

Response ID:981 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 : Ziva

Last Name : Petrin

Credential : MD

2. Email:

ziva.petrin.work@gmail.com

3. Institution:

Rutgers New Jersey Medical School

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?

Radial nerve mononeuropathy

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?

Shoulder instability, dysfunction and dyskinesia

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?

PCL injuries

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?

hip and pelvic arthropathies

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

Yes

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

Pediatric Rehabilitation

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

pediatric idiopathic scoliosis

20. Do you have previous writing experience?

Yes

21. Please describe the extent of your writing experience:

Orcid id <https://orcid.org/0000-0002-4713-5186>
other authored KnowledgeNow topics

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

I am a sports medicine physician and an Associate Professor at Rutgers NJMS working in pediatric and adult sports medicine as well as electrodiagnostic medicine.

23. Will you have Co-Authors?

Yes

24. Co-Author contact information:

| | Full Name | Email |
|-------------|-------------------|---------------------------|
| Co-Author 1 | Dwayne Gentle, MD | dwayne.gentle97@gmail.com |
| Co-Author 2 | | |
| Co-Author 3 | | |
| Co-Author 4 | | |

3. Disclosure and Copyright

25. I have a relevant Financial Relationship to disclose:

No

Disclosure Information:

| | Company/Institution | Type of Relationship |
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