

F-Wave Parameters of Normal Ulnar and Median Nerves

S Ghosh

Physical Medicine and Rehabilitation Department, Prince Abdul Rahman Al-Sudairy Central Hospital, Sakaka, AL-Jouf, Kingdom of Saudi Arabia

Abstract

Twenty healthy volunteers (17 males) aged 19–46 years (Mean 28 ± 6.8) without any history of previous numbness and pain in the hands or any other neurological disorder were included in this study. The normal median nerve F-wave parameters studied were: minimum latency 24.8 ± 1.7 ms; maximum latency 29.8 ± 2.8 ms; mean latency 26.8 ± 1.4 ms; chronodispersion 5 ± 2.8 ms; FM ratio 2 ± 1 , manual and computerized persistence mode 10. Persistence varied from 4 (40%) to 10 (100%) measured both manually and by computer.

The normal ulnar nerve F-wave parameters studied were: minimum latency 24.5 ± 1.7 ms; maximum latency 28.2 ± 1.8 ms; mean latency 26.2 ± 1.7 ms; chronodispersion 3.6 ± 1.4 ms; FM ratio 3 ± 5.2 , persistence (mode) 10. Persistence varied from 5 (50%) to 10 (100%) measured both manually and by computer.

In both the median and ulnar nerves, difference between the right and the left F-waves parameters values were insignificant. There was significant difference between median and ulnar nerve F-waves maximal latency, chronodispersion and mean latency ($t=3.28$; $p<0.05$; $t=2.92$; $p<0.05$; $t=2.42$; $p<0.05$ respectively).

In conclusion, it was observed that there was increased median and ulnar nerves F-wave chronodispersions and significant difference was found between median and ulnar nerves' F-wave maximal latency, chronodispersion and mean latency in comparison to the previous studies.

Authors and their affiliations

Dr Sabyasachi Ghosh, MBBS,MD (PMR), Registrar, Physical Medicine and Rehabilitation Hospital, Sulaibikhat, Kuwait

Bibliography

Ghosh S.F-Wave Parameters of Normal Ulnar and Median Nerves. IJPMR 2010; 21 (2): 47-50.

Article received: February 13, 2010

Correspondence

Dr Sabyasachi Ghosh
Physical Medicine and Rehabilitation Hospital
Sulaibikhat
Kuwait

Email: sabyghosh@hotmail.com

Key Words: F waves normal parameters, Ulnar nerve, Median nerve.

Introduction

Following the original description¹ and early clinical studies^{2,3}, the F wave has found a wide application in the assessment of peripheral nerve lesions. Consecutively recorded F waves vary in latency and amplitude, necessitating comparison of a train of responses. Most laboratories use persistence and minimum latency as the only practical measures^{4,5,6}. Some advocate mean latency⁷ and others chronodispersion, which is defined as the difference between minimum and maximum latencies, or the range of conduction time among all motor fibers^{8,9,10}.

The normative data described in the literature were mostly based on the analysis of only some aspects of the F waves. In our study various F-wave parameters were analyzed in healthy subjects, including some uncommonly studied aspects, such as F-waves FM ratios and manual persistence.

Methods

This study was performed in Physical Medicine and Rehabilitation Department, Prince Abdul Rahman Al-Sudairy Central Hospital, Sakaka, Al-Jouf, Kingdom of Saudi Arabia. A total of 20 (17 men) healthy volunteers (40 ulnar and 40 median nerves) aged 19–46 years (mean 28 ± 6.8) without any history of previous numbness or pain in the hands or any other neurological disorder, gave a written consent to participate in this study. Nerve conduction studies were performed by Schwarzer Myos Plus EMG machine (Schwarzer GmbH Medical Equipment for Diagnosis, Baermannstr.38, D-81245, Munich) with filter setting at 20 Hz- 10000Hz, in a warm room, maintaining the skin temperature above 32 degree centigrade. A gain of $5000 \mu V$ per division was used for all M response latency measurements. For the F-wave, amplifier gain was $200 \mu V$ per division and a sweep speed of 5 ms was used.

