

KEYPOINT® G4

EMG/NCS/EP Workstation



ADVANCED EMG/NCS/EP WORKSTATION WITH AN ERGONOMIC EDGE

The Keypoint EMG/NCS/EP Workstation ensures a quick path to diagnostic accuracy. Keypoint's fourth generation sets new standards for test quality and flexibility, providing an optimized workflow from acquisition to final report.

- Ultra sharp 22" LCD display:



- Vertical adjustment enhances ergonomics for multiple users or changing sitting/standing operation
- Right/left pan and forward/back tilt minimizes glare and increases viewing comfort
- Flexible amplifier/stimulator arm for close patient connection. Tool free placement on both sides of the system
- Mouse-free testing with portable control panel
- Height adjustable shelf for control panel, PC mouse and retractable shelf for PC keyboard
- Easily accessible storage of accessories
- Integrated loudspeaker for real EMG sound, power cords, communication cables and the high performance ultra-small-form-factor PC are safely stowed away in the central cart console



OUTSTANDING RECORDING PERFORMANCE

Industry-leading amplifiers and stimulators feature outstanding signal quality and reliability.

Choose 3, 6 or 8 channel system with dedicated inputs for EMG, NCS and EP recordings using either needle electrodes or surface electrodes.



- High CMRR and Signal-to-Noise ratio for consistent recordings
- Software controlled interconnection of reference inputs
- Electrode impedance measurement with LED feedback

VERSATILE EMG/NCS/EP SOFTWARE

Growing exam volume. Larger data sets per exam. Less time. In today's medical diagnostic environment, the clinical practitioner is confronted with an overwhelming amount of data for interactive analysis. Keypoint.NET software is designed to meet this challenge with an exclusive suite of flexible, customizable features to improve quality based performance. Keypoint.NET consists of a number of customizable test templates which supports the following applications.

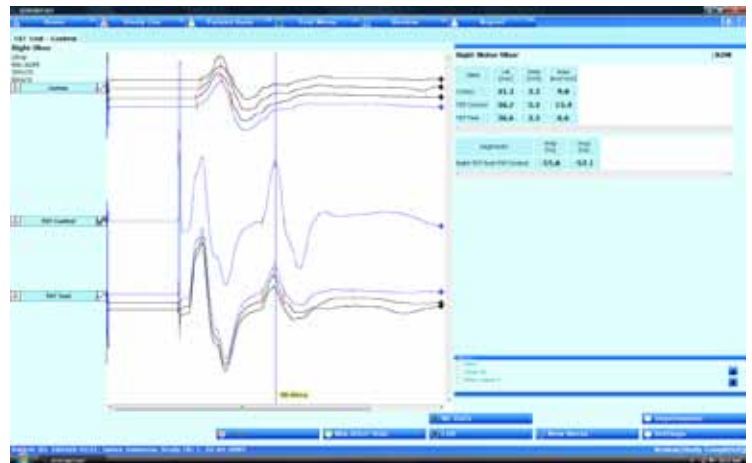
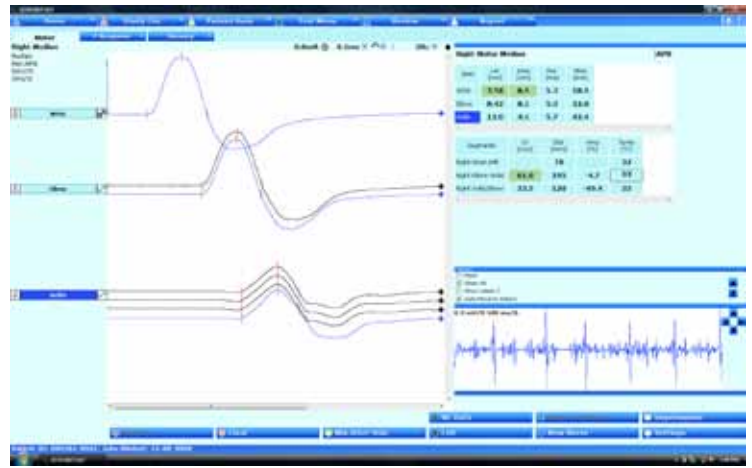
Test Template	Applications
Motor Nerve Conduction	Motor NC Motor Nerve Inching Reflex studies Silent Period Motor Evoked Potentials TST (Triple-Stimulation Technique) Sympathetic Skin Response Collision studies Refractory Period
Sensory Nerve Conduction	Sensory NC, Near-nerve Sensory NC Mixed NC Sensory Nerve Inching Micro Neurography
F-Wave	F-Wave testing
H-Reflex	H-Reflex testing
Blink Reflex	Electrical stimulated Blink Reflex Mechanical stimulated Blink Reflex
R-R Analysis*	R-R analysis R-R valsalva test

