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	You (Note: only Fellow members of AAPM&R may serve as the lead author and application. Non-Fellow members may serve as co-authors)
1. Name	
First Name : Melissa	
Last Name : Mafiah	
2. Email:	
mafiahmelissa@gmail.d	om
3. Institution:	
Corewell Health East (f	ormally Beaumont Hospital)
4. Are you a member of	AAPM&R?
Yes	
5. AAPM&R Membershi	o Status or Category:
Fellow (Board Certified)	
2. Clinical Topics: Yo	ou may apply for a maximum of 5 topics
6. First Topic: For Whic	h Section Do You Want To Apply?
Musculoskeletal Medici	ne
7. First Topic: Which to	pic in the section you just selected do you want to write/refresh?
Adult degenerative sco	iosis
8. Do you want to apply	for a second topic?
Yes	
9. Second Topic: For W	hich Section Do You Want To Apply?
Pediatric Rehabilitation	
10. Second Topic: Whic	h topic in the section you just selected do you want to write/refresh?
Hereditary and Sporation	Inclusion Body Myositis
11. Do you want to appl	y for a third topic?
Yes	
12. Third Topic: For Wh	ich Section Do You Want To Apply?
Essentials of Rehabilita	tion Practice and Science
13. Third Topic: Which	copic in the section you just selected do you want to write/refresh?
Alt and Complementary	

14. Do you want to apply for a fourth topic?

No

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?

15. Do you have previous writing experience?

Yes

16. Please describe the extent of yourwriting experience:

I've written a couple articles for AAPMR, participated in presenting cases at AAPMR and QI projects within our PMR residency program.

17. Please describe the extent of yourexpertise on the topic(s) you have selected:

I treat a variety of MSK disorders in my practice and focus on neuromuscular medicine performing Electrodiagnostics. I commonly see adult patients with scoliosis who weren't previously diagnosed. I also collaborate with rheumatologists to perform EMG testing of patients with suspected myopathies.

18. Will you have Co-Authors?

Yes

19. Co-Author contact information:

	Full Name	Email
Co-Author 1	Sean Sellwood	Sean.sellwood@corewellhealth.org
Co-Author 2	James Borges	James.borges@corewellhealth.org
Co-Author 3		
Co-Author 4		

3. Disclosure and Copyright

20. 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.	