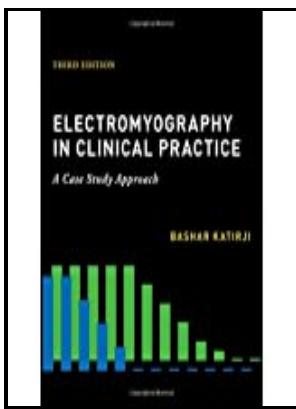


Electromyography in clinical practice - a case study approach

Mosby - Electromyography in Clinical Practice: A Case Study Approach, 3rd Edition

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Filesize: 17.510 MB

Tags: #Electromyography #in #Clinical

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Electromyography in Clinical Practice

Neurol Clin 2002;20:305—338, with permission.

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Hence, a normal needle EMG does not exclude a myopathy. With early recruitment, a full interference pattern is attained at less than maximal contraction, but its amplitude is low because fiber density is decreased in individual motor units.

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With minimal contraction, one MUAP is first recruited and its firing rate when it begins to discharge is called its onset frequency. They also may be generalized as encountered in association with gold toxicity or the syndrome of continuous motor unit activity Isaac syndrome Table 2-3.

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Finally, a group of specialized studies that require special expertise as well as sophisticated equipment and software, used as a clinical and research tool in the assessment of the microenvironment of the motor unit, include motor unit action potential MUAP morphology analysis, MUAP turns and amplitudes analysis, macro EMG, motor unit number estimate MUNE , and near-nerve recording studies. Early electrodiagnostic findings in Guillain-Barré syndrome. Two specialized tests are often added to the routine EDX study mainly in patients with suspected neuromuscular junction disorders.

Electromyography in Clinical Practice

Antidromic discharge of anterior horn cells Antidromic motor fibers Orthodromic motor fibers Supramaximal Following stimulation of almost any motor nerve. Note that the complex circled is stable and remains exactly the same between discharges with a constant firing rate.

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