ed dominant side,



TODAM TOWARD TAROOMA TAROOM

## 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 closeout, 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 LIMB WARMING AND COOLING. DCCT close-out 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.

Mail this form and EMG tracings to the University of Michigan (Attn: Cathy Martin). Retain a copy of this form and tracings in the clinic files. Report the date this form and tracings were mailed to U. Michigan using EDIC form 59.1, or using standard Web-based tracking.

D MEDITE CIPEC

F-wave (stimulate wrist)

j) Latency (msec) (shortest of 8)

A. IDENTIFITING INFORMATION		(All tests should be performed on indicated do 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
<pre>6. Indicate patient's dominant     side:</pre>	Left Right ( 1) ( 2)	d) Temp. (mid-forearm) pre-testing (°C)
7. Will the patient's dominant	No Yes	e) Distance (mm) (elbow to wrist)
side be tested?	(1) (2)	f) Proximal latency to onset (msec)
8. If no, give reason for testing		g) Conduction velocity (m/sec)
the non-dominant side:		h) Amplitude (mV) (baseline to neg. peak)
		i) Temp. (mid-forearm) post-testing (°C)

2.	Median Nerve Sensory Conduction		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) (Not peak)		b) Distance (mm) (should be 140 mm)
	d) Conduction velocity (m/sec)		c) Latency to onset (msec) ( $\underline{\text{Not}}$ peak)
	e) Amplitude ( $\mu V$ ) (baseline to neg. peak)		d) Conduction velocity (m/sec)
	f) Temp. (mid-palm) post-testing (°C)		e) Amplitude ( $\mu V$ ) (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)	<u> </u>	
	Below fibular head to ankle		Type/print name of Clinical Coordinator: Certification Number (if an
	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)		