Response ID:926 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 : Marlena
Middle Name (initial) : R
Last Name : Mueller
Credential : DO/CAQSM

2. Email:

muel0909@umn.edu

3. Institution:

University of Minnesota

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?

PCL injuries

8. Do you want to apply for a second topic?

No

Second Topic: For Which Section Do You Want To Apply?

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

Do you want to apply for a third topic?

Third Topic: For Which Section Do You Want To Apply?

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

Do you want to apply for a fourth topic?

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

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

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

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

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

9. Do you have previous writing experience?

Yes

10. Please describe the extent of yourwriting experience:

2 published book chapters, a published case report and a research paper in press.

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

I am a fellowship trained sports medicine physiatrist and practice 100% MSK medicine and frequently see PCL injuries in my clinic. I am also a team physician for a D1 women's basketball team , high school football, and medical director for a local 10k and see and treat acute PCL injuries for these athletes. I work in close contact with orthopedic surgeons who perform PCL reconstruction.

12. Will you have Co-Authors?

No

Co-Author contact information:

	Full Name	Email
Co-Author 1		
Co-Author 2		
Co-Author 3		
Co-Author 4		

3. Disclosure and Copyright

13. I have a relevant Financial Relationship to disclose:

No

Disclosure Information:

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