* Not available in the U.S.

Test Template	Applications
EMG	Free-running EMG Signal triggered EMG Multi-MUP analysis TA analysis Peak-ratio analysis EMG event recorder
Single Fiber EMG	Signal-triggered Single Fiber EMG Stimulated Single Fiber EMG
RNS	Decrement test
EMG Monitor	Multi channel EMG Tremor assessment
SEP	Upper Extremity SEP Lower Extremity SEP Dermatome EP
AEP	BAEP, OHL MLEP, LLEP P300 CNV
VEP	Pattern Reversal VEP Flash VEP, Flash ERG

VERSATILE NERVE CONDUCTION TESTING

- Auto event marking
- Repeat function per site
- Recordings saved with full acquisition resolution
- Full flexibility in modality mixing
- Comprehensive setup of reference values
- User definable fast NC results summary
- Separate window for display of background activity
- Choice of waveform background color



ADVANCED EMG TESTING

- Split acquisition display combining long overview display and single-potential raster view
- Multi-MUP EMG Analysis
- Recordings saved with full acquisition resolution
- EMG event recorder function allowing event recordings up to 15 minutes.
- Off-line playback with sound
- Comprehensive setup of reference values
- Choice of waveform background color



REPORTING

Microsoft® Word-based report generator featuring:

- User defined report layout including hospital or clinic logo, text fields, table layout and waveform plots
- User defined column selection in tables
- User defined table layout in report
- User defined nerve and muscle order in tables
- Combine motor, F-wave and sensory test results in one table
- Pre-defined text blocks for user-preferred standard text

STORE AND RETRIEVE DATA EFFORTLESSLY

A secure and powerful Microsoft® SQL database, designed for easy file management enables automatic tracking and organization of patient recordings including:

- Patient and study related data
- Test results, settings and waveforms in full resolution
- Reference values
- Reports

NETWORKING

The Keypoint network capabilities were developed to support a wide range of installation sites while focusing on security and reliability. Adaptable to small clinics with no professional IT support, as well as large hospital installations with system access controlled by IT using Active Directory Services.

EMR INTEGRATION

The Keypoint database can be connected to an EMR system using HL7 or SOAP communication protocols. Interfacing with the hospital EMR system includes receiving patient demographic information and sending reports in either Microsoft Word or XML format.

CONSUMABLES

Alpine Biomed offers a complete line of quality needle and surface electrodes to complement the outstanding performance of the Keypoint family of EMG/NCS/EP systems.

