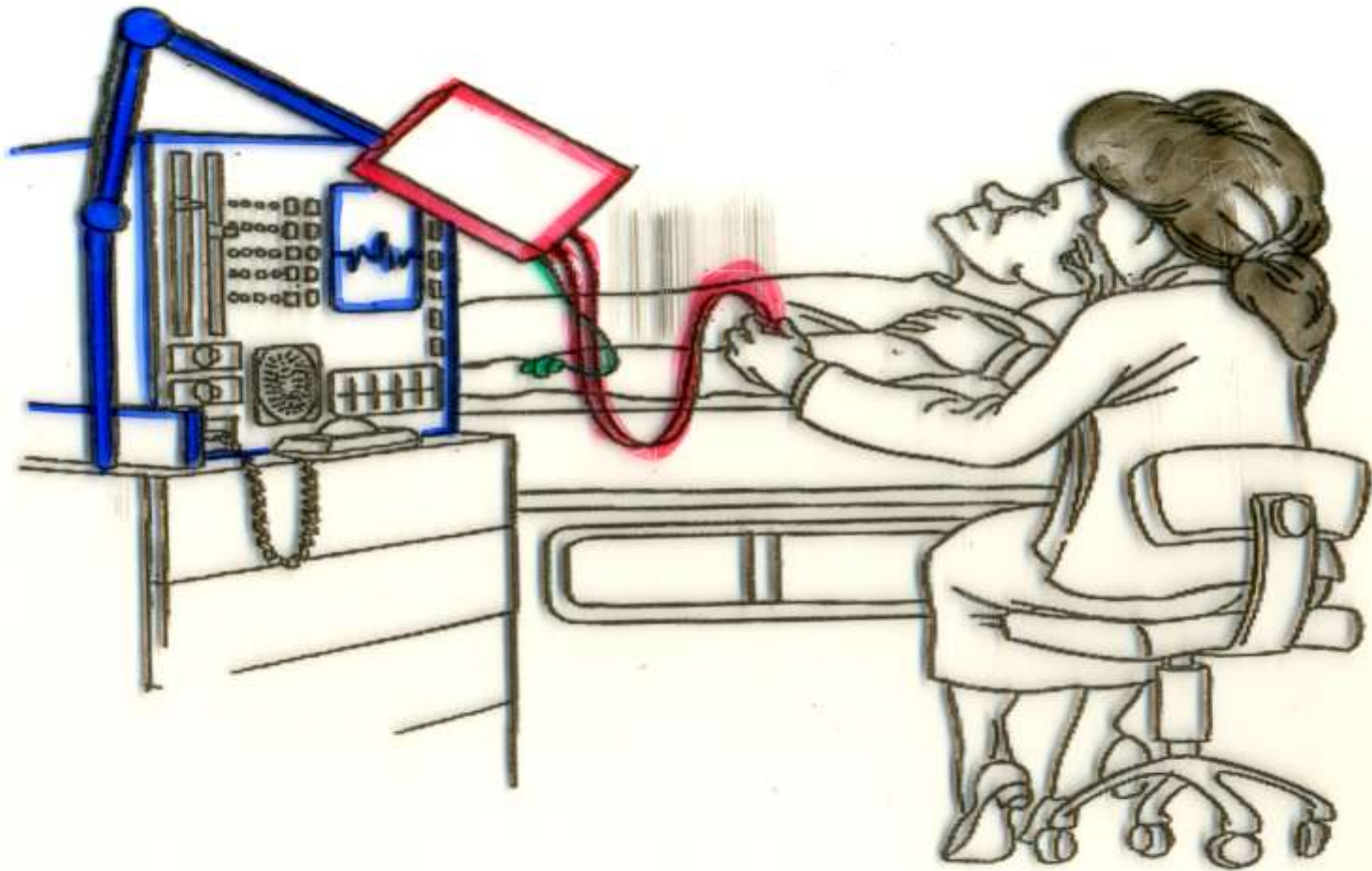


# **Electrodiagnostic studies**



