

Editorial on Covid 19, Neuromuscular Diseases and Electroneuromyography

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Editorial Note

The Covid 19 pandemic has changed a lot in our clinical practice as physicians who both deal with neuromuscular diseases and electroneuromyography. This editorial aims to summarize the facts about these issues in daily practice.

First of all, the pandemic has necessitated cancelation of elective or non-urgent contact with the healthcare system, including non-urgent nerve conduction studies and electromyography (electrodiagnostic [EDX] studies). The Centers for Disease Control and Prevention (CDC) and the Centers for Medicare and Medicaid Services (CMMS) recommend prioritizing urgent and emergent visits and procedures. Many healthcare systems around the world recommend cessation of all elective and "non-urgent" procedures including imaging, surgeries and neurophysiologic tests. However, the definition of "elective" or "non-urgent" are subjective, and left to the judgment of the clinician. Balancing postponing of non urgent EDX studies and taking care of relatively urgent matters seems to be logical while this decision often puts the electromyographer in a dilemma.

So the main question to be asked here is 'Which patients should undergo EDX?'. In summary we sometimes need urgent and logical advice in these matters, fast and simple if possible.

The Editorial mainly provides us consensus guidance for resumption of EDX testing, addressing scheduling, patient arrival and registration, use of personal protective equipment, COVID-19 screening and testing, the performance of EDX in outpatient and inpatient settings, cleaning and maintenance of the EDX equipment and laboratory, balancing trainee safety and training requirements, and patient care issues. The authors state that their recommendations are broad and thus need to be adapted to local COVID-19 risks, institutional guidelines and policies, and changing federal, state and local regulations, and to changes in the pandemic over time. According to this article, social distancing and the use of personal protective equipment (PPE) are two frequently used measures. In healthcare, balancing the risk of infection and the demand for healthcare resources to treat COVID-19 affected patients has resulted in a significant reduction of non-urgent in-person healthcare delivery. Alternative modes of healthcare delivery such as telephone visits or video platforms ("telemedicine") are being increasingly utilized to provide healthcare.

Our OMU EMG laboratory receives a lot of daily demands of EDX studies from many units of the hospital each day. We believe this is the case in many EMG labs. Sometimes it may not be very easy for the EMG lab team to decide which tests should be given priority. In our clinical and

lab experience during pandemic we usually did not have big discussions or difficulties to decide which patients should undergo EDX studies more urgently when compared with others. Of course first of all, these are our ideas to promote forward and we never debate that they should necessarily set an example for others, but I think we were quite successful to differentiate more urgent cases than the less urgent ones.

Lengthening intervals between EDX appointments, staggering appointments, and reducing the number of appointments should be considered based on availability of space for social distancing, time required for appropriate cleaning of EDX equipment/laboratories between visits, and accommodation of a potentially reduced workforce. A reduction in initial volume of routine EDX studies with gradual escalation of the number of scheduled visits per day may be required. When scheduling EDX appointments, patients should be instructed to call if they develop symptoms of COVID-19 prior to the appointment. These are ideal of course and the applications may differ from one unit to another, but we did not have any difficulties to cooperate about this last problem. However it should never be forgotten that asymptomatic patients may require EDX studies and since they do not show any symptoms all the team members of the EDX units and other patients unfortunately may undergo very risky situations about this matter. Temperature screening at the entrance to the hospital or clinic thus gains great importance.

My advice for this kind of situation is one of a kind that I believe most of my colleagues will agree. If you have team members who are immunely suppressed, or pregnant or have systemic diseases like hypertension, diabetes (especially not very well controlled cases), you have to be very careful when you prepare your monthly or weekly study programs. The first two groups should not be allowed to work actively in the lab, while the last group's working hours should be regulated carefully.

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Conflicts of Interest

The Authors declare that there is no conflict of interest.

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