Indiana Regional Medical Center

835 Hospital Road Indiana, PA 15701

Patient: STIFFLER, ERIC VAUGHN

MRN: 100165848 Admit: 11/15/2024

FIN: 2003957119 Disch:

DOB/Age/Sex: 8/7/1979 45 years Male Admitting: Eckels, Dennis L

Location: IH-NEURO 835 Hospital

Road

Indiana, PA 15701-3629

724-357-7000

Patient Viewable Clinical Documentation

DOCUMENT NAME: EMG/Botox

SERVICE DATE/TIME: 11/15/2024 14:04 EST

RESULT STATUS: Auth (Verified)

PERFORM INFORMATION: Viehmann,Brandon D (11/15/2024 14:13 EST)
SIGN INFORMATION: Viehmann,Brandon D (11/15/2024 14:13 EST)

Eric Stiffler is referred from Dr. Eckles, DO for electromyographic evaluation of the upper extremities to include upper limb mononeuropathy, brachial plexopathy or cervical radiculopathy.

Eric Stiffler is a 45-year-old right-handed industrial maintenance specialist with a longstanding history of bilateral hand pain and right much greater than left intermittent hand numbness and tingling. Hand paresthesias are most noticeable nocturnally and with sustained gripping activities. Intermittent electric-like sensations are also noted through the right volar wrist. Left basal joint pain has been especially troublesome, and noted with sustained gripping activities. Eric also states a longstanding history of predominantly central chronic neck pain; however intermittently neck discomfort will radiate into the proximal upper extremities and shoulders. Radiologist interpretation of cervical spine x-rays completed October 15, 2020 demonstrated C4-7 degenerative disc disease with mild bilateral C6-7 neuroforaminal stenosis.

Physical examination:

Deep tendon reflexes are intact and symmetric bilateral biceps brachii, brachioradialis and triceps.

Hoffmann sign is negative bilaterally.

Basal joint scour sign is significantly positive on the left, negative right.

Tinel sign is positive right median nerve at the wrist; negative bilateral ulnar nerves at the wrist and elbow.

Cervical range of motion is painfully limited 25% into all planes.

Phalen's position positive right greater than left.

Manual muscle test bilateral C4-T1 myotomes 4+/5. Mild weakness is noted in right thumb palmar abduction.

Bilateral hand temperature 32 °C.

Please see attached document for nerve conduction and electromyographic data, summary and waveforms.

Electromyographic impression:

- 1. Moderate right; very mild, early left median neuropathy across the wrist and carpal tunnel segment without acute denervation of the abductor pollicis brevis. Intermittent hand paresthesias are much more troublesome on the right, subjectively.
- 2. Mild bilateral ulnar demyelinating involvement across the global elbow segment without acute or chronic denervation of ulnar innervated hand intrinsics.

Report Request ID: 31990126 Page 1 of 7 Print Date/Time: 11/15/2024 20:20 EST

Indiana Regional Medical Center

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3. All other electromyographic studies of the upper extremities are within normal limits and would not suggest postganglionic, neurogenic brachial plexopathy; or C5-T1 acute/chronic root level irritation.

Please correlate findings clinically.

Electronically Signed on 11/15/24 14:13

Viehmann, Brandon D

Report Request ID: 31990126 Page 2 of 7 Print Date/Time: 11/15/2024 20:20 EST

* Auth (Verified) *

Indiana Regional Medical Center

835 Hospital Rd, Indiana, PA 15701 Ph 724-357-7000

Test Date: 11/15/2024

Pt. Name:	Eric Stiffler	DOB:	8/7/1979	Examiner:	B. Viehmann PT, DPT, ECS
		Sex:	Male	Ref. Phy:	Dr. Eckles, DO

Nerve Conduction Studies Anti Sensory Summary Table

Stim	NR	Peak	O-P Amp	Norm O-P	Norm Peak	Dist	Vel	Norm Vel			
Site		(ms)	(μV)	Amp	(ms)	(cm)	(m/s)	(m/s)			
Left Medi	Left Median Anti Sensory (Dgt)										
Thumb		3.8	25.0	>5	<4.0	14.0	37				
Index		3.9	41.4	>10	<4.0	14.0	36				
Middle		*4.1	41.0	>10	<4.0	14.0	34				
Right Med	Right Median Anti Sensory (Dgt)										
Thumb		*4.9	9.2	>5	<4.0	14.0	29				
Index		*4.8	13.8	>10	<4.0	14.0	29				
Middle		*5.6	12.2	>10	<4.0	14.0	25				
Left Radia	al Anti	i Sensory (1st Web Space	e)							
Wrist		2.3	30.7	>5	< 2.9	10.0	43				
Right Rac	lial An	ti Sensory	(1st Web Spa	ce)							
Wrist		2.7	30.0	>5	< 2.9	10.0	37				
Left Ulna	r Vola	r Anti Sen	sory (Digit)								
5th-Wr		3.5	37.9	>10.0	< 3.8	14.0	40				
B Elbow		7.1	15.8			19.0	53	>50			
Acr Elb		9.5	12.0			12.0	50	>50			
Right Uln	Right Ulnar Volar Anti Sensory (Digit)										
5th-Wr		3.2	16.5	>10.0	<3.8	14.0	44				
B Elbow		6.9	8.4			19.0	51	>50			
Acr Elb		9.2	6.8			12.0	52	>50			

