

Response ID:971 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 : Anusha

Last Name : Lekshminarayanan

Credential : MD, FAAPMR, CAQSM

2. Email:

anusha.lekshminarayanan@wmchealth.org

3. Institution:

Westchester Medical Center

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?

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 your writing experience:

Manuscripts, PM&R Knowledge NOW topics

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

Sports medicine clinical experience.

12. Will you have Co-Authors?

Yes

13. Co-Author contact information:

	Full Name	Email
Co-Author 1	Nathan Michalak	michalak.nate@gmail.com
Co-Author 2	Asude Hasanoglu	asudenur.md@gmail.com
Co-Author 3	JB Ku	junbeomku@gmail.com
Co-Author 4	Anusha Lekshminarayanan	anusha.lekshminarayanan@wmchealth.org

3. Disclosure and Copyright

14. I have a relevant Financial Relationship to disclose:

No

Disclosure Information:

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