

EMG/Nerve Conduction Study Consent Form

The **NCS** checks how quickly impulses travel between nerves. You will have small metal disks, called recording electrodes, attached to your skin with conduction gel on one part of your limb or body. Mild electrical currents are delivered from the machine through a pair of electrodes attached to another part of that limb or your body. This is delivered as a brief electric shock. The amount of the electrical current is always kept at a safe level. You will feel a tingling sensation and your muscles will twitch as the current flows from that point to the recording electrodes. It will be recorded on the EMG machine. **The test won't harm you but it may be painful.**

The **EMG** assesses muscle function to evaluate if there is a problem in the muscle itself rather than the nerve. This can also be called the needle exam. The physician uses very thin, fine needles about one and a quarter inches long that are attached to the EMG machine. The skin is cleansed with an alcohol wipe and then the needle is inserted into the relaxed muscle to be evaluated. You may feel a pinch or a sting as it's inserted through the skin. When the needle is inside the muscle you may feel a pressure or discomfort. This is necessary to assess the ability of muscles to respond to nervous stimulation. **No electric currents are used.** It will record the muscle activity and can be heard as static on the EMG machine. You will be asked to tighten your muscles to also evaluate them at work.

After the test, there are no activity restrictions. At times you may have some minor aches or discomfort. If so, take it easy that day. There is a slight risk of bleeding or infection at the electrode sites. If you notice any bleeding; increase in discomfort; or signs of infection such as redness, warmth, swelling, pain, drainage or fever > 101 degrees F; please call your specialist or physician immediately.

I _____, have read the entire EMG/NCS consent form and agree to allow Dr. Galang to proceed with the nerve testing. I understand that if desired, I can request that Dr. Galang stop the test at any time.

(Patient Name)

(Witness Name)

(Patient Signature) (Date)

(Witness Signature) (Date)