F-wave studies consisted of applying ten supramaximal stimulations to the ulnar nerve with the cathode proximal to the anode at the wrist and recording F-waves from the abductor digiti minimi with active disk electrode placed over the belly and reference disc electrode over the tendon

of the muscle. Ground electrode was placed on the dorsal aspects of the wrist between the stimulation point and active electrode. Stimuli were delivered to relaxed subjects lying supine on a bed. Same procedures were applied for median nerve for the recording of F-waves with active disk electrode placed over the belly and reference disc electrode over the tendon of the abductor pollicis brevis muscle^{11,12,13}.

Chroni, Taub and Panayiotopoulos¹⁴ studied the peroneal nerve F waves in 20 healthy subjects and 20 patients with neuropathy to assess the effect of sample size on the accuracy of measurements of the following F wave latency parameters: F wave minimum latency, mean latency, median latency and F chronodispersion. The values obtained from a large sample (65-110 F responses) were compared with the corresponding values from smaller samples of 10, 20 and 40 responses. The results indicated that equally accurate measurements for all parameters were provided by larger F wave samples in patients, compared with healthy subjects. A sample of 40 fulfilled the requirements for all F wave latency parameters of the peroneal nerve in almost all subjects, a finding which is in good agreement with that of a similar study for the ulnar nerve. Hence, 40 ulnar and 40 median nerves were studied in 20 volunteers.

Minimum latency, maximal latency, mean latency, chronodispersion, manual and automated computerized persistence and FM ratios of F-waves were measured and analyzed. Data were analyzed to study the difference between the right and the left sides within the same nerve and between the two nerves by applying Wilcoxon Signed Rank Test for persistence and t-test paired for other F-waves parameters.

Results

The normal median nerve F-wave parameters were: minimum F-wave latency 24.8±1.7 ms; maximum F-wave latency 29.8±2.8 ms; mean F-wave latency 26.8±1.4 ms; chronodispersion 5±2.8 ms; FM ratio 2±1 (Table 1). The median nerve persistence was measured in mode and not in mean because of the nature of the data was 10 for both manual and computerized persistence. Persistence varied from 4 (40%) to 10 (100%) both manually and by automated computer (Table 2).

The normal ulnar nerve F-wave parameters were: minimum F-wave latency 24.5±1.7 ms; maximum F-wave latency 28.2±1.8 ms; mean F-wave latency 26.2±1.7 ms; chronodispersion 3.6±1.4 ms; FM ratio 3±5.2 (Table 1).

In both the median and ulnar nerves the difference between the right and left F-waves parameters values were insignificant. There was significant difference

between median and ulnar nerve F-waves maximal latency, chronodispersion and mean latency (t=3.28; p<0.05: t=2.92; p<0.05: t=2.42; p<0.05 respectively).

Table1. Normal F-waves Parameters of median and ulnar nerves. All measurements in ms.

	N	Min	Max	Mean	SD
RMFMIN	20	18.67	27.27	24.4570	2.24082
RMFMAX	20	24.22	33.28	29.7890	2.37171
RMDISP	20	2.03	12.97	5.3320	2.84071
RMMEAN	20	23.13	29.50	26.8095	1.50972
RMFM	20	0.56	4.55	1.9735	1.23856
LMMIN	20	23.52	27.42	25.2075	1.04416
LMMAX	20	25.23	36.95	29.9990	3.23236
LMDISP	20	0.85	11.33	4.7915	2.87056
LMMEAN	20	24.88	29.44	26.9495	1.42201
LMFM	20	0.62	3.54	2.1945	.89069
RUMIN	20	22.34	27.66	24.3210	1.68161
RUMAX	20	25.47	31.95	28.3905	1.96729
RUDISP	20	1.72	8.44	4.0695	1.68256
RUMEAN	20	23.98	29.98	26.1890	1.74189
RUFM	20	0.50	29.79	3.2150	6.32124
LUMIN	20	22.27	29.38	24.7585	1.85183
LUMAX	20	24.92	31.56	28.0270	1.80098
LUDISP	20	1.01	5.71	3.2685	1.03411
LUMEAN	20	23.99	30.36	26.2855	1.72366
LUFM	20	1.11	19.58	2.9090	4.00526
MMIN	40	18.67	27.42	24.8323	1.76687
MMAX	40	24.22	36.95	29.8940	2.80032
MDISP	40	0.85	12.97	5.0618	2.83208
MMEAN	40	23.13	29.50	26.8795	1.44933
MFm	40	0.56	4.55	2.0840	1.07068
UMIN	40	22.27	29.38	24.5398	1.75995
UMAX	40	24.92	31.95	28.2088	1.87071
UDISP	40	1.01	8.44	3.6690	1.43691
UMEAN	40	23.98	30.36	26.2373	1.71114
UFM	40	0.50	29.79	3.0620	5.22553

RMFMIN- Right median F waves minimum latency
 RMFMAX -Right median F waves maximum latency
 RMDISP- Right median F waves chronodispersion
 RMMEAN- Right median F waves mean latency
 RMFM- Right median F waves FM ratio
 LMMIN- Left median F waves minimum latency
 LMMAX- Left median F waves maximum latency
 LMDISP- Left median F waves chronodispersion
 LMMEAN- Left median F waves mean latency
 LMFM- Left median F waves FM ratio
 RUMIN- Right ulnar F waves minimum latency
 RUMAX- Right ulnar F waves maximum latency
 RUDISP- Right ulnar F waves chronodispersion
 RUMEAN- Right ulnar F waves mean latency
 RUFM- Right ulnar F waves FM ratio
 LUMIN- Left ulnar F waves minimum latency
 LUMAX- Left ulnar F waves maximum latency
 LUDISP- Left ulnar F waves chronodispersion
 LUMEAN- Left ulnar F waves mean latency
 LUFM- Left ulnar F waves FM ratio
 MMIN- Median nerve F-waves minimum latency
 MMAX- Median nerve F-waves maximum latency
 MDISP- Median nerve F-waves chronodispersion
 MMEAN- Median nerve F-waves mean latency
 MFm- Median nerve F-waves FM ratio
 UMIN-Ulnar nerve F-waves minimum latency
 UMAX- Ulnar nerve F-waves maximum latency
 UDISP- Ulnar nerve F-waves chronodispersion
 UMEAN- Ulnar nerve F-waves mean latency
 UFM- Ulnar nerve F-waves FM ratio

Table 2. Normal F-waves persistence of Median and Ulnar nerve. All values in ms.

	N	Min	Max	Mode
RMMP	20	9.00	10.00	10
LMMP	20	8.00	10.00	10
MMP	40	8.00	10.00	10
RUMP	20	10.00	10.00	10
LUMP	20	9.00	10.00	10
UMP	40	9.00	10.00	10
RMCP	20	4.00	10.00	10
LMCP	20	6.00	10.00	10
MCP	40	4.00	10.00	10
RUCP	20	8.00	10.00	10
LUCP	20	5.00	10.00	10
UCP	40	5.00	10.00	10
Valid N	20			

(listwise)

- RMMP- Right median manual persistence
- LMMP- Left median manual persistence
- MMP- Median manual persistence
- RUMP- Right ulnar manual persistence
- LUMP- Left ulnar manual persistence
- UMP- Ulnar manual persistence
- RMCP-Right median automated computerized persistence
- LMCP- Left median automated computerized persistence
- MCP- Median automated computerized persistence
- RUCP- Right ulnar automated computerized persistence
- LUCP- Left ulnar automated computerized persistence
- UCP- Ulnar automated computerized persistence

Table 3. Difference in median and ulnar nerves F-waves parameters.

