

## WHY NON-PHYSICIANS PERFORMING DIAGNOSTIC EMG UNDERMINE THE DELIVERY OF SAFE, EFFECTIVE HEALTH CARE

- ❖ **Diagnostic EMG is the practice medicine:** Efforts by non-physicians to perform and interpret diagnostic EMG and related nerve conduction studies (NCS) are far from “turf battles.” They are attempts to practice medicine – to diagnose serious and potentially life-threatening medical conditions.
- ❖ **Non-physicians seeking to perform EMG are often trained in therapy, not diagnosis:** Needle EMG and NCS are diagnostic procedures. They have no therapeutic benefit.
- ❖ **Only physicians have the training to diagnose diseases:** Tests like EMG/NCS are dynamic and depend upon the visual, tactile and audio observations of the examiner. Therefore, there is no way for physicians to independently verify the accuracy of reports by technicians, such as physical therapists.
- ❖ **Physicians receive years, not hours, of training in diagnosis:** Physicians complete 4 years of medical school and at least 4 years of residency. Specialists such as neurologists and rehabilitative physicians master the skill of diagnosing neuromuscular conditions. Non-physicians’ training in this area is measured in hours, not years.
- ❖ **Accurate diagnosis means better patient care:** Complex diagnostic tests such as EMG/NCS allow physicians to distinguish a wide range of conditions, from carpal tunnel syndrome to ALS (Lou Gehrig's Disease). Misdiagnosis can mean delayed or inappropriate treatment (including surgery) and diminished quality of life.

*\* Needle EMG is a unique, invasive medical procedure during which the physician inserts an electrode into a patient's muscles to diagnose the cause of muscle weakness. By definition, diagnosis is the differentiation of one disease from another. Needle EMG is clearly the practice of medicine.*