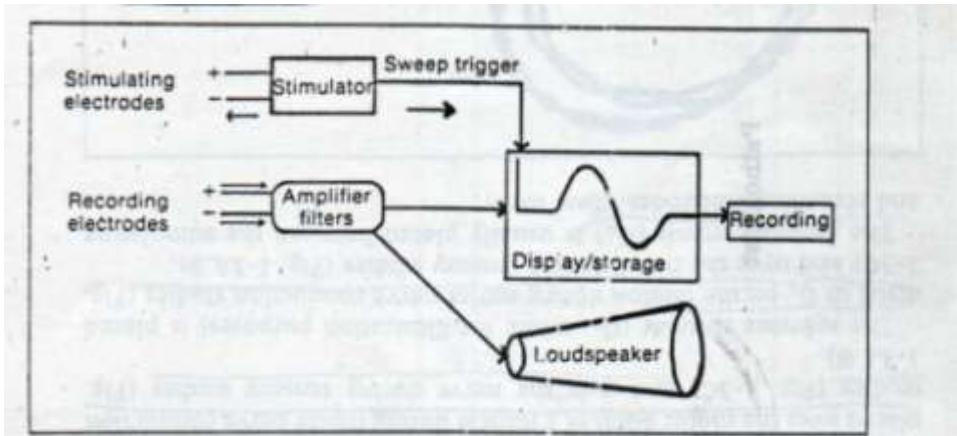
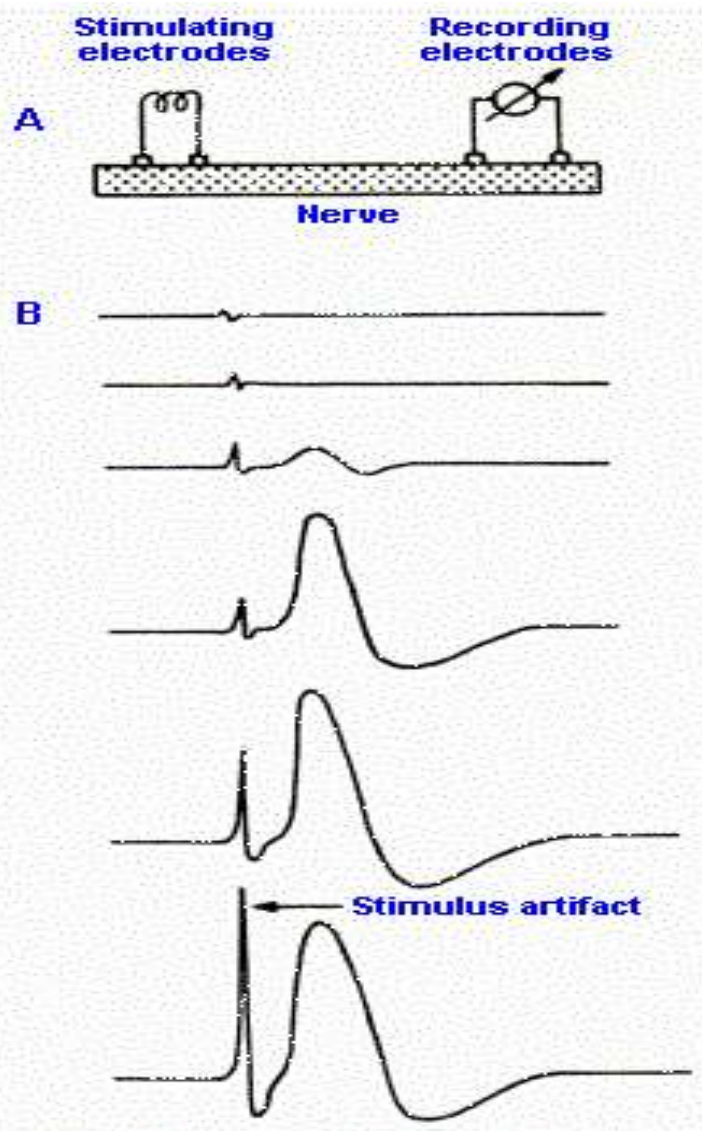
