

Response ID:1021 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 : Karen  
Last Name : Newcomer-Aney  
Credential : MD

**2. Email:**

Newcomer.karen@mayo.edu

**3. Institution:**

Mayo Clinic

**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?**

Shoulder Instability/Scapular Dyskinesis

**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?**

PCL Injuries

**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?**

**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?**

Compression Fractures of the Spine

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

No

**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?**

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

Yes

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

I have written and been an author on research papers and many abstracts over the years. Many of these abstract were prepared with residents as the lead author.

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

I spent over 20 years in sports and spine. I worked 1/2-time in a sports medicine center where I treated a myriad of hip issues as well as PCL tears. My time in a spine center included evaluation and management of compression fractures of the spine.

For the past four years, I have practiced general musculoskeletal medicine and still see lots of hip pain as well as an occasional PCL tear or compression fracture of the spine.

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

Yes

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

	Full Name	Email
Co-Author 1	Cameron Smock	Smock.camerson @mayo.edu
Co-Author 2		
Co-Author 3		
Co-Author 4		

**3. Disclosure and Copyright**

**23. I have a relevant Financial Relationship to disclose:**

No

**Disclosure Information:**

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