
















-  Myo.prononcée
-  Myopath.
-  Normal
-  Neur.Chr.Disc
-  Neur.Chr.Mod.
-  Neur.Chr.Pron.
-  Neur.Sub.A.Di
-  Neur.Sub.A.Mod
-  Neur.Sub.A.Pron
-  Déner.réc.part
-  Déner.complète
-  Perte U.M
-  Bloc neuromusc.
-  Faiblesse centr.
-  Autre

## EMG Findings

Muscle (Innervation)	Interprétation	Voluntary act.							
		Fib	PSW	Amp	Dur	Poly	Stabil.	AV	Recruit.
Gauche Gastroc caput med (Tibialis, S1 s2)	Myopath.	0/10	0/10	Normal	Normal	Normal	Normal	Normal	Normal
Gauche Tibialis anterior (Peroneus profundus, l4 L5)	Myopath.	0/10	0/10	-	-	Normal	Normal	Normal	
Droit Tibialis anterior (Peroneus profundus, l4 L5)	Myopath.	0/10	0/10	-	-	Normal	Normal	Normal	
Droit Vastus lateralis (Femoralis, l2 l3 L4)	Myopath.	0/10	0/10	-	-	Normal	Normal	Normal	Tôt

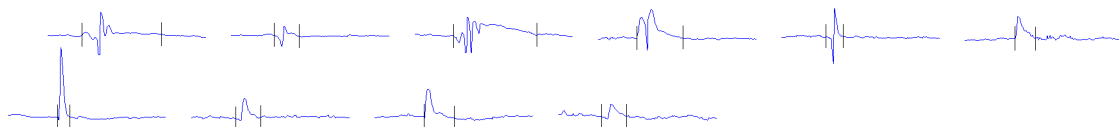
## EMG MUP Curves

Droit Tibialis anterior



500uV  
10ms

Gauche Tibialis anterior



500uV  
10ms