IH Hospital Page 3 of 7

Patient: Stiffler, Eric Test Date: 11/15/2024 Page 2

Motor Summary Table

Stim	NR	Onset	Norm Onset	O-P Amp	Norm O-P	Dist	Vel	Norm Vel			
Site		(ms)	(ms)	(mV)	Amp	(cm)	(m/s)	(m/s)			
Left Medi	Left Median Motor (Abd Poll Brev)										
Palm		1.3	<2.2	5.5		2.0					
Wr.8cm		3.9	<4.3	6.2	>4.0	8.0					
Wr.10cm		4.2		5.1		10.0	34				
Elbow		7.9		4.6		21.0	53	>50			
Right Med	Right Median Motor (Abd Poll Brev)										
Palm		1.3	<2.2	5.7		2.0					
Wr.8cm		*5.8	<4.3	*3.8	>4.0	8.0					
Wr.10cm		6.3		3.7		10.0	20				
Elbow		9.8		3.7		20.0	50	>50			
Left Ulnaı	· ADQ	2 Motor (A	ADQ)								
Wrist		2.9	<3.5	10.7	>4.0	8.0					
B Elbow		6.3		9.7		20.5	60	>50			
Med epi		6.9		9.8		3.0	50	>50			
A Elbow		8.4		9.5		7.0	*47	>50			
Right Ulna	ar AD	Q2 Motor ((ADQ)								
Wrist		3.1	<3.5	8.9	>4.0	8.0					
B Elbow		6.7		9.3		21.0	58	>50			
Med epi		7.4		9.3		3.0	*43	>50			
A Elbow		8.6		9.1		7.0	58	>50			
Left Ulnaı	r FDI 1	Motor (FD)	I)								
Wrist		3.4	< 5.1	10.7	>4.0	0.0					
B Elbow		6.9		10.5	>4.0	19.0	54	>50			
Acr Elbo		9.5		10.7	>4.0	12.0	*46	>50			
Right Uln	ar FD	I Motor (Fl	DI)								
Wrist		4.0	< 5.1	13.8	>4.0	0.0					
B Elbow		7.5		12.9	>4.0	19.0	54	>50			
Acr Elbo		9.6		12.5	>4.0	12.0	57	>50			

F Wave Studies

NR	F-Lat (ms)	Lat Norm (ms)	L-R F-Lat (ms)	L-R Lat Norm						
Left	Left Median (Mrkrs) (Abd Poll Brev)									
	27.51	<32	*2.50	< 2.0						
Righ	Right Median (Mrkrs) (Abd Poll Brev)									
	30.01	<32	*2.50	< 2.0						
Left Ulnar (Mrkrs) (Abd Dig Min)										
	28.33	<32	0.00	< 2.0						
Right Ulnar (Mrkrs) (Abd Dig Min)										
	28.33	<32	0.00	< 2.0						

IH Hospital Page 4 of 7

* Auth (Verified) *

Patient: Stiffler, Eric Test Date: 11/15/2024 Page 3

EMG

Side	Muscle	Nerve	Root	Ins Act	Fibs	Psw	Amp	Dur	Poly	Recrt	Int Pat	Comment
Left	Deltoid	Axillary	C5-6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	Triceps	Radial	C6-7-8	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	Biceps	Musculocut	C5-6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	PronatorTeres	Median	C6-7	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	FlexCarRad	Median	C6-7	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	BrachioRad	Radial	C5-6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	FlexPolLong	Median (Ant Int)	C7-8	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	Abd Dig Min	Ulnar	C8-T1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	1stDorInt	Ulnar	C8-T1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	Abd Poll Brev	Median	C8-T1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	Deltoid	Axillary	C5-6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	Triceps	Radial	C6-7-8	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	Biceps	Musculocut	C5-6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	PronatorTeres	Median	C6-7	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	.
Right	FlexCarRad	Median	C6-7	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	BrachioRad	Radial	C5-6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	FlexPolLong	Median (Ant Int)	C7-8	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	Abd Dig Min	Ulnar	C8-T1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	1stDorInt	Ulnar	C8-T1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	.
Right	Abd Poll Brev	Median	C8-T1	Nml	Nml	Nml	*Incr	Nml	0	Nml	*50%	