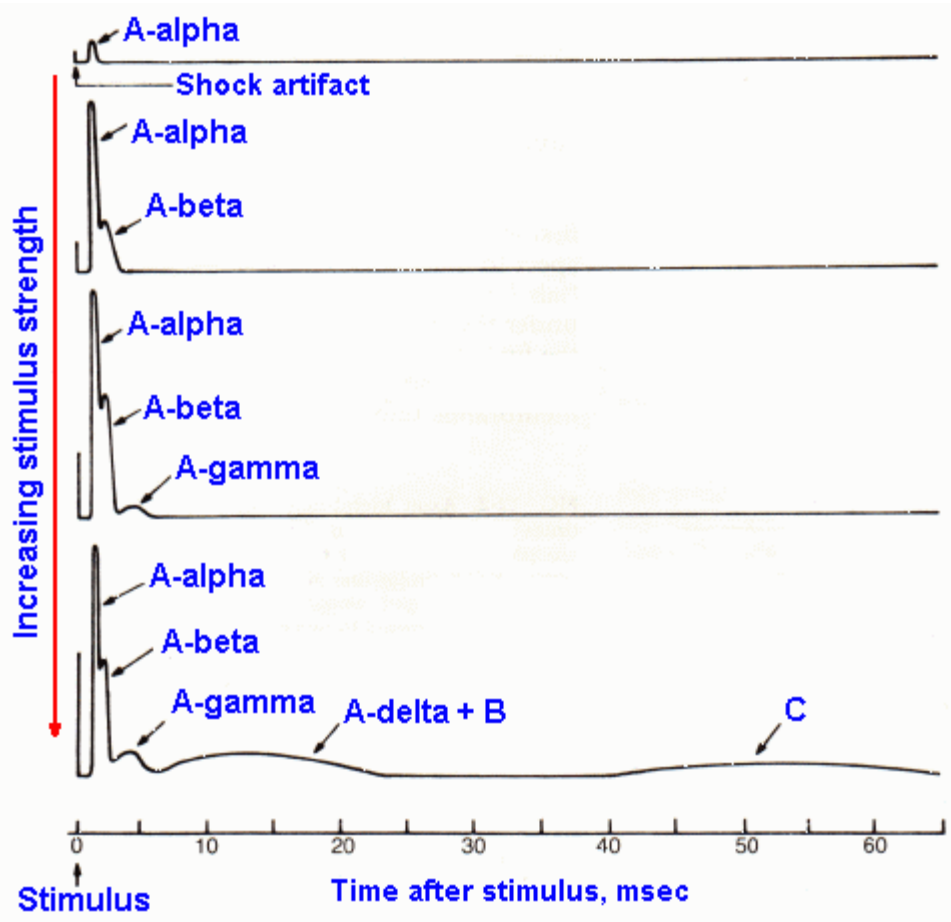
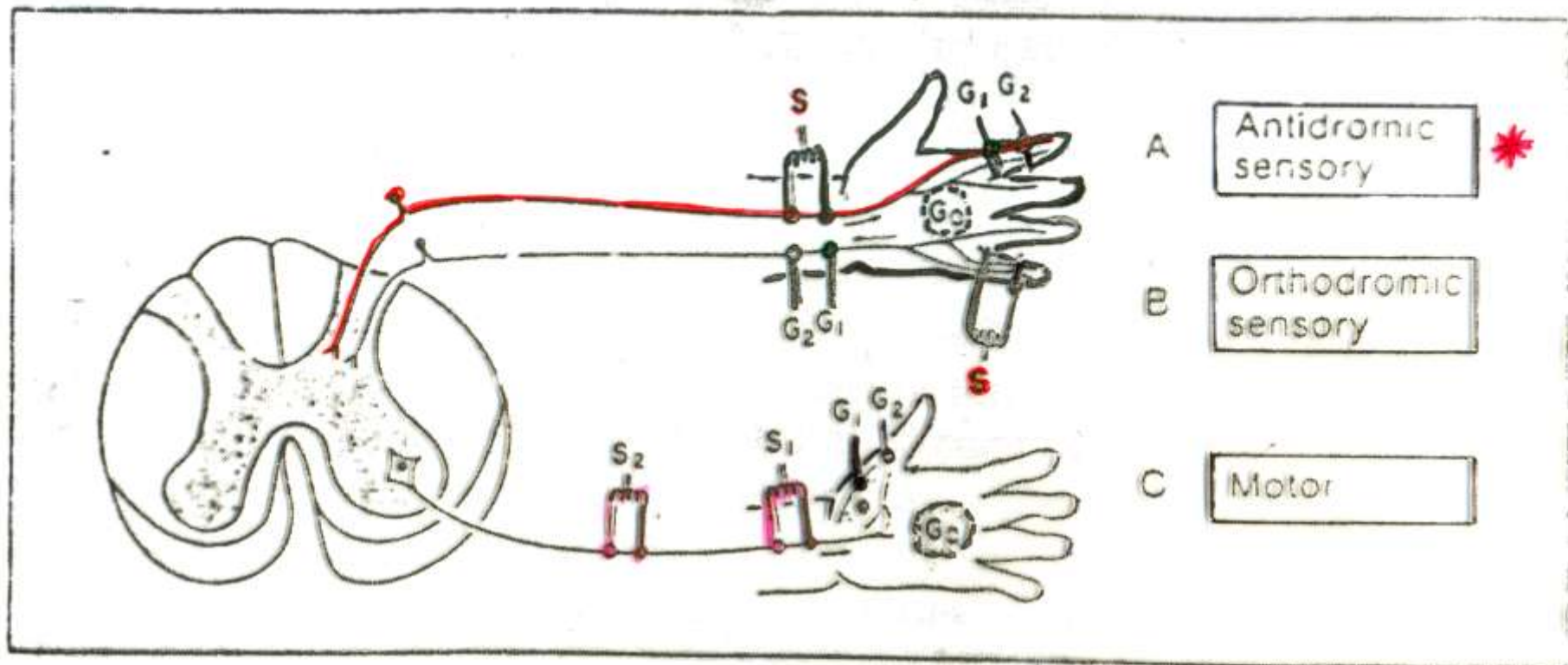


