



# Neurografi-strategi

## Strategies for Nerve Conduction Studies at the Dept of Clinical Neurophysiology, Uppsala

### Most common diagnosis

Carpal – tunnel syndrome			
Nerve	MCS	SCS	Comments
Median n	Palm stim if low CMAP	Palm, dig III+IV + 14-7 antidr	
Ulnar n		Palm, dig IV+V	

Short test for Carpal-tunnel syndrome			
Nerve	MCS	SCS	Comments
Median n	Distal latency + amp	Dig III+IV + 14-7 antidr	Bilat
Ulnar n	Distal latency + amp	Dig IV+V	Bilat

Ulnar lesion			
Nerve	MCS	SCS	Comments
Ulnar n		Palm, dig IV+V	Bilat+SSS if borderline(>15m/s)
Median n		Palm, dig III+IV	Bilat
Dorsal ulnar branch			Bilat
Radial n			Bilat



<b>Cervical radiculopathy</b>			
<b>Nerve</b>	<b>MCS</b>	<b>SCS</b>	<b>Comments</b>
Median n		Palm, dig I+II+III+ IV	Bilat
Ulnar n		Palm, dig IV+V	Bilat
Radial n			Bilat
Axillary n	M-amp+lat deltoideus m		Optional

<b>Brachial plexus lesion</b>			
<b>Nerve</b>	<b>MCS</b>	<b>SCS</b>	<b>Comments</b>
Median n		Palm, dig I+II+III+IV	Bilat
Ulnar n		Palm, dig IV+V	Bilat+supraclav stim
Dorsal ulnar branch			Bilat
Radial n			Bilat
Cut antebr lateral n			Bilat
Cut antebr medial n			Bilat
Axillary n	M-amp+lat deltoideus		Optional

<b>Fibular lesion</b>			
<b>Nerve</b>	<b>MCS</b>	<b>SCS</b>	<b>Comments</b>
Fibular n			Bilat If low EDB: TA fract prox/dist to fibula head
Tibial n			Bilat
Superficial fibular n			Bilat
Sural n			Bilat
Cut sur lat n			Optional



<b>Lumbal Radiculopathy</b>			
<b>Nerve</b>	<b>MCS</b>	<b>SCS</b>	<b>Comments</b>
Fibular n			Bilat If low EDB: + TA fract prox/dist to fibula head
Tibial n			Bilat
Femoral n			Optional (L3/L4)
Sural n			Bilat
Superficial fibular n			Bilat
Saphenous n			Optional
H-reflex tibial n			Bilat

<b>Polyneuropathy</b>			
<b>Nerve</b>	<b>MCS</b>	<b>SCS</b>	<b>Comments</b>
Median n		Palm, dig III+IV, CT-test if symptoms	Unilat
Ulnar n		Palm, dig IV+V	Unilat
Fibular n			Bilat
Tibial n			Bilat
Sural n			Bilat
Superficial fibular n			Bilat
Radial n			Unilat
SSR			Optional
RR (rest + deep breathing)			Optional
Thermotest			Optional



Other diagnosis

Guillain-Barré syndrome			
Nerve	MCS	SCS	Comments
Median n			Unilat
Ulnar n			Unilat
Fibular n			Bilat
Tibial n			Bilat
Sural n			Bilat
Radial n			Unilat
Autonomic tests			RR-interval (rest, deep breathing)
Autonomic tests			SSR.
Sensory thresholds			Temperature and vibration thresholds optional

Critical illness			
Nerve	MCS	SCS	Comments
Median n			Unilat
Ulnar n			Unilat
Fibular n			Bilat
Tibial n			Bilat
Sural n			Bilat
Radial n			Unilat
Ulnar n			If low CMAP Decrement study in ADM
Ulnar n			If low CMAP High-frequency stim. (20 Hz – 50 stim) Rec in ADM



<b>MND</b>			
<b>Nerve</b>	<b>MCS</b>	<b>SCS</b>	<b>Comments</b>
Median n			Bilat
Ulnar n			Bilat + supraclavicular stim only in uln weakness
Fibular n			Bilat
Tibial n			Bilat
Sural n			Bilat

<b>Myopathy</b>			
<b>Nerve</b>	<b>MCS</b>	<b>SCS</b>	<b>Comments</b>
Median n			Unilat
Ulnar n			Unilat
Fibular n			Unilat
Tibial n			Unilat
Sural n			Unilat
Radial n			Unilat



<b>Myastenia Gravis</b>			
<b>Nerve</b>	<b>MCS</b>	<b>SCS</b>	<b>Comments</b>
			When required by physician
Axillary n			Decrement study in the deltoid m
Accessory n			Decrement study in the trapezius muscle
Radial n			Decrement study in the anconeus muscle
Facial n			Decrement study in the nasalis/frontalis muscle
Other m			Decrement study in other weak muscles

<b>Radial nerve lesion</b>			
<b>Nerve</b>	<b>MCS</b>	<b>SCS</b>	<b>Comments</b>
Median n		Palm, dig I+II+III+IV	
Ulnar n		Palm, dig IV+V	
Radial n			Fractionated MCS

<b>Facial nerve lesion</b>			
<b>Nerve</b>	<b>MCS</b>	<b>SCS</b>	<b>Comments</b>
Facial n			Recording at the Nasalis m bilaterally
Facial/trigeminal n			Blink reflex



**AKADEMISKA  
SJUKHUSET**

Klinisk neurofysiologi

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