Pair	Comparison	Paired Differences		t	Sig2tld
		95% CI Lower	95% CI Upper		
Pair 1	RMFMIN-LMMIN	-1.8367	0.3357	-1.446	0.164
Pair 2	RMFMAX-LMMAX	-1.7705	1.3505	-0.282	0.781
Pair 3	RMDISP-LMDISP	-1.2681	2.3491	0.626	0.539
Pair 4	RMMEAN-LMMEAN	-0.8568	0.5768	-0.409	0.687
Pair 5	RMFM-LMFM	-0.8939	0.4519	-0.687	0.500
Pair 6	RUMIN-LUMIN	-1.1793	0.3043	-1.234	0.232
Pair 7	RUMAX-LUMAX	-0.5044	1.2314	0.877	0.392
Pair 8	RUDISP-LUDISP	-0.1605	1.7625	1.744	0.097
Pair 9	RUMEAN-LUMEAN	-0.5358	0.3428	-0.460	0.651
Pair 10	RUFM-LUFM	-3.1466	3.7586	0.186	0.855
Pair 11	MMIN-UMIN	-0.3352	0.9202	0.943	0.352
Pair 12	MMAX-UMAX	0.6477	2.7228	3.285	0.002
Pair 13	MDISP-UDISP	0.4281	2.3574	2.920	0.006
Pair 14	MMEAN-UMEAN	0.1059	1.1786	2.422	0.020
Pair 15	MFM-UFM	-2.7338	0.7778	-1.127	0.267

Abbreviation used: 95% CI of dif: 95% confidence interval of differences; Sig2tld: Sig 2 tailed; rest of them are as explained below the Table 1.

Table 4. Difference between ulnar and median manual persistence performed by Wilcoxon Signed Rank test.

	Ulnar Manual Persistence – Median Manual Persistence
Z	-1.414
Asymp. Sig. (2-tailed)	0.157

Table 5. Difference between ulnar and median automated computerized persistence performed by Wilcoxon Signed Rank test.

	Ulnar automated persistence – Median automated persistence
Z	-1.368
Asymp. Sig. (2-tailed)	0.171

Discussion

In the reported literature the upper limit in the normal adult for minimal F latency is 31 ms for hand¹⁵ and in this study it was 29.38 ms. Right to left asymmetry of minimum F latency exceeding 2 ms in hand is considered abnormal¹⁵. In this study the difference between the right and the left median mean minimum latency was -0.75 ms and the difference between the right and the left ulnar mean minimum latency was -0.43 ms which were well within normal limits. Alavian, Samadzadeh and Alavian-Ghavanini¹⁶ studied that the maximum normal difference in F wave latency between right and left upper extremities with stimulation at the wrist for total group was 2.2 ms for median nerve and 2.4 ms for ulnar nerve. Maximum normal difference in F wave latency between median and ulnar nerve in an extremity with stimulation at the wrist for total group was 2.7ms. In this study the difference between the right and the left median nerve maximum F-wave latency was -0.21ms and difference between median and ulnar nerve maximum latency of F wave was 1.69ms.

The highest reported normal values for F wave chronodispersion (mean ± SD) for the median nerve (abductor pollicis brevis) are 3.6 ± 1.2 ms¹⁷, for the ulnar nerve (abductor digiti minimi) 3.3 ± 1 ms⁸. In this study median nerve (abductor pollicis bravis) chronodispersion was 5±2.8ms and Ulnar nerve(abductor digiti minimi) chronodispersion was 3.6±1.4ms, both were higher than the previous reported values.

The upper limit of F amplitude is 5% of M wave⁷. Normal F/M ratios based on mean F-wave amplitudes reported were 2.2 ± 1.0 percent for the abductor pollicis brevis¹⁸.

In this study it was 2.08 ± 1.07 for abductor pollicis brevis and 3.06 ± 5.22 for abductor digiti minimi.

The F-wave persistence was 8.3 ± 1.9 of ulnar nerve¹⁹. Another study⁷ showed that the persistence of F wave for abductor digiti minimi and abductor hallucis were about 8 to 9 respectively. In this study the median nerve manual persistence minimum was 8 and maximum was 10 when mode was 10 and for ulnar nerve manual persistence minimum was 9 and maximum was 10 when mode was 10.

Puksa, Stalberg and Falck¹⁸ observed no significant differences in any of the parameters except for the median nerve F-wave minimum latency and F-wave mean latency, which was 0.2 ms longer on the right than left. In this study the difference between the median and the ulnar nerve F-wave maximal latency, chronodispersion and mean latency was significant ($t=3.28$; $p<.05$; $t=2.92$; $p<.05$; $t=2.42$; $p<.05$ respectively). There was no significant difference between median and ulnar nerves F-waves minimum latencies, FM ratios and persistence.