Figure 1-1. Schematic illustration of the EMG machine components.







**Figure 1-3.** Diagrammatic illustration of electrode placement for nerve conduction studies. Antidromic sensory study (A); orthodromic sensory study (B); and motor nerve conduction study (C). (G<sub>1</sub> = active recording electrode; G<sub>2</sub> = reference recording electrode; G<sub>0</sub> = ground electrode; S = stimulating electrode; S<sub>1</sub> = distal stimulation site; S<sub>2</sub> = proximal stimulation site. Cathode is black; anode is white.)



# SNAP: Sensory Nerve Action Potential

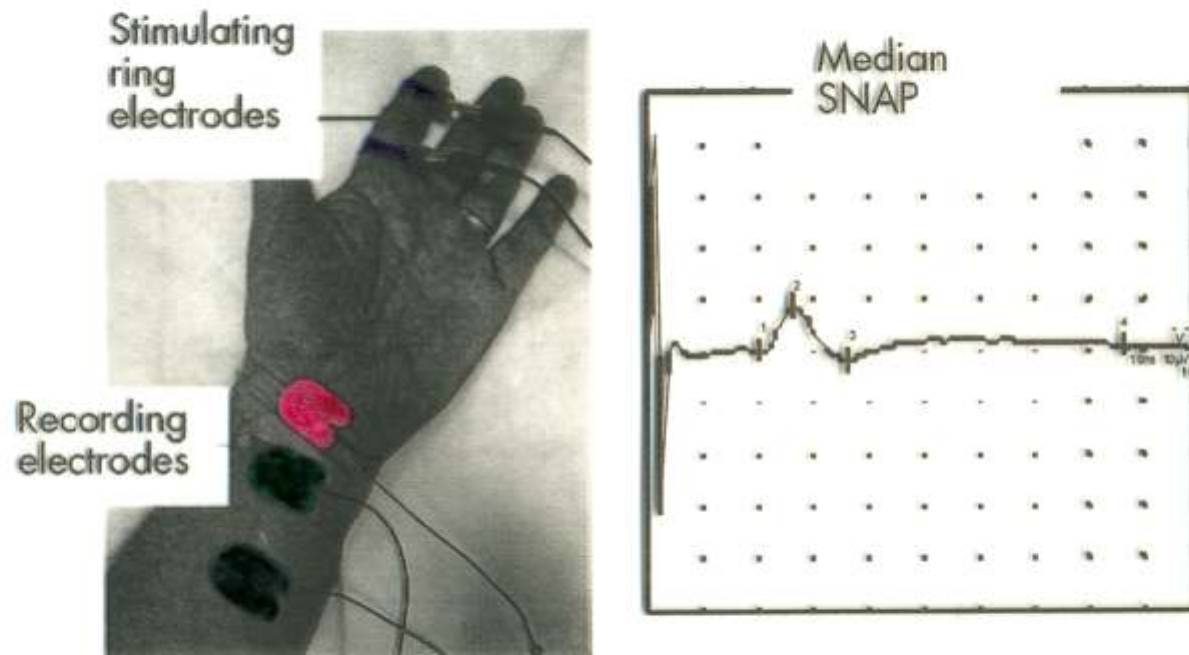
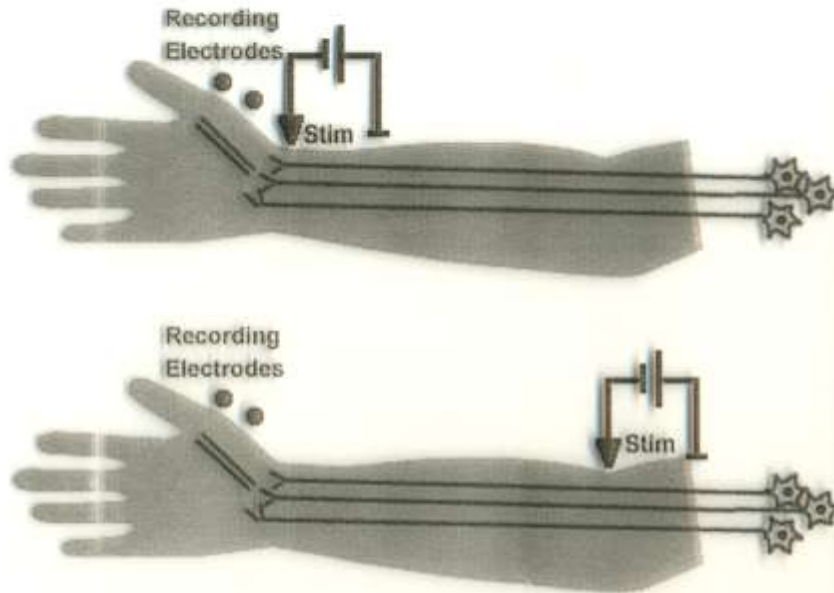