NCV FINDINGS:

- 1. The right median motor nerve prolonged distal latency (Wr.8cm, 5.8 ms) and reduced amplitude (Wr.8cm, 3.8 mV).
- 2. The left Ulnar ADQ2 motor nerve decreased conduction velocity (A Elbow-Med epi, 47 m/s).
- 3. The right Ulnar ADO2 motor nerve decreased conduction velocity (Med epi-B Elbow, 43 m/s).
- 4. The left Ulnar FDI motor nerve decreased conduction velocity (Acr Elbo-B Elbow, 46 m/s).
- 5. The left median sensory nerve prolonged distal peak latency (Middle, 4.1 ms).
- 6. The right median sensory nerve prolonged distal peak latency (Thumb, 4.9 ms), prolonged distal peak latency (Index, 4.8 ms), and prolonged distal peak latency (Middle, 5.6 ms).

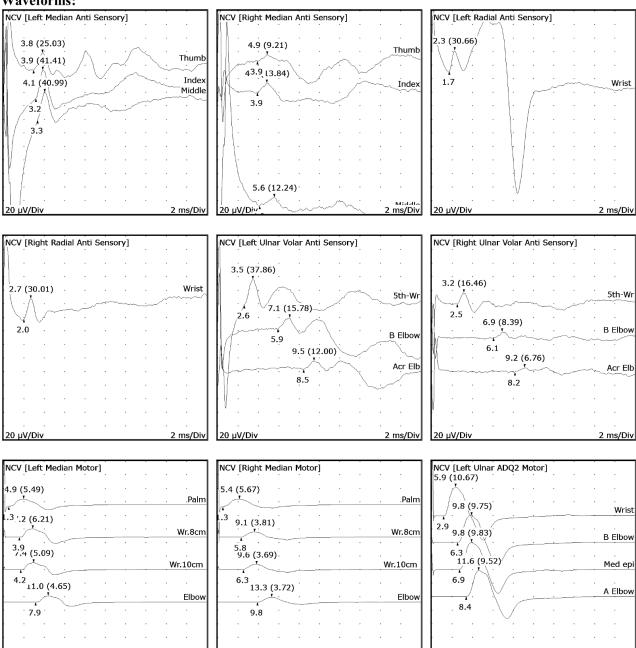
EMG FINDINGS:

- 1. Needle evaluation of the right abductor pollicis brevis increased Amplitude and decreased interference pattern.
- 2. All remaining muscles (as indicated in the preceding table) showed no evidence of electrical instability.

IH Hospital Page 5 of 7

Patient: Stiffler, Eric Test Date: 11/15/2024 Page 4

Waveforms:



5 mV/Div

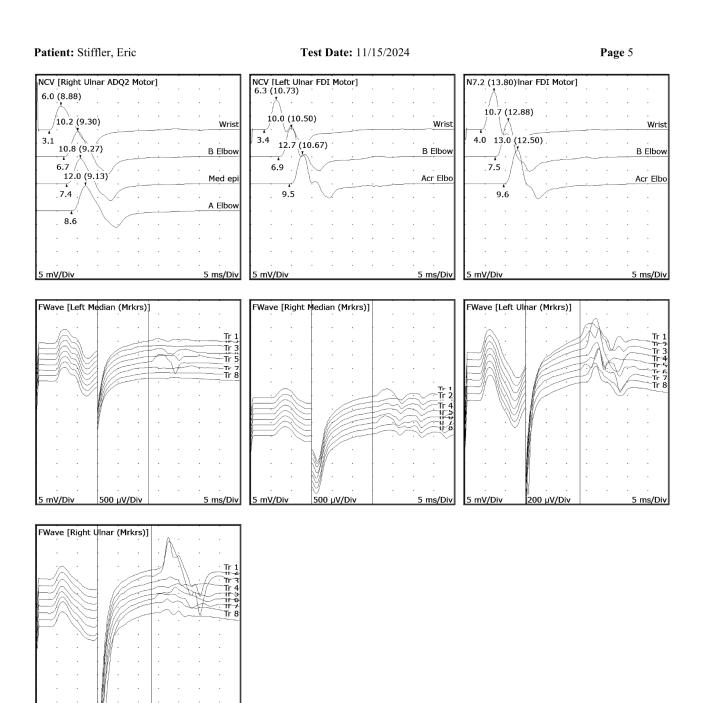
5 ms/Div

10 mV/Div

5 ms/Div

10 mV/Div

5 ms/Div



5 mV/Div

200 μV/Div

5 ms/Div