

AASEM - Pain Fiber NCS Certification Quiz

- ANSWER THE QUIZ QUESTIONS WHILE WATCHING THE PAIN FIBER DVD
- FAX QUIZ TO (800) 875-0119 (INCLUDE A COPY OF YOUR LICENSE AND THE ETHICS PLEDGE)
- TEST TWO STAFF MEMBERS (2 CERVICAL & 2 LUMBAR) FOLLOW THE MANUAL EXAM STEPS
- CALL (800) 766-0884 - THE FINAL EXAM WILL BE FAXED TO YOU

Name _____ Degree _____

Address _____ City _____ State _____ Zip _____

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1. According to the National Institute of Health _____% of all patients seeking medical help do so for _____
2. NewsWeek (June 2007) reported that _____% of pain patients become _____ sufferers.
3. Up to _____% of spinal surgeries end in failure.
4. Mass. Gen. Hosp. Handbook states that in _____ cases of neck and back pain the diagnosis is unclear.
5. Physical exams have a _____ role in neck and back pain, but are important in _____
6. Two types of nerve fibers transmit pain _____ and _____
7. Over 90% of _____ reach the sensory cortex, but these fibers down regulate with _____ of injury.
8. Less than _____% of the _____ reach the cortex and after injury continue functioning or _____
9. Guyton states: "It explains why _____"
10. In about _____% of cases pain patient localize the source of pain to the wrong level.
11. In about _____% of cases patients will localize pain to the wrong side from the actual injury.
12. EMG was mainly developed by _____ during WWII to detect _____
13. In EMG a motor nerve is _____ and the response of the _____ is measured.
14. If the EMG is normal then nothing is wrong with the _____ or _____
15. An abnormal muscle response means the problem may be in the _____ or _____
16. The NCV rule in or out the problem being with the _____
17. Without motor symptoms EMG has about 1/2 the sensitivity of _____
18. In a study published in The New England Journal of Medicine _____% of normal subjects have disk bulging.
19. Population comparison is _____% compared to _____% sensitivity using the patient as his own control.
20. The sponge electrode must be _____ wet with tap water to insure a strong electrical ground.
21. The potentiometer amplitude surge of _____ to _____ mV (millivolts) verifies nerve _____
22. Action Potential literally translates in to _____ in _____.
23. When a nerve fatigues it causes nearby nerve fibers to start helping. This is termed _____
24. There are three ways to prove the nerve fires at a specific dial setting: a. _____
b. _____ c. _____
25. The highest measurement is the nerve with the greatest hypo-function which identifies _____
26. Nerves above and opposite the pathology mirror the pathology due to _____
27. Spinous rotation is normally _____ lateral head tilting and _____ lumbar lateral bending.
28. _____ from spinal joints, ligaments and muscles diminish when a nerve root is affected.
29. This proves nerve root pathology and is noted best at the limit of _____ on radiographs.
30. Reduction in these signals causes _____ rotation of the vertebra above and/or below.
31. Radial and median nerves originate from C____ & C____. Normal function in the radial nerve and abnormal median nerve function suggests _____ entrapment. If above and below the right elbow (ulnar nerve) are both 17, while the left is 17 above 42 below then the entrapment in the _____
32. FDA regulations do not allow a software to actually _____
33. Already, pain fiber NCS has helped researchers to find a connection between radiculopathy and _____ and between lumbosacral radiculopathy with _____ and _____
34. With L5 and S1 radiculopathy on the same side there is a _____% probability of _____
35. RSD and sympathetically medicated pain can be detected in early stages when the patient reports _____ at the minimum threshold setting causing nerve conduction.

Extra Credit: Based on your understanding answer the following questions:

- A. What does the M in EMG stand for? _____
- B. What is proprioception? _____
- C. An animal's brain stem is cut, but it can stand or move as if walking. Why is this? _____

- D. How does this apply to the pain fiber NCS in radiculopathy? _____