Figure 2 Median orthodromic sensory study. The index finger digital nerves are stimulated via ring electrodes and the response recorded over the median nerve at the wrist.

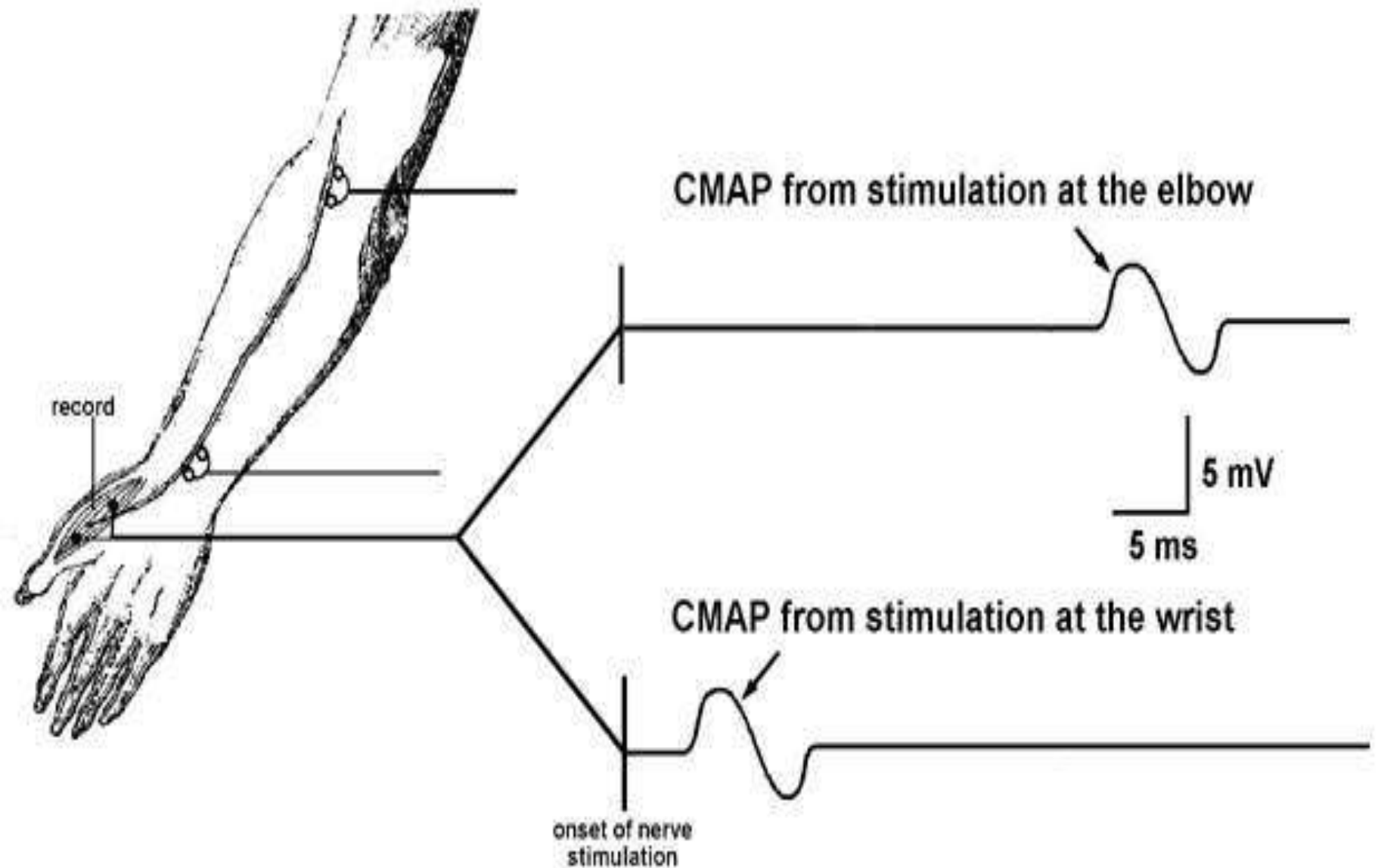
