

Response ID:1032 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 : Brionn
Last Name : Tonkin
Credential : MD

2. Email:

tonki018@umn.edu

3. Institution:

University of Minnesota

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?

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?

Yes

10. Please describe the extent of your writing experience:

several publications in the same area of MSK medicine specifically using ultrasound for interventions. Book chapter on adaptive sports and several other articles for PM&R Knowledge NOW

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

I provide weekly didactics regarding EMG to the residents year round and also a concentrated block of lectures during their dedicated blocks. In my practice I continue to work in the EMG lab on my own and alongside the residents.

12. Will you have Co-Authors?

No

Co-Author contact information:

	Full Name	Email
Co-Author 1		
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.		