Common Symptoms for NCV Testing

The general rule of thumb is that if there is a suspected nerve damage associated with the patients’ complaints or injury then it is expected to rule such findings in or out by doing an objective study such as the NCV’s or EMG’s. Many complicated symptoms prompt the need for such diagnostic tests. Most common examples include:

- A determination of nerve irritation or damage needs is suspected and objective substantiation and documentation is needed.
- There is no response to care (therapy), but symptoms continue.
- Subjective complaints are evident, but objective findings are not supportive.
- X-Rays, CT, or MRI are negative, yet neurological symptoms persist.
- There is non-resolving and unexplainable pain in limb, weakness, disturbance in skin sensation, numbness, tingling, and/or loss of sensation.
- Acute or chronic neck pain and back pain.
- Burning, pins and needle-feelings in the arms and legs
- Walking and balance problems, unsteadiness.
- Difficulty with fine finger and hand movements.
- There is non-resolving radicular pain.

Additional Indication and Diagnosis to qualify for a Neuro-diagnostic test:

- Herniated Disc(s) with radiating pain
- Any Peripheral Neuropathies
- Cervical Radiculopathy
- Carpal Tunnel Syndromes
- Brachial Syndromes
- Neuritis / Neuralgia
- Numbness / Tingling
- Hot / Cold Sensations
- Radial Nerve Entrapment
- Cervical Myelopathy
- Cervical Foraminal Stenosis
- Cervicobrachial Syndrome
- Mono-Neuritis Multiplex
- Ulnar Neuropathy
- Cauda Equina Syndrome
- Foot Drop / Peroneal Neuropathy
- Lumbar Foraminal Stenosis
- Lumbar Myelopathy
- Lumbar Radiculopathy
- Lumbo-Sacral Plexopathy
- Tibial Neuropathy
- Plantar Neuroma/Neuralgia
- Sciatic Neuropathy
- Radiculopathy (i.e. Radiating Pain)
- Nerve Root Compressions
- Tarsal Tunnel Syndromes
- Thoracic Outlet Syndromes
- Spinal Cord Trauma / Dysfunction
- Atrophy
- Abnormal Skin Sensations