Screening for Generalized Peripheral Neuropathy

The following standards are only appropriate for cases selected for the verification of suspected generalized distal symmetrical peripheral neuropathy, not for investigation of a differential diagnosis.

Standard 1
Before starting testing the patient is identified and the clinical information from the referral verified.

Standard 2
Hand and leg temperature are measured, recorded and maintained above 30 degrees C.

Standard 3
Sensory nerve conduction is performed on one lower limb nerves using surface electrodes and measuring response amplitude and latency/velocity.

Standard 4
Motor nerve conduction is tested in one lower limb nerves using surface electrodes and measuring response amplitude, latency/conduction velocity and F-wave latency.

Standard 5
If abnormalities are detected following standards 3 and 4, standards 6 and 7 apply.

Standard 6
Sensory nerve conduction is performed on at least one further lower limb nerve and at least one upper limb nerve using surface electrodes and measuring response amplitude and latency/velocity.

Standard 7
Motor nerve conduction is tested in at least one further lower limb motor nerve and at least one upper limb nerve using surface electrodes and measuring response amplitude, latency/conduction velocity and F-wave latency.

Standard 8
The report of the investigation contains the numerical data. It makes a statement about any abnormality detected. The professional status of the practitioner performing the investigation and report is identified.

Standard 9
The report is signed by the practitioner taking medico-legal responsibility for it.

Guideline 1
Referrals are screened before allocation of patients by a suitably qualified practitioner to assess appropriateness of clinical question posed.

Guideline 2
A focussed patient history and examination are recorded, including the presence of co-existing disease

Guideline 3
Sensory and motor conduction studies as per standards 3, 4, 6, & 7 on both sides of the body.

Guideline 4
Needle EMG recording is performed by a medically qualified practitioner.

Guideline 5
The patient is seen by a suitably qualified practitioner at the end of the test to verify the clinical presentation, make a clinico-electrophysiological correlation, to include this in the final report, and to answer any clinical questions the patient may have.

Guideline 6
The report details any technical factor that could influence the results.

Option 1
H reflexes are recorded.

Option 2
Quantitative tests of small nerve fibre function are performed.

Option 3
The report contains illustrations of recorded waveforms.