Conclusion

In this study it was found that there was increased median nerve and ulnar nerve F-wave chronodispersions and there was significant difference between median and ulnar nerves F-wave maximal latency, chronodispersion and mean latency in comparison to previously reported studies.

References

1. Magladeroy JW, McDougal DB. Electrophysiological studies of nerve and reflex activity in normal man-identification of certain reflexes in the electromyogram and the conduction velocity of peripheral nerve fibers. *Bulletin John Hopkins Hospital* 1950; 86: 265–90.
2. Kimura J. F-wave velocity in the central segment of the median and ulnar nerves. A study in normal subjects and in patients with Charcot-Marie-Tooth disease. *Neurology* 1974; 24 (6): 539-46.
3. Panayiotopoulos CP, Scarpalezos S. F-wave studies on the deep peroneal nerve. Part 2: 1-chronical renal failure. 2-limb-girdle muscular dystrophy, *Journal of Neurological Science* 1977; 31: 331–41.
4. Fierro B, Modica A, D'Arpa A, Santangelo R, Raimondo D. Analysis of F-wave in metabolic neuropathies: a comparative study in uremic and diabetic patients. *Acta Neurol Scand* 1987; 75: 179–85.
5. Fraser JL, Olney RK. The relative diagnostic sensitivity of different F-wave parameters in various polyneuropathies. *Muscle Nerve*, 1992, 15: 912–8.

6. Weber F. The diagnostic sensitivity of different F wave parameters. *Journal of Neurology, Neurosurgery and Psychiatry* 1998; 65: 535–40.
7. Fisher MA. AAEM minimonograph #13: H reflexes and F waves: physiology and clinical indications. *Muscle Nerve* 1992; 15: 1223–33.
8. Panayiotopoulos CP. F chronodispersion. A new electrophysiologic method. *Muscle Nerve* 1979; 2: 68–72.
9. Panayiotopoulos CP, Chroni E. F-waves in clinical neurophysiology: a review, methodological issues and overall value in peripheral neuropathies. *Electroencephalography and Clinical Neurophysiology* 1996; 101: 365–74.
10. Weber F. The diagnostic sensitivity of different F wave parameters. *Journal of Neurology, Neurosurgery and Psychiatry* 1998; 65: 535–40.
11. Kirshblum S, Cai P, Johnston MV, Shah V, O'Connor K. Anodal block in F-wave studies. *Archives of Physical Medicine and Rehabilitation* 1998; 79 (9): 1059-61.
12. Buschbacher RM. Ulnar nerve F-wave latencies recorded from the abductor digiti minimi. *American Journal of Physical Medicine and Rehabilitation* 1999; 78 (6) (Suppl): S 38-42.
13. Terry GL, Baldwin TM, Morgan SE, Murphy MA, Wainner RS, Clayton RL, Underwood FB. The effect of stimulatory electrode placement on F-wave latency measurements. *Electromyography and Clinical Neurophysiology* 1998; 38 (7): 411-8.
14. Chroni E, Taub N, Panayiotopoulos CP. The importance of sample size for the estimation of F wave latency parameters in the peroneal nerve. *Electromyography and Clinical Neurophysiology* 1996; 101 (5): 375-8.
15. Fisher MA. F response latency determination. *Muscle Nerve* 1982; 5: 730-4.
16. Alavian-Ghavanini MR, Samadzadeh S, Alavian-Ghavanini A. Normal values of F wave in upper extremities of 50 healthy individuals in Iran. *Electromyography and Clinical Neurophysiology* 1998; 38 (5): 305-8.
17. Peioglou-Harmoussi S, Howel D, Fawcett PRW, Barwick DD. F response behaviour in a control population. *J Neurol Neurosurg Psychiat* 1985; 48 (11): 1152-8.
18. Puksa L, Stalberg E, Falck B. Reference values of F wave parameters in healthy subjects. *Clinical Neurophysiology* 2003; 114 (6): 1079-90.
19. Nobrega JA, Pinheiro DS, Manzano GM, Kimura J. Various aspects of F-wave values in a healthy population. *Clinical Neurophysiology* 2004; 115 (10): 2336-42.