Known myasthenia gravis with worsening swallowing, speech, or vision problems (If respiratory sx- send to ER)

Progressive motor and/or sensory deficits resulting in impaired function present for less than 1 month

Progressive limb weakness over weeks to months with atrophy and muscle twitching

Progressive proximal weakness +/-swallowing difficulties present less than 3 mos.

EXAM:
Muscle atrophy with fasciculations, Ptosis, Weakness less than 3/5

LABS:
Positive Myasthenia Gravis antibodies CK greater than 2 x normal with weakness

Symptoms and Labs

Chronic progressive limb weakness and/or sensory deficits in a stocking-glove pattern w/out a diagnosis or with a diagnosis requiring treatment.

Chronic progressive muscle weakness, cramping, or elevated CK of unknown cause

Known diagnoses of neuromuscular disease with stable symptoms transferring care or requesting 2nd opinion.

Diffuse fasciculations without weakness or muscle atrophy.

Cervical/lumbar radiculopathies with acute neurologic deficits and focal neurupathies will be seen semi-urgently

Suggested Management

We do not see patients for pain management and do not treat Complex Regional Pain Syndrome or Fibromyalgia

We do not see neck/back pain in the absence of associated neurologic symptoms in arm/leg; These patients should be referred to the Spine Center.

Suggested Workup

Radiculopathies with acute neurologic deficits will be seen semi-urgently- please specify symptoms.

Diagnosed muscular dystrophies and hereditary neuropathies should be referred to the Muscular Dystrophy Clinic.

Unilateral numbness and/or weakness involving face, arm, and leg is unlikely to be due to a neuromuscular cause; EMG is not indicated.

LABS:
Neuropathy: B12, RPR, TSH, HbA1c, ESR, ANA
Myopathy: CK, ESR, CRP, TSH, ANA

Suggested Previsit Workup

For neuropathy and myopathy evaluations, patients will be scheduled for EMG testing. We do not diagnose and treat based on outside studies and typically will need to repeat these

Suggested Consultation or Co-management

Suggested Consultation

Suggested Emergent Consultation

High Risk

Moderate Risk

Low Risk

Clinical Pearls

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.