Response ID:923 Data

1. Section 1: About You (Note: only Fellow members of AAPM&R may serve as the lead author and should complete the application. Non-Fellow members may serve as co-authors)
1. Name
First Name : Enrique
Last Name : Galang
Credential: MD
2. Email:
egalang@wakehealth.edu
3. Institution:
Wake Forest University School of Medicine
4. Are you a member of AAPM&R?
Yes
5. AAPM&R Membership Status or Category:
Fellow (Board Certified)
2. Clinical Topics: You may apply for a maximum of 5 topics
6. First Topic: For Which Section Do You Want To Apply?
Musculoskeletal Medicine
7. First Topic: Which topic in the section you just selected do you want to write/refresh?
Compression Fractures of the Spine
8. Do you want to apply for a second topic?
Yes
9. Second Topic: For Which Section Do You Want To Apply?
Pain/Neuromuscular Medicine Rehabilitation
10. Second Topic: Which topic in the section you just selected do you want to write/refresh?
Trigeminal Neuralgia
11. Do you want to apply for a third topic?
Yes
12. Third Topic: For Which Section Do You Want To Apply?
Musculoskeletal Medicine

13. Third Topic: Which topic in the section you just selected do you want to write/refresh?

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14. Do you want to apply for a fourth topic?

Yes

15. Fourth Topic: For Which Section Do You Want To Apply?

Musculoskeletal Medicine

16. Fourth Topic: Which topic in the section you just selected do you want to write/refresh?

Shoulder Instability, Dysfunction and Scapular Dyskinesis

17. Do you want to apply for a fifth (and final) topic?

Yes

18. Fifth Topic: For Which Section Do You Want To Apply?

Musculoskeletal Medicine

19. Fifth Topic: Which topic in the section you just selected do you want to write/refresh?

Hip and Pelvic Arthropathies and Labral Tears

20. Do you have previous writing experience?

Yes

21. Please describe the extent of yourwriting experience:

I have experience with study/research proposals, book chapters, question for question banks, scholarly articles, and PM&R knowledge now articles.

22. Please describe the extent of yourexpertise on the topic(s) you have selected:

I have completed two fellowships: #1 Musculoskeletal Medicine and #2 Pain Medicine.

23. Will you have Co-Authors?

Yes

24. Co-Author contact information:

	Full Name	Email
Co-Author 1	Janus Patel	jspatel@wakehealth.edu
Co-Author 2	Emily Deschler	emily.deschler@students.jefferson.edu
Co-Author 3	Timothy Yin	tyin@wakehealth.edu
Co-Author 4		

3. Disclosure and Copyright

25. I have a relevant Financial Relationship to disclose:

No

Disclosure Information:

	Company/Institution	Type of Relationship
1		
2	2.	
3	3.	
4	1.	
5	5.	