

Name:
BD:
Date: 3/1/2012
Requested by:
Copies to:

ELECTRODIAGNOSTIC MEDICINE CONSULTATION

Amended Report 3-7-2012 (H Wave amplitude Hip Neutral changed from 1.3 to 2.7)

Impression

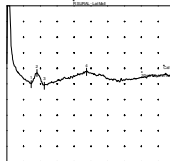
1. There is electrophysiological evidence of compressive piriformis syndrome that causes an inducible conduction block lesion of the sciatic nerve. There is no denervation associated with this.

History

is a pleasant 39 year old man with buttock and hip symptoms since 2007. He describes symptoms that actually sound like they may be coming from two different generators. The first set of symptoms are those of anterior and upper hip/groin pain that come from the area of the inguinal canal. These symptoms are provoked with particularly twisting at the waist activities, such as golfing. The second set of symptoms are those of buttock pain, always worsened with sitting. This buttock pain extends into the posterior thigh about half way to the distal 2/3 of the thigh. EMG and NCS have been requested for further evaluation.

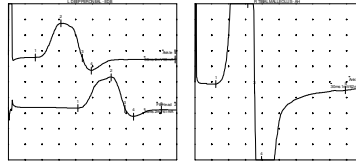
Sensory NCS

Nerve / Sites	Rec. Site	Onset ms	Peak ms	NP Amp μ V	PP Amp μ V	Dist cm	Vel m/s
R SURAL - Lat Mall							
1. Calf	Lat Mall	2.90	3.60	14.3	16.2	14	48.3



Motor NCS

Nerve / Sites	Rec. Site	Lat ms	Amp mV	Rel Amp %	Dist cm	Vel m/s
R DEEP PERONEAL - EDB						
1. Ankle	EDB	4.80	4.4	100	8	
2. FibHead	EDB	12.35	4.0	90.5	32	42.4
R TIBIAL MALLEOLUS - AH						
1. Ankle	AH	3.70	22.8	100	8	



F Wave

Nerve	Mean F Lat Ms (Hip Neutral)	Mean F Lat Ms (Hip FAIR)
R COMM PERONEAL - EDB	52.05	56.55
R TIBIAL (KNEE) - AH	53.40	56.77

H Wave

Nerve	H Lat. ms	H Amp. mV	H/M Ampl %
R TIBIAL - Soleus Hip Neutral	29.95	2.7	26.1%
R TIBIAL - Soleus Hip "medium" FAIR	32.75	0.5	10.5%
R TIBIAL - Soleus Hip "maximal" FAIR	33.45	0.5	10.4%

EMG Summary Table									
	Spontaneous					MUAP			Recruitment
	IA	Fib	PSW	Fasc	H.F.	Amp	Dur.	PPP	Pattern
R. VAST MEDIALIS	N	None	None	None	None	N	N	N	N
R. TIB ANTERIOR	N	None	None	None	None	N	N	N	N
R. GASTROCN (MED)	N	None	None	None	None	N	N	N	N
R. EXT DIG BREVIS	N	None	None	None	None	N	N	N	N
R. LUMB PSP (L)	N	None	None	None	None	N	N	N	N
R. GLUTEUS MAX	N	None	None	None	None	N	N	N	N
R. GLUTEUS MED	N	None	None	None	None	N	N	N	N

Comments

Standard nerve conduction studies are within fairly normal limits. The motor and sensory nerve distal latencies, amplitudes, and conduction velocities are all within fairly normal limits, indicating there is no focal nerve compression or peripheral neuropathic process present. F waves are also within normal limits. Special testing of the latent responses with the hip in various stages of hip flexion and internal rotation revealed progressive prolongation of the H and F wave latencies and diminution of the H wave amplitude to significant degrees. This is consistent with sciatic nerve compression at the level of the piriformis muscle. I would also note that I have not yet seen a patient that is as flexible as Mr. [redacted] have a positive provocative test. Needle EMG parameters are all normal, indicating there is no compressive radiculopathy or plexopathy present nor any denervation associated with the sciatic nerve compression.

Thank you, Dr. [redacted] for the opportunity to assist in the care of this patient. Please call me if there are any questions regarding the outcome of this examination. [redacted] indicates he is planning to see Dr. [redacted] and I have taken the liberty of also forwarding a copy of the test to him.

MD

Board Certified in Physical Medicine and Rehabilitation
FAAPM&R

Electronically authenticated March 6, 2012 1411 Amendment March 7, 2012 0815