# Compound Motor Action Potential: CMAP



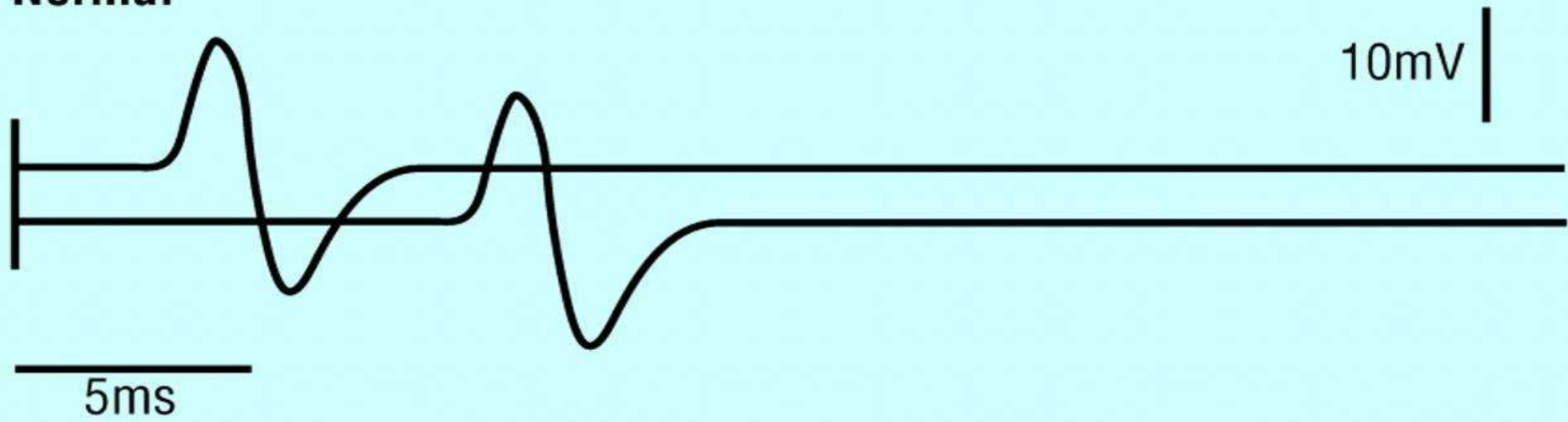
Motor nerve is stimulated and muscle response is calculated. Latency includes synaptic transmission etc. By subtracting the two latencies, the conduction velocity can be calculated.



