

# NEUROMUSCULAR COMPLAINT: PERIPHERAL NEUROPATHY, NUMBNESS, WEAKNESS - REFERRAL GUIDELINE

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## HIGH RISK

### SUGGESTED EMERGENT CONSULTATION

#### SYMPTOMS AND LABS

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 < 1 month

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

Progressive proximal weakness dysphagia, dysarthria, or dyspnea present < 3 mos.

#### EXAM:

Muscle atrophy with fasciculations, Ptosis, Weakness < 3/5

#### LABS:

Positive myasthenia antibodies  
CK > 2 x normal with weakness

#### 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

## MODERATE RISK

### SUGGESTED CONSULTATION OR CO-MANAGEMENT

#### 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 2<sup>nd</sup> opinion

Diffuse fasciculations without weakness or muscle atrophy

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

#### 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

## LOW RISK

### SUGGESTED ROUTINE CARE

#### SYMPTOMS AND LABS

General fatigue without muscle weakness

Patient has known peripheral neuropathy without significant change in symptoms

New onset small fiber sensory loss in patient with known diabetes- Check reversible neuropathy labs: TSH, B12, Folate, RPR to assess for other causes.

Consider neuropathic pain treatment with topical capsaicin/Lidoderm patches, gabapentin/lyrica, nortriptyline/amitriptyline

Clinical symptoms of diffuse numbness/paresthesia with normal sensory exam is unlikely to be due to neurologic disease- assess for toxic-metabolic cause

#### 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.

## CLINICAL PEARLS

- Known Myasthenia with increasing breathing problems or new onset (< 1 week) of breathing and swallowing problems without known diagnosis
- Acute onset (< 7days) of rapidly progressive numbness/ weakness in both legs with or without urinary or respiratory symptoms

Neuropathic pain treatment:

- 1) Anticonvulsant medications such as Gabapentin and Lyrica
- 2) Antidepressants such as nortriptyline/amitriptyline or duloxetine
- 3) Topical medications such as topical lidocaine preparations or capsaicin cream.

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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.