GENERAL TEACHING HOSPITAL

Department of Neurology - Electrodiagnostic Laboratory
123 Medical Center Drive, Anytown, ST 12345
Phone: (555) 123-4567 | Fax: (555) 123-4568

ELECTROMYOGRAPHY & NERVE CONDUCTION STUDY

PATIENT INFORMATION

Name: John A. Doe (FICTIONAL)
DOB: 01/15/1985
Age: 40 years
Sex: Male
MRN: 1234567890
Study Date: 09/10/2025

STUDY INFORMATION

Referring Physician: Dr. Amanda Rehab, MD (PM&R)
Performing Physician: Dr. Michael Neuro, MD
Indication: Persistent neck pain and numbness following MVA
Clinical Question: R/O cervical radiculopathy
Symptom Duration: 6 weeks post-trauma

CLINICAL HISTORY

40-year-old male with history of motor vehicle accident on 07/30/2025 resulting in left hip fracture (surgically repaired) and cervical/lumbar strain. Patient reports persistent neck pain radiating to right shoulder and arm with intermittent numbness and tingling in thumb and index finger. Symptoms are worse with neck extension and right rotation. No lower

extremity neurological symptoms reported. Patient denies any prior neck problems or neurological issues.

NERVE CONDUCTION STUDIES

Motor Nerve Conduction Studies:

Nerve	Recording Site	Stimulation Site	Latency (ms)	Amplitude (mV)	Velocity (m/s)
Right Median	APB	Wrist	3.2	12.5	-
Right Median	APB	Elbow	7.8	11.8	58
Right Ulnar	ADM	Wrist	2.8	11.2	-
Right Ulnar	ADM	Elbow	6.9	10.5	62
Right Radial	EIP	Forearm	2.1	8.9	-

Sensory Nerve Conduction Studies:

Nerve	Recording Site	Stimulation Site	Latency (ms)	Amplitude (μV)	Velocity (m/s)
Right Median	Digit 2	Wrist	3.1	18.5	56
Right Ulnar	Digit 5	Wrist	2.9	22.1	58
Right Radial	Snuffbox	Forearm	2.2	25.8	61

NEEDLE ELECTROMYOGRAPHY

Muscles Examined:

Muscle	Insertional Activity	Spontaneous Activity	MUAP Morphology	Recruitment
Right C5 Paraspinals	Normal	None	Normal	Full
Right C6 Paraspinals	Increased	1+ Fibs/PSWs	Normal	Mildly reduced
Right C7 Paraspinals	Normal	None	Normal	Full
Right Deltoid	Normal	None	Normal	Full
Right Biceps	Increased	1+ Fibs/PSWs	Mild polyphasicity	Mildly reduced
Right Triceps	Normal	None	Normal	Full
Right Pronator Teres	Normal	None	Normal	Full

Right FCR	Normal	None	Normal	Full
Right APB	Normal	None	Normal	Full
Right FDI	Normal	None	Normal	Full

Abbreviations: Fibs = Fibrillations, PSWs = Positive Sharp Waves, MUAP = Motor Unit Action Potential, FCR = Flexor Carpi Radialis, APB = Abductor Pollicis Brevis, FDI = First Dorsal Interosseous

ELECTRODIAGNOSTIC INTERPRETATION

Findings:
1. Nerve conduction studies of the right upper extremity are within normal limits
2. Needle EMG reveals mild acute denervation changes in the right C6 myotome (C6 paraspinals and biceps muscle) with 1+ fibrillation potentials and positive sharp waves
3. No evidence of peripheral nerve entrapment or generalized neuropathy
4. No evidence of more widespread cervical radiculopathy

Diagnosis:
Mild right C6 radiculopathy, likely post-traumatic, with electrodiagnostic evidence of acute denervation

Clinical Correlation:
The electrodiagnostic findings are consistent with the patient's clinical presentation of neck pain with radiation to the right arm and numbness in the thumb/index finger distribution. The mild nature of the findings suggests a good prognosis for recovery with conservative management.

RECOMMENDATIONS

1. Continue physical therapy with focus on cervical stabilization exercises
2. Consider epidural steroid injection if symptoms persist beyond 8-10 weeks

3. MRI cervical spine to evaluate for structural abnormalities if no improvement in 4-6 weeks
4. Avoid repetitive neck extension and right rotation activities
5. Follow-up with referring physician in 4 weeks
6. Repeat EMG/NCS in 3 months if symptoms persist or worsen

PHYSICIAN ATTESTATION

I have personally performed this electrodiagnostic study and reviewed all data. The above represents my interpretation and recommendations.

Electronically signed by: Dr. Michael Neuro, MD
Date/Time: 09/10/2025, 15:45
Neurology - Electrodiagnostic Medicine
License #: 24680 (FICTIONAL)

⚠️ END OF FICTITIOUS TESTING DOCUMENT ⚠️
FOR SOFTWARE TESTING PURPOSES ONLY