Name: Doe, Jane		22-08-2009	
EMG Laboratory Neurological Institute 17800 Newhope Street Fountain Valley, CA 92708 Tel: 714-839-8426 Fax: 714-839-8429			
Name: Doe, Jane		Date of Study: 22-08-2009	
Diagnosis:		Sex: Female	
Date of Birth: 07-04-1939		Age: 70	
Physician: Michael Smith, MD		Height: 163	
Ref. Physician: Grace Dickinson, MD		Technician:	
Reason for Study This is a 70 years old patient who had a cerebrovascular accident in March 2008. She stated that since she has been noticing some pain which radiates from the wrist into the hand and up into the elbow and area. She fields that her whole hand is numb. She denied any actual trauma, but the right upper and left extremities were involved as a result of the cerebrovascular insult.			
Findings: Median motor studies revealed prolonged distal latencies and amplitudes bilaterally. Median F waves were prolonged. Ulnar motor studies revealed prolonged distal latencies, nerve conduction velocities across and amplitudes bilaterally. Ulnar F waves were normal. Radial motor studies revealed normal distal latencies and amplitudes bilaterally. Median sensory studies revealed slowed distal latencies, severe on the right, moderate on the left with normal amplitudes. Ulnar sensory studies revealed normal distal latencies and normal amplitudes. Radial sensory studies revealed normal distal latencies and normal amplitudes. Orthodromic palmar myoelectric comparison studies revealed median nerve slowing across the wrist bilaterally. Temperature was assessed of testing and found to be 32.0.			
Conclusion Abnormal study. Electrophysiologic evidence for median neuropathy at both the right wrist, severe as evidenced by sensory slowing and sensory amplitude loss and left wrist, moderate as evidenced by sensory slowing, asymmetrical comparison studies across the wrists. No electrophysiologic evidence for motor or sensor polyneuropathy, ulnar neuropathy at the elbow, brachial plexopathy or cervical radiculopathy. Clinical correlation always indicated.			
Michael Smith, M.D.			

Name: Doe, Jane		22-08-2009							
Motor Nerve Conduction Studies									
NCS		Amplitude		Conduction Velocity		Shortest F Latency			
Nerve	Onset Lat. (ms)	Normal Latency	mV	Normal Amplitude	Distance	m/s	Normal CV	ms	Normal F Latency
Median Motor Left									
nd - APB	14.4	< 3.9	2.4		62.0			44.6	< 29.9
ulnar-hd.	19.0		2.1		205	44.6	> 53.8		
Median Motor Right									
nd - APB	62.7	< 3.8	3.3		60.0			36.1	< 29.9
ulnar-hd.	16.9		3.1		214	51.0	= 90.8		
Ulnar Motor Left									
nd - ADPI	8.54	< 3.0	2.7		75.0			35.6	< 29.2
ulnar-hd.	12.7		1.83		279	58.0	> 53.3		
ulnar-hd.	15.8		1.01		118	33.7	> 43.0		
Erp-Axilla	20.9		1.00		172	35.5	> 53.9		
Axilla-ulnar	17.8		1.01		85.0	42.5	= 48.0		
Ulnar Motor Right									
nd - ADPI	6.98	< 3.0	2.7		63.0			33.8	< 29.2
ulnar-hd.	14.2		9.93		227	51.4	= 53.3		
ulnar-hd.	15.7		9.86		92.0	61.3	= 43.0		
Erp-Axilla	22.6		9.79		179	38.9	= 53.9		
Axilla-ulnar	18.0		9.83		103	48.8	= 48.0		
Tibial Motor Left									
Med. mal - Abz hd	6.88	< 4.9	3.5		90.0			53.4	< 52.8
Pop-Med. mal	17.5		3.5		363	42.3	= 42.7		
Sensory Nerve Conduction Studies									
SNCS		Amplitude		Conduction Velocity					
Nerve	Peak Lat. (ms)	Normal Peak Lat.	µV	Normal Amplitude	Distance	Conduction Velocity	Normal CV		
Radial Sensory Left									
antibrach - Tabulare	1.79		38.2		102	57.8			
Motor Curves									
Left Median		Right Median							

Dantec



Medtronic



DISA



Alpine Biomed



Both clinical and advanced research environments share the challenge to obtain high diagnostic yields and accurate data. Our mission at Alpine Biomed is to create solutions that help healthcare providers meet that challenge. 50 years of experience dedicated to the field of neurodiagnostic testing went into the development of a new advanced system designed for the productivity-focused electromyographer. Close collaboration with leading hospitals and universities coupled with valuable input from our customers has helped us develop truly revolutionary products that add unique value to your practice.

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Disclosure: See product labeling for specific directions regarding product use, contraindications, warnings, precautions and potential adverse events.

Caution: Federal Law (USA) restricts this device to sale by or on the order of a physician.

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