



Editorial

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Entrapment syndromes are among the most common medical entity that are encountered in routine daily practice of rehabilitation medicine specialists. Clinical presentations of these syndromes, including history and physical findings, are the most important and primary evaluation tools. Because of similarity of presenting complaints and extensive differential diagnosis such as radiculopathy, plexopathy, central nervous system disorders, musculoskeletal disease, and non-organic causes, it is mandatory to narrow the list of differential diagnosis. Imaging study, electrodiagnosis, and laboratory study potentially play a significant role in this regard. Cost-benefit assessment and clinical utility including feasibility, sensitivity, and specificity are used for choosing the proper test. By far, electrodiagnosis is very well-known as gold standard of diagnosis. Among imaging tests, high frequency ultrasonography is used

extensively and expanding in physical medicine clinics for both diagnostic and guidance purposes.¹ Merging both techniques of electrodiagnosis and ultrasonography for more definite diagnosis of entrapment syndrome has paramount value in entrapment neuropathy evaluation. By electrodiagnosis, one can definitely evaluate physiologic parameters and severity of the disorders. It could be also possible to investigate for mimicking neurologic entities. By ultrasonography, it could be clearly found anatomic causes such as ganglion, cysts, effusion, and other elements. It could be stated that ultrasonography and electrodiagnosis are not mutually exclusive, but complementary diagnostic methods in entrapment syndromes.

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References

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