Response ID:936 Data

1. Section 1: About You (Note: only Fellow members of AAPM&R may serve as the lead at	uthor and
should complete the application. Non-Fellow members may serve as co-authors)	
1. Name	
First Name : Wendy	
Middle Name (initial) : A	
Last Name : Contreras Credential : MD	
2. Email:	
Wendy.contreras88@gmail.com	
3. Institution:	
Corewell Health	
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?	
Musculoskeletal Medicine	
10. Second Topic: Which topic in the section you just selected do you want to write/refresh?	
Hip and pelvic arthropathies and labral tears	
11. Do you want to apply for a third topic?	
Yes	
12. Third Topic: For Which Section Do You Want To Apply?	
Rehabilitation of Central Nervous System Disorders	

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

Osteoporosis a	and fractures are CNS injuries					
14. Do you wan	t to apply for a fourth topic?					
Yes						
15. Fourth Topi	c: For Which Section Do You Want	t To Apply?				
Rehabilitation	of Central Nervous System Disorders	3				
16. Fourth Topi Syringomyelia		ust selected do you want to write/refresh?				
17. Do you wan Yes	nt to apply for a fifth (and final) topic	c?				
18. Fifth Topic: Musculoskelet	For Which Section Do You Want To al Medicine	o Apply?				
19. Fifth Topic: PCL injuries	Which topic in the section you just	st selected do you want to write/refresh?				
20. Do you hav o	e previous writing experience?					
Please describe the extent of your writing experience:						
Work at a teac	cribe the extent of yourexpertise on thing hospital with both a PM&R resident all cases in metro Detroit area with hig	dency and brain injury fellowship. I see a broad range of CNS and				
22. Will you hav	ve Co-Authors?					
23. Co-Author o	contact information:					
	Full Name	Email				
Co-Author 1	kaitlyn.hansen@corewellhealth.org					
Co-Author 2						
Co-Author 3						
Co-Author 4						
3. Disclosure	and Copyright					
24. I have a rele	evant Financial Relationship to disc	close:				

Disclosure Information:

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