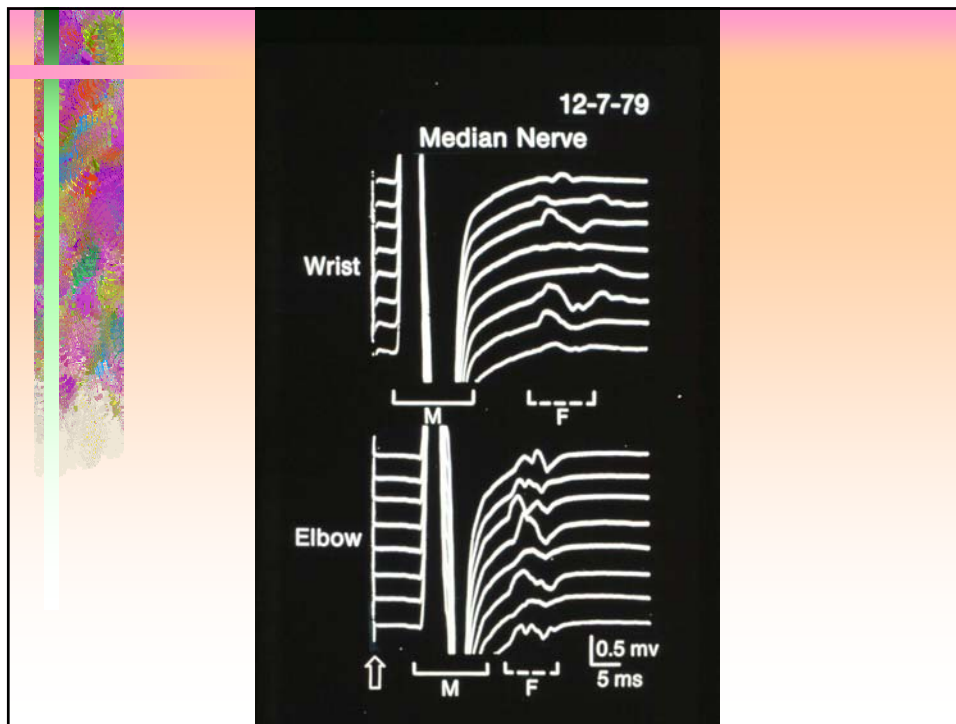
$$\text{RIV (\%)} = \frac{\text{the value of 2nd trial} - \text{the value of 1st trial}}{\text{the value of 1st trial}} \times 100$$

F Waves-Left Tibial Nerve









Percentage of abnormality of NCV and F-waves in different causes of patients with polyneuropathy						
	Hand NCV	Foot NCV	Hand F	Foot F	NCV	F-Waves
Diabetic	64.0 %	83.0 %	85.0 %	90.0 %	87.0 %	97.0 %
Alcoholic	45.0 %	82.0 %	62.0 %	79.0 %	80.0 %	87.0 %
Different	47.0 %	75.0 %	61.0 %	86.0 %	81.0 %	88.5 %

EDX Results	109 patients with DM	55 patients without clinical signs of Neuropathy	54 patients with clinical signs of Neuropathy
Abnormal NCS (and F wave)		7/55 (13%)	42/54 (78%)
Abnormal F wave latency only		26/55 (47%)	10/54 (18%)
Abnormal NCS and/or F wave		33/55 (60%)	52/54 (96%)

A WAVE X 3

- 1) Ephaptic A wave
- 2) Ectopic A wave
- 3) Collateral A wave

