REPORTING
How do we put all this together?

Stålberg

Reporting

Summary of clinical situation

Results

- graphic reports
- tables
- signals
- brief summary of essential findings

Conclusion

- neurophysiological conclusion
- clinical interpretation

Report (AANEM 2006)

1. Clinical problems
2. NCS, specific details
3. EMG, specific details
4. Summary Section: summarize NCS and EMG - integrate
5. Diagnostic interpretation Section
6. Option: clinical diagnosis, differential diagnostic alternative

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1. Pat data and Clinical problem

- Demographic data
- Reason for referral, symptoms, signs, possible diagnosis

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2. NCS

- Methods, anti/ortho-dromic, ampl methods
- SCS sites, segments, ampl, CV,
- MCS sites, segments, data
- F-waves nerve, #, latency
- H refl nerve, physiological state, ampl ratio
- RNS nerve, phys state, Hz, ampl, decr, facilitation

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3. EMG

- Optimal # muscles
- describe spont activity, MUP shape, IP in tabular for
- report limitations (pain, ..)

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4. Summary

- Summarize NCS in tabular form with deviations from normal indicated
- Summarize EMG in tabular form with deviations from normal indicated

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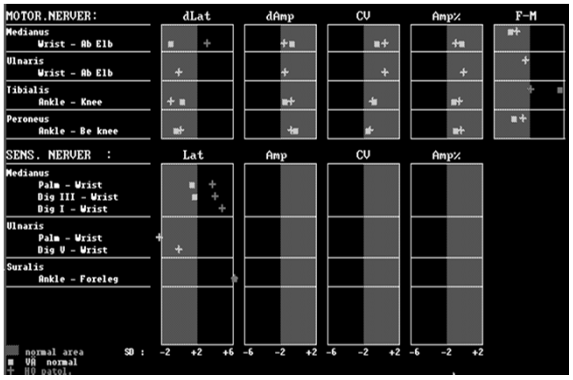
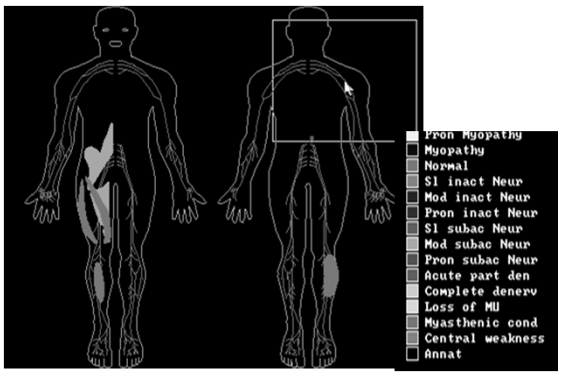
Neurography report - concise

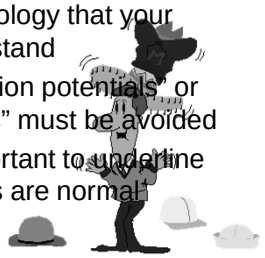


Graphic reporting of EMG findings



Summary of findings

- report only relevant findings on which you base your conclusion
- use simple terminology that your colleagues understand
- words like “fibrillation potentials” or “polyphasic MUPs” must be avoided
- sometimes it important to underline that some findings are normal



Conclusion

- When in doubt, say SO

or

- When in doubt, say NO

Neurophysiological conclusion

- localization
- severity
- pathophysiology
- time course
- distribution

5. Diagnostic Interpretation

- Describe if the study over all is abnormal, and why
- provide electrophysiological diagnosis, and level
- describe limitations that make the study incomplete
- compare to earlier tests

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EDX Report

- Interpretation
  - –Electrodiagnostic interpretation
    - ☞Positive statements (not list of negatives)
  - –Clinical interpretation
    - ☞Reasonable in the clinical context (not exhaustive list of remote possibilities)

Examples of neurophysiological conclusion

- moderate subacute axonal sensory and motor polyneuropathy
- slight conduction block of the ulnar nerve in the cubital tunnel
- severe axonal lesion of the suprascapular nerve in incisura scapulae

Clinical interpretation

- "beware of weak ice"
- suite the clinical conclusion to you clinical experience
- be clear
- provide differential diagnosis if indicated
- recommend a control EMG only if there is a specific reason for it

Example of a report summary

EMG: There are slight subacute neurogenic findings in the first dorsal interosseus and flexor carpi ulnaris muscles.

Nerve conduction studies: The motor conduction velocity of the ulnar nerve was slightly reduced in the retroepiconylar region at the elbow.

Conclusion. The findings are compatible with a slight axonal and demyelinating ulnar nerve lesion in the retroepicondylar region at the elbow.

The symptoms have progressed slowly over a two years and the patient has clinically arthrosis of the elbow. This ulnar neuropathy is probably a so called " tardy ulnar palsy" (entrapment due to arthrosis of the elbow).

Factors determining the usefulness of Neurophysiology

- quality of examination
  - – (technique, concept, interpretation)
  - – (experience and training of staff)
- clinical material
- availability
- waiting list
- reporting
- patient acceptance
- cost / reimbursement

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