

EPIDEMIOLOGY OF DIABETES INTERVENTION AND COMPLICATIONS Nerve Conduction Studies

Nerve conduction studies in individual patients should be performed under similar temperature conditions to studies done at DCCT baseline, to the extent that it is safe and practical to do so. If necessary, the extremity should be warmed to the temperature of the previous examination. REFER TO THE PROTOCOL FOR SPECIFIC INSTRUCTIONS FOR TO LIMB WARMING AND COOLING. DCCT baseline temperatures will be provided by the EDIC study coordinator. Temperature measurements are performed with surface thermistors throughout. The temperature is recorded before and after the actual nerve conduction study in each nerve and both values are reported. Note that the nerve conduction velocities should be reported as the actually recorded values without temperature corrections. If any sensory or motor response is absent, enter "00.0" for amplitude and "NR" for latency and conduction velocity. If the F-response is absent, enter "NR" for F-wave latency.

Send this form and the EMG tracings to Cathy Martin at the University of Michigan. Retain a copy of this form and tracings in the clinic files. Follow the instructions for standard web-based tracking.

A. IDENTIFYING INFORMATION **B. NERVE SITES** (All tests should be performed on indicated dominant side, unless otherwise specified in A7) 1. Clinic Number: 1. Median Motor Nerve Conduction: 2. Patient ID Number: Wrist to abd. poll. brev. (APB) 3. Patient's Initials: a) Distance (mm) (wrist to APB) 4. Date Form Completed: b) Distal latency to onset (msec) Month Day Year c) Amplitude (mV) (baseline to neg. peak) 5. EDIC Follow-Up Year: Elbow to wrist 6. Indicate patient's dominant Left Right d) Temp. (mid-forearm) pre-testing (°C) side: (1) (2) e) Distance (mm) (elbow to wrist) 7. Will the patient's dominant No Yes f) Proximal latency to onset (msec) (1) (2) side be tested? q) Conduction velocity (m/sec) ___ ·__ 8. If no, give reason for testing the non-dominant side: h) Amplitude (mV) (baseline to neg. peak) • i) Temp. (mid-forearm) post-testing (°C) ___·__ F-wave (stimulate wrist) j) Latency (msec) (shortest of 8) ___·__

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2.			4. Sural Sensory Conduction	
	(orthodromic-stimulate digit, record wrist):		(antidromic-stimulate calf, record ankle):	
	Digit II to wrist		Calf to lateral malleolus (14 cm proximal to	
	a) Temp. (mid-palm) pre-testing (°C)	·	recording electrode)	
	b) Distance (mm)		a) Temp. (lower calf) pre-testing (°	C)
	c) Latency to onset (msec) (<u>Not</u> peak)	··	b) Distance (mm) (should be 140 mm)	
	d) Conduction velocity (m/sec)	·	c) Latency to onset (msec) (<u>Not</u> peak)	
	e) Amplitude (μV) (baseline to neg. peak)		d) Conduction velocity (m/sec)	·
	f) Temp. (mid-palm) post-testing (°C)	·	e) Amplitude (μ V) (baseline to neg. peak)	
			f) Temp. (lower calf) post-testing (°C)	
3.	Peroneal Nerve Motor Conduction:			
	Ankle to ext. dig. brev. (EDB)			
	a) Distance (mm)		Type/print name of electromyographer:	Certification Number (if any)
	b) Distal latency to onset (msec)	·		
	c) Amplitude (mV) (baseline to neg. peak)	·		
	Below fibular head to ankle		Type/print name of Clinical Coordinator:	Certification Number (if any)
	d) Temp. (mid-ant. tib.) pre-testing (°C)	·		
	e) Distance (mm) (knee to ankle)			
	f) Proximal latency to onset (msec)	··		
	g) Conduction velocity (m/sec)	·		
	h) Amplitude (mV) (baseline to neg. peak)			
	i) Temp. (mid-ant. tib.) post-testing (°C)	·		

F-wave (stimulate ankle)

j) Latency (msec) (shortest of 8)