

REVIEWER SURVEY
Fax: 703/706-3169

Is there a certain time of year when you prefer to review? _____

Would you be interested in reviewing videotapes? _____

Would you be interested in reviewing commercial software? _____ What system? _____

Where do you prefer to receive material from us?

Home address _____ Work address _____

Please type or print your complete address:

Name _____ Degree(s) _____

Affiliation _____

Home Address (Please include ZIP + 4)

Telephone: _____

Work Address (Please include ZIP + 4)

Telephone: _____ FAX: _____

E-mail: _____

Please return to:

Liz Haberkorn
Production Manager
Physical Therapy
American Physical Therapy Association
1111 North Fairfax Street
Alexandria, VA 22314-1488
800/999-2782, ext. 3180
FAX: 703/706-3169

(OVER PLEASE)

To all Journal Reviewers: Areas of expertise are listed below. Please rank the areas in which you feel you have expertise from 1 to 10, with 1 being the area in which you have the highest level of expertise and 10 being the lowest. Please choose only 10 areas of expertise. In ranking your areas of expertise, please do not use checkmarks.

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Acute care <input type="checkbox"/> ADL and IADL <input type="checkbox"/> Americans With Disabilities Act ANATOMY <input type="checkbox"/> Back <input type="checkbox"/> General <input type="checkbox"/> Head and neck <input type="checkbox"/> Lower extremity: Foot and ankle <input type="checkbox"/> Lower extremity: Knee <input type="checkbox"/> Temporomandibular joint <input type="checkbox"/> Upper extremity: Arm <input type="checkbox"/> Upper extremity: Hand <input type="checkbox"/> Upper extremity: Shoulder <input type="checkbox"/> Aquatic physical therapy <input type="checkbox"/> Assistive and adaptive devices <input type="checkbox"/> Balance BEHAVIORAL SCIENCES <input type="checkbox"/> Death and dying <input type="checkbox"/> Mental illness <input type="checkbox"/> Patient issues <input type="checkbox"/> Psychology <input type="checkbox"/> Biochemistry <input type="checkbox"/> Biofeedback <input type="checkbox"/> Biomechanics <input type="checkbox"/> Cancer <input type="checkbox"/> Cardiac rehabilitation <input type="checkbox"/> Cardiovascular physiology <input type="checkbox"/> Chest physical therapy <input type="checkbox"/> Clinical decision making <input type="checkbox"/> Cultural issues <input type="checkbox"/> Cystic fibrosis <input type="checkbox"/> Diabetes EDUCATION <input type="checkbox"/> Clinical <input type="checkbox"/> Continuing <input type="checkbox"/> Patient/family instruction <input type="checkbox"/> Physical therapist <input type="checkbox"/> Physical therapist assistant <input type="checkbox"/> Electrodiagnosis (clinical electrophysiology) <input type="checkbox"/> Electrotherapeutic modalities/ electrical stimulation <input type="checkbox"/> Pain modulation <input type="checkbox"/> Tissue repair <input type="checkbox"/> Emergency care <input type="checkbox"/> Electromyography (EMG) (kinesiology) | <ul style="list-style-type: none"> <input type="checkbox"/> Epidemiology <input type="checkbox"/> Ergonomics <input type="checkbox"/> Ethics <input type="checkbox"/> Evidence-based practice <input type="checkbox"/> Exercise <input type="checkbox"/> Exercise physiology <input type="checkbox"/> Gait and locomotion <input type="checkbox"/> Genitourinary tract <input type="checkbox"/> Geriatrics <input type="checkbox"/> Head injury (open and closed) HEALTH CARE <input type="checkbox"/> Administration <input type="checkbox"/> Delivery models <input type="checkbox"/> Economics <input type="checkbox"/> Human resources <input type="checkbox"/> Quality, access, and evaluation <input type="checkbox"/> Histology <input type="checkbox"/> History <input type="checkbox"/> Home care <input type="checkbox"/> Immunology <input type="checkbox"/> Infectious diseases <input type="checkbox"/> Injury prevention INTEGUMENTARY SYSTEM <input type="checkbox"/> Burns <input type="checkbox"/> Wounds <input type="checkbox"/> Investigative techniques <input type="checkbox"/> Kinesiology <input type="checkbox"/> Legal issues <input type="checkbox"/> Licensing and regulation <input type="checkbox"/> Long-term care <input type="checkbox"/> Manipulation and mobilization <input type="checkbox"/> Massage <input type="checkbox"/> Measurement <input type="checkbox"/> Men's health <input type="checkbox"/> Molecular biology <input type="checkbox"/> Motor control and motor learning <input type="checkbox"/> Motor development <input type="checkbox"/> Muscle physiology & pathology <input type="checkbox"/> Muscular dystrophy <input type="checkbox"/> Neonatal diseases and abnormalities NERVOUS SYSTEM (DISORDERS) <input type="checkbox"/> Autonomic nervous system <input type="checkbox"/> Central nervous system <input type="checkbox"/> Neuromuscular <input type="checkbox"/> Peripheral nervous system | <ul style="list-style-type: none"> <input type="checkbox"/> Neuroanatomy/neurophysiology <input type="checkbox"/> Nutrition <input type="checkbox"/> Occupational therapy ORTHOPEDICS <input type="checkbox"/> General <input type="checkbox"/> Low back <input type="checkbox"/> Lower extremity <input type="checkbox"/> Lower extremity: Foot and ankle <input type="checkbox"/> Lower extremity: Hip <input type="checