



Jessica Fuller-Hines, M.D.

Jessica H. Gorr, D.O.

DAY OF TEST-NO LOTIONS OR OILS ON SKIN

INFORMATION ABOUT ELECTRODIAGNOSTIC TESTING

What is EMG?

EMG stands for electromyography and is sometimes used as the abbreviation for Electrodiagnostic Testing. Electrodiagnostics include EMG and nerve conduction Studies (NCS).

What does the test involve?

There are two parts to a typical testing session. NCS consists of electrical impulses administered to specific areas of the arms or legs. EMG involves testing specific muscles with a small pin.

What does it feel like? Does it hurt?

NCS has been likened to the snap of a rubber band or a static electric shock.

EMG involves piercing the skin with a very small needle – close to the size of an acupuncture needle.

The study is described as uncomfortable but not painful.

How long will it take?

You will be scheduled for a one hour appointment, but testing does not typically take that long. Exams vary depending upon the reason for the exam and the number of extremities to be tested as ordered by your doctor.

Are there any side effects or risks?

There is a very small risk of infection anytime the integrity of the skin is broken. There is also a slight chance of bruising at the pin insertion site.

Is there anything I should alert the doctor to?

Yes, if you have a pacemaker or are on blood thinning medicine such as Coumadin, please inform the doctor performing the test. Any other questions will be happily answered as the time of your visit.

135 Rich Blvd, Elizabeth City, NC 27909
Office: (252) 333-1277 Fax: (252) 333-1877

EMG/ NCS, Spine Diseases, Sports and Occupational Injuries, Arthritis, Pain Management,
Physical Rehabilitation



Jessica Fuller-Hines, M.D.

Jessica H. Gorr, D.O.

NO LOTIONS !!!!

You have been recommended to have a procedure performed due to your pain condition that has not been relieved by routine treatments. A procedure, specifically an injection, is now indicated for further evaluation and or treatment of your pain. There is **no guarantee** that a procedure will cure your pain, and in some cases, it could become worse. The degree and duration of pain relief varies from person to person, so after your procedure, we will reevaluate your progress, then determine if further treatment is necessary.

Your physician will explain the details of the procedure listed below. **Tell the physician if you are taking any blood thinners such as Coumadin, Lovenox or Heparin**, as these **can cause excessive bleeding** and a procedure should not be performed.

Specific Risks pertaining to each specific procedure are as follows (Patient to initial line of procedure):

___ Epidural, Facet, Joint, Medial Branch nerve, Sacroiliac Joint, Selective Nerve Root: Low blood pressure, temporary weak/numb arm or leg, headache requiring epidural blood patch, and steroid flare.

___ Trigger Point Injection, Soft Tissue Injection, Peripheral Nerve Block, requiring local pain from tissue and/or nerve irritation, dimpling of/depression in skin and possible steroid flare.

EMG/NCS: Excessive bleeding, local pain from tissue and/or nerve irritation, localized infection, dimpling of/depression in skin.

The incidence of serious complications listed above requiring treatment is very low. Your physician believes the benefits of the procedure outweigh its risks or it would have not been offered to you, and it is your decision and right to accept or decline to have the procedure done.

135 Rich Blvd., Elizabeth City, NC 27909
Office: (252) 333-1277 Fax: (252) 333-1877

EMG/ NCS, Spine Diseases, Sports and Occupational Injuries, Arthritis, Pain Management,
Physical Rehabilitation

I authorize Dr. _____ to perform the following procedure:

_____.

I have read or had read to me the above information. I understand that there are risks involved with this procedure. The risks have been explained to my satisfaction and I accept them and consent to this procedure.

Patient or His/Her Legal Guardian

Date

Witness

Physician Declaration: I have explained the procedure and have answered all the patient's questions. To the best of my knowledge, the patient has been adequately informed and the patient has consented to the above described procedure.

Physician

Date

135 Rich Blvd., Elizabeth City, NC 27909
Office: (252) 333-1277 Fax: (252) 333-1877

EMG/ NCS, Spine Diseases, Sports and Occupational Injuries, Arthritis, Pain Management,
Physical Rehabilitation