### Table 1- Peroneal Evidence Table/Chief Methodological Characteristics

<table>
<thead>
<tr>
<th>Ref. #</th>
<th>Diagnosis: Clinical/ EDX/ Clinical+EDX</th>
<th>Number / type of control subjects</th>
<th>Patients Mean Age, Years (Range)</th>
<th>Assembly Method</th>
<th>Assessment Time</th>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Compared negative area to EDB and AL, affected/ unaffected limb and across. FH segment III. Needle EMG IV. Superficial peroneal (6)</td>
<td>Clinical. * 11, 7 for contralateral comparison</td>
<td>25 normal volunteers + 10 control subjects for side-to-side normative data</td>
<td>Consecutive referrals with acute PN</td>
<td>1.5 to 10 weeks post symptom onset</td>
<td>Reduced CMAP at all sites more common in EDB Conduction block more often to AL muscles. MCV distal to FH to EDB unaffected</td>
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<td>2</td>
<td>MNC to EDB III. Superficial peroneal SNC III Needle EMG IV</td>
<td>Clinical * 30</td>
<td>25 healthy volunteers</td>
<td>Referrals with common PN after weight loss</td>
<td>1-4 weeks Follow-up: 3 weeks to 7 months</td>
<td>Conduction block of the deep peroneal nerve was the most consistent finding</td>
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<td>3</td>
<td>MCS to EDB utilizing 2 cm segments across FH region compared to MCV across 10 cm segment III</td>
<td>Clinical* 18</td>
<td>28 healthy volunteers enrolled for study</td>
<td>Referrals with suspected PN</td>
<td>Not Reported</td>
<td>Short segment stimulation was more often abnormal</td>
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<td>4</td>
<td>MCS to EDB, AT, IV Needle EMG IV</td>
<td>Clinical +EDX 103</td>
<td>References by others. Implicit, not reported: laboratory’s own normal values.</td>
<td>Those with PN on neurophysiologic tests. Those with concomitant neurologic diagnoses and PN were excluded.</td>
<td>Not Reported</td>
<td>In 43% diagnosis was not suspected clinically pre-study. Localized to FH by conduction block at FH</td>
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<td>5</td>
<td>Orthodromic and antidromic superficial peroneal SNCs of the 4 branches to the toes III</td>
<td>Clinical 11</td>
<td>35 normal subjects recruited for the study</td>
<td>Referrals with clinical diagnosis of PN</td>
<td>&lt;1 month: 4 subjects</td>
<td>Knee responses absent in all subjects. Normal subjects: 6% of limbs no response</td>
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<td>6</td>
<td>MCS to EDB stimulating at the fibular neck and PF IV</td>
<td>EDX diagnosis of peroneal nerve lesion at the knee, by NE</td>
<td>36 without peroneal nerve lesion. 48 with polyneuropathy</td>
<td>Subjects with sensory symptoms in the superficial peroneal distribution and abnormal superficial peroneal NCS</td>
<td>Not Reported</td>
<td>Obtained in at least one branch in all normal subjects. Absent or reduced SNAP in the distribution of sensory loss in all cases</td>
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<td>7</td>
<td>MCS to AL and EDB with stimulation</td>
<td>EDX: abnormal NE</td>
<td>23</td>
<td>Abnormal EMG of anterior leg muscles</td>
<td>2 days to 6 months</td>
<td>CV to the AT was more often abnormal than the</td>
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<td></td>
<td>Orthodromic sensory studies above and below the FH III. MCS to EDB, PL and AT with stimulation at ankle, above and below FH III</td>
<td>Clinical only</td>
<td>74 subjects without neuromuscular disease</td>
<td>Referrals for investigation of PN Classified based on history, lab studies, and PE findings</td>
<td>50% &gt; 6 months</td>
<td>Slowing of sensory fibers across the FH was most often abnormal. MCV also useful for localization of site</td>
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<tr>
<td>11</td>
<td>Orthodromic SN C to above and below FH with near nerve electrodes IV</td>
<td>EDX</td>
<td>14</td>
<td>(21-73)</td>
<td>Abnormal MCS across the FH Initial evaluation: 1 mo-1 year post symptom onset. Follow up: 5 mo-3 years</td>
<td>Normal sensory CV distal to FH was predictive of clinical recovery. All patients who recovered clinically had normal MCV distal to the compression site</td>
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<td>12</td>
<td>MCS to EDB with needle recording V. EMG of PL, AT IV. Orthodromic SNC to above and below FH with near nerve electrodes IV</td>
<td>Inclusion: Clinical Exclusion: Abnormal NE of SHBF; single sensory CP branch abnormal.</td>
<td>22</td>
<td>12 control subjects</td>
<td>51</td>
<td>Consecutive referrals with clinical findings of unilateral common PN Mean: 2 months, 2 indeterminate</td>
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<td>13</td>
<td>MCS to AT, PB and EDB above, below and at the FH IV. Superficial peroneal sensory conduction IV. EMG of CP muscles IV</td>
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