

Response ID:994 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 : Ray

Middle Name (initial) : A

Last Name : Espinosa

Credential : MD

2. Email:

ray.espinosa@Mountsinai.org

3. Institution:

Icahn School of Medicine at Mount Sinai

4. Are you a member of AAPM&R?

Yes

5. AAPM&R Membership Status or Category:

Resident

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?

Shoulder Instability, Dysfunction and Scapular Dyskinesis

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?

No

Please describe the extent of your writing experience:

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

I am a third year PM&R resident applying for sports medicine fellowship. I have a very strong interest in shoulder health, and have spent a lot of time learning and researching the various components of shoulder instability.

Dr. Chang is a board certified sports medicine physician with a clinical focus that includes shoulder pathologies.

11. Will you have Co-Authors?

Yes

12. Co-Author contact information:

	Full Name	Email
Co-Author 1	Richard Chang, MD	richard.chang@mountsinai.org
Co-Author 2		
Co-Author 3		
Co-Author 4		

3. Disclosure and Copyright

13. I have a relevant Financial Relationship to disclose:

No

Disclosure Information:

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