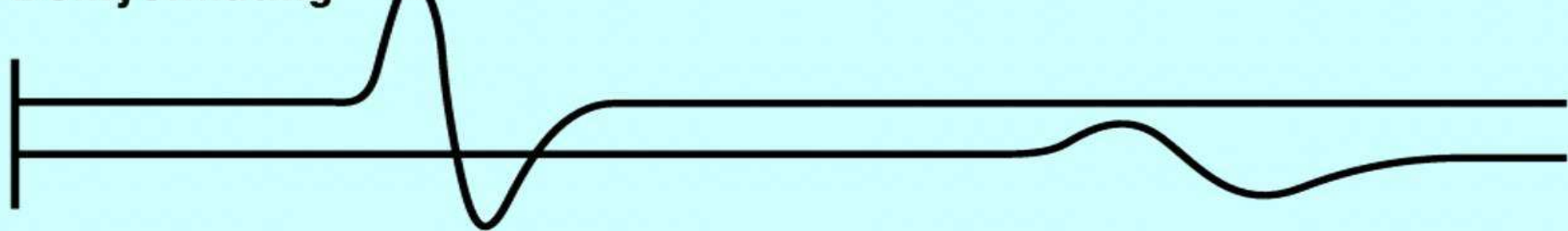
Median nerve stimulation at the elbow and wrist.  
Recording is from the thenar muscle group.



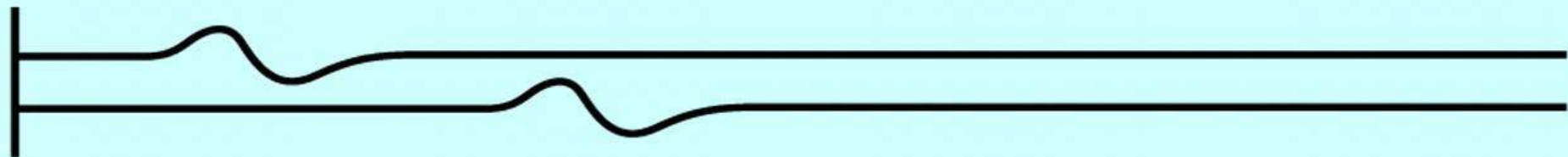
**Normal**



**Demyelinating**



**Axonal**



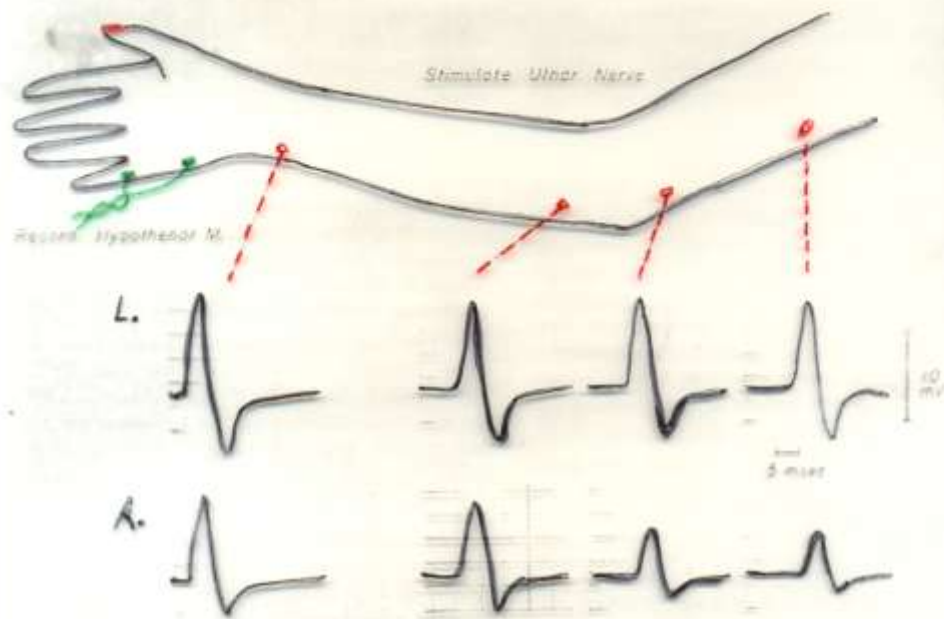


Fig. 12-28. Nerve conduction studies in patient with ulnar neuropathy at the elbow. Normal responses from left arm (L.); abnormal on right (R). There is a localized partial block of conduction (increased amplitude above the elbow) and localized slowing of conduction velocity at the elbow. (Courtesy of E. H. Lambert, Mayo Clinic.)