



NorthStar Rehab + Pain Clinics

INFORMED CONSENT FOR ELECTRODIAGNOSTIC TESTING

I. PURPOSE OF INFORMED CONSENT

The purpose of this Informed Consent is to describe electrodiagnostic testing that was deemed appropriate by your physician for the purpose of diagnosis of your condition, as well as to inform you of the possible benefits and risks of undergoing such testing, to inform you of alternatives to such testing and risks of not undergoing such testing. Your participation in the prescribed electrodiagnostic testing is strictly voluntary.

II. DESCRIPTION OF TESTING

Electrodiagnostic testing that your physician has prescribed consists of obtaining a directed history of health and medical problems, a neurological examination, a Nerve Conduction Study (NCS), and Electromyography (EMG). All of these components are referred to in this Informed Consent as “Electrodiagnostic Testing”.

Nerve Conduction Studies

Nerve conduct electrical signals generated in certain areas of the brain. These signals are carried through nerves to muscles. Upon receiving these signals, or stimuli, muscles contract and perform movements. If muscles do not respond to such stimuli correctly, it is possible that corresponding nerves are not functioning properly. A Nerve Conduction Study is performed to establish whether nerves carry (or conduct) stimuli normally. In order to perform a Nerve Conduction Study, surface electrodes are taped over several zones on the skin and muscles. The nerves which supply those zones or muscles are then stimulated with a surface probe and the resulting electrical responses are recorded by the surface electrodes, which are in turn attached to an EMG machine. The electrical responses provide detailed information about nerve function. These stimuli feel like a small shock (as a pinch or tingling) and are almost always well tolerated. One or more nerves may be tested during this procedure.

Electromyography

If muscles do not respond correctly to stimuli produced in the brain and conducted to these muscles by corresponding nerves, it is possible that the muscle does not process these stimuli normally, even though the nerves are intact. To establish whether this is true, electromyography is performed. During this test, a very small disposable needle electrode (smaller than the needle employed during a blood draw) is placed in one or more muscles. The electrical activity of the muscle is fed back through the electrode to the EMG machine when the muscle is at rest and then when it is voluntarily activated by the patient. The information obtained from EMG provides insight into muscle function.

Test Results

At the end of the study, the results of the neurologic examination, the NCS and EMG are combined to diagnose problems with nerves and muscles and connections between them (neuron-muscular junctions), as well as areas in the brain that control these nerves and muscles.

III. POSSIBLE BENEFITS OF ELECTRODIAGNOSTIC TESTING

Electrodiagnostic medicine is the study of diseases of nerves and muscles. Your doctor has recommended an EMG test to see if your muscles and nerves are working right. The results of the tests will help localize the problem and establish its severity.

Benefits of electrodiagnostic testing may be decreased by factors that interfere with the testing and affect its accuracy. These factors include medications such as muscle relaxants and anticholinergics, presence of excess fatty tissue between the muscle and skin, application to the skin of medicinal and/or cosmetic lotions or creams, patient's ability to cooperate with the physician during testing, or patient's failure to follow physician's instructions, as well as patient's age (nerve conduction can vary with age and normally decreases as a person grows older).

IV. POSSIBLE RISKS OF ELECTRODIAGNOSTIC TESTING

Electrodiagnostic testing involves insertion of disposable needle electrodes into skin and muscles and electrical stimulation of muscles (EMG). As such, they may cause discomfort and pain during the test. Since every patient tolerates discomfort and pain differently, it is impossible to predict how discomforting and/or painful this test will be for you. Most patients describe the discomfort as mild.

Minimal bleeding may occur during or after the test at the site of insertion of needle electrodes. Therefore, it is very important for you to disclose to your physician whether or not you have a bleeding problem, or whether or not you have been taking blood-thinning medication, such as Coumadin or Heparin.

Electrodiagnostic Testing may interfere with the electrical devices implanted in the body. Therefore, it is very important for you to disclose to your physician if you have such a device implanted in your body (for example, a pacemaker in the heart, defibrillator, cochlear implant, or spinal cord stimulator).

Even though sterile, disposable electrodes are used for Electrodiagnostic Testing, the site of insertion of needle electrodes may become infected, although the risk is minimal. This risk elevates, however, if normal hygiene is not maintained after the completion of the test. After the test, the muscle (or several muscles) may feel tender and bruised for a few days.

Overall, Electrodiagnostic Testing is safe and electric stimulation is too weak and short to cause an injury or permanent damage.

By signing this Informed Consent below, you affirm that you have read and understood possible risks that may result from Electrodiagnostic Testing and have voluntarily assumed these risks for the benefit of undergoing Electrodiagnostic Testing. You agree not to hold The Rehab Doctors, PC, its directors, officers, shareholders, business associates, physicians, nurses, and other employees liable for any occurrence of such risks.

V. ALTERNATIVES TO ELECTRODIAGNOSTIC TESTING

Electrodiagnostic tests such as Nerve Conduction Studies and/or Electromyography collect and analyze very specific information about the proper function of my nervous system and my muscles. No other test can record and analyze electrical activity of nerves and muscles these nerves innervate and, therefore, there is no substitute, or alternative test, that can provide my physician with the information needed.

VI. RISKS OF NOT UNDERGOING ELECTRODIAGNOSTIC TESTING

Risks of not undergoing Electrodiagnostic Testing include delay in proper diagnosis, delay in localization of possible problems affecting nerves and muscles, delay in assessment of severity of such problems, and

delay in treatment and/or rehabilitation that might have been recommended had Electrodiagnostic Testing been performed.

VII. INFORMED CONSENT TO UNDERGO ELECTRODIAGNOSTIC TESTING

By signing this Informed Consent I acknowledge the following:

- * I have received a copy of this Informed Consent form and have carefully read and considered its contents;
- * I have had an opportunity to ask questions about the procedures, potential benefits and risks, alternatives, and additional considerations associated with Electrodiagnostic Testing I am about to undergo (or a patient, who is a minor, is about to undergo, if I am a lawful guardian of a patient who is a minor);
- * All of my questions have been answered to my satisfaction and I have had adequate time to reach my voluntary and informed decision to consent to undergoing Electrodiagnostic Testing to which I attest by signing this Informed Consent below.

Patient Name: _____

Patient's DOB: _____

Patient Signature: _____

Date: _____

RESERVED FOR PATIENTS WHO ARE MINORS OR ARE REPRESENTED BY A LEGAL GUARDIAN

If patient is a minor, or is represented by a legal guardian, the guardian attests that he or she is indeed a lawful guardian of the minor (patient), whose name appears above, and that the guardian is authorized to make all decisions related to the provision of medical care for the minor (patient) and there is not a court order now in effect that would prohibit this guardian to confer the power to consent to Electrodiagnostic Testing prescribed to the above-mentioned minor (patient).

Legal Guardian Name: _____

Relationship to the patient: _____

Legal Guardian Signature: _____

Date: _____

Legal Guardian Address: _____