Response ID:993 Data

should complete the application. Non-Fellow members may serve as co-authors)  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  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	30po.100 12.1000 2 atta
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	Yes
Musculoskeletal Medicine	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 La	abral Tears	
14. Do you wan	t to apply for a four	th topic?	
Yes			
15. Fourth Topi	c: For Which Section	n Do You Want To Apply?	
Musculoskelet	al Medicine		
16. Fourth Topi	c: Which topic in th	e section you just selected do you want	to write/refresh?
Shoulder Insta	bility, Dysfunction an	d Scapular Dyskinesis	
17. Do you wan	t to apply for a fifth	(and final) topic?	
Yes			
18. Fifth Topic:	For Which Section	Do You Want To Apply?	
Musculoskelet	al Medicine		
19. Fifth Topic:	Which topic in the	section you just selected do you want to	write/refresh?
Posterior Cruc	iate Ligament (PCL)	Injuries	
20. Do you have	e previous writing e	xperience?	
Yes			
21. Please desc	cribe the extent of ye	ourwriting experience:	
	-	uscript investigating patient experiences usi se report abstracts presented at national co	ng telemedicine for care during the COVID 19 nferences.
22. Please desc	cribe the extent of y	ourexpertise on the topic(s) you have se	lected:
I am an outpat certification ex		alizing in musculoskeletal and electrodiagno	stic medicine. I will be sitting for the ABEM board
23. Will you hav	ve Co-Authors?		
24. Co-Author o	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	2.	
3	3.	
4	1.	
5	5.	