Electromyography (EMG) Test Procedure

Patient Information

Patient Name:

Date of Birth:

Medical Record Number:

Referring Physician:

Clinical Indication

☐ Muscle weakness

☐ Numbness or tingling

☐ Pain

☐ Neuromuscular disorder assessment

☐ Other: _____

Preparation Instructions

☐ Explain the EMG procedure to the patient, addressing any concerns or questions.

☐ Inform the patient to avoid applying lotions or creams to the skin on the test day.

☐ Obtain informed consent.

Procedure Steps

Patient Assessment

Conduct a thorough clinical assessment, including medical history and physical examination.

Electrode Placement

☐ Cleanse the skin at the electrode placement sites.

☐ Insert fine needle electrodes into the muscles of interest:

☐ Ensure proper electrode placement and secure them in position.

Muscle Activity Assessment

☐ Instruct the patient to relax and cooperate during the test.

☐ Ask the patient to perform specific muscle contractions or movements as required for the examination:

☐ Monitor and record electrical activity during muscle contractions.

Nerve Conduction Study (Optional)

If necessary, perform a nerve conduction study (NCS) alongside EMG to assess nerve function.

Data Collection

☐ Record electrical activity data in real time using electromyography.

☐ Capture waveforms and tracings during muscle contractions.

Interpretation

☐ Analyze the recorded data to identify muscle activity or nerve function abnormalities.

☐ Document findings and impressions.

Report and Diagnosis

☐ Generate a comprehensive EMG report.

☐ Based on the findings, diagnose or assess neuromuscular function.

☐ Share the report with the referring physician.

Follow-up and Treatment

Develop a treatment plan based on the EMG results, which may include:

- Physical therapy

- Medications

- Further testing

- Referral to a specialist

Post-Procedure Instructions

☐ Inform the patient of any post-procedure care or restrictions.

☐ Address any questions or concerns the patient may have.

Provider's Signature: _____ **Date:** _____