

EMG Position Paper for FSPM&R

With the increase in technology and diagnostic complexity in medicine and associated cost it is important that quality of care and patient safety remains paramount and first in our endeavors.

Electrodiagnostic medicine is a field practiced by few and misunderstood and an enigma for many. It is a diagnostic tool that can be instrumental in decreasing cost and improving health care if used properly. Unfortunately, it is also a field open to abuse and fraud. For this reason we should strive to help educate patients, insurance agencies, case managers, physicians, legislators, attorneys, health organizations and others in the proper use and procedure needed to perform electrodiagnostic studies.

Electrodiagnostic studies differ from other tests in that it is not a "standard" test but a "dynamic" test that requires individual design for each patient. If done improperly patients may receive erroneous or misdiagnosis that can lead to inappropriate procedures, surgeries, and treatments, or lack of treatment that can harm patients and increase suffering, disability, and health care cost.

We proposed the following:

- a. Each request for Electrodiagnostic study should be accompanied by a reason
- b. NCS needs to be performed by trained / certified physician in the field of electrodiagnostic medicine, or by a certified electrodiagnostic technician under **DIRECT SUPERVISION** of a trained physician in **electrodiagnostic medicine**.
- c. Report will **clearly identify** who performed the NCS and the EMG and location where patient was tested. If not performed by a physician it will also show the name of the certified tech and type of supervision.
- d. If tech is to perform the NCS this will be under **DIRECT SUPERVISION** of a physician who is certified / trained in the field of electrodiagnostic medicine as set by AAEM & ANA definition of proper training.
- e. A tech **is not** qualified to perform **EMG** evaluations or make interpretations of NCS/EMG studies. It should be public policy that needle EMG testing to be defined as the **practice of medicine**.
- f. **Direct supervision** is defined in that the physician (**trained and certified in electrodiagnostic medicine**) is in close physical proximity (i.e. same office suite) to the electrodiagnostic lab while testing is underway, is immediately available to physically provide the trained technician with assistance and direction, and is responsible for **selecting** the appropriate NCS to be performed prior to starting the procedure after evaluating the patient.
- g. The patient should remain in the room until the supervising physician has reviewed the NCS results and determines no other testing is deemed necessary.
- h. A qualified physician includes one that has "special training in the diagnosis and treatment of neurological and neuromuscular disease and in the application of particular neurophysiologic techniques to the study of these disorders. This type of training is generally included in the residency or fellowship programs of physicians who specialize in **physical medicine and rehabilitation** (physiatrists) or **neurology** (neurologists)."
- i. If technologist is performing the NCS, he or she will identify themselves to the patient as a tech (also need to wear a name badge with title) prior to the procedure and who is the physician supervising the study and giving final interpretation. The patient will have the option to opt for physician to perform the test if desired.
- j. The medical record will **clearly identify** the person(s) and their title performing the NCS and EMG and physician determining interpretation. If not performed by a physician it will also show the name of the certified tech and type of supervision. It will also indicate location of test.