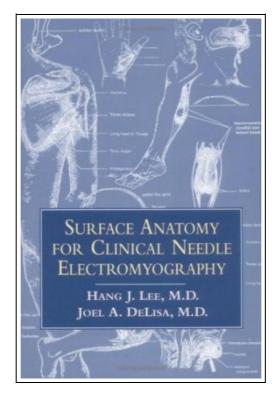
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#### SURFACE ANATOMY FOR CLINICAL NEEDLE ELECTROMYOGRAPHY (PAPERBACK)



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Demos Medical Publishing, United States, 2000. Paperback. Condition: New. New. Language: English. Brand New Book. From Residents to seasoned Practitioners, a detailed knowledge of surface and functional anatomy is essential before a needle electrode can be inserted into a muscle with optimal effectiveness and minimal discomfort to the patient. This book, written by long-time experts in the field, gives the tools for conducting an accurate, well tolerated needle EMG examination - based on identifiable landmarks and a keen understanding of musculoskeletal anatomy. Highlights of this practical clinical resource: Each muscle is systematically described by its origin, insertion, innervation, and action. Optimal patient positioning and the needle electrode location, as well as the brief clinical notes, allow easy access to any relevant topics Exquisite illustrations throughout highlight clinical landmarks and aid in needle electrode placement, especially in deep muscles that may be difficult to identify Anatomic guidelines for the entire body are covered in twelve comprehensive sections Alternative methods of needle placement are discussed and compared For all Electromyographers in practise and training, this book offers key information for minimising the number of needle penetrations, reducing patient discomfort, shortening the length of the examination and obtaining precise diagnostic information. Especially when dealing with an uncooperative or limited patient, it allows the Electromyographer to visualise the underlying anatomy and electrode path for maximum results. Find these typical guidelines for muscle sampling: Work from proximal to distal in the limb, as the proximal muscles are usually less sensitive to needle insertion than the distal small muscles Test the weakest muscle first, as it has the greatest probability for revealing abnormalities. However, interpret carefully as the end stage of muscle pathology does not reveal significant findings Examine less painful muscles first; intrinsic muscles of the ha



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