

Response ID:993 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)**

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**1. Name**

First Name : KYLE  
Middle Name (initial) : J  
Last Name : SMITH  
Credential : MD

**2. Email:**

kyle.j.smit@gmail.com

**3. Institution:**

University of Rochester 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**

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**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?**

Pain/Neuromuscular Medicine Rehabilitation

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

Thoracic Outlet Syndrome

**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?**

Hip and Pelvic Arthropathies and Labral Tears

**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?**

Posterior Cruciate Ligament (PCL) Injuries

**20. Do you have previous writing experience?**

Yes

**21. Please describe the extent of your writing experience:**

Co-authored original research manuscript investigating patient experiences using telemedicine for care during the COVID 19 pandemic. Co-authored multiple case report abstracts presented at national conferences.

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

I am an outpatient physiatrist specializing in musculoskeletal and electrodiagnostic medicine. I will be sitting for the ABEM board certification exam in 2025.

**23. Will you have Co-Authors?**

Yes

**24. Co-Author contact information:**

	Full Name	Email
Co-Author 1	Dominic Salvatore	Dominic_Salvatore@urmc.rochester.edu
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
1.		
2.		
3.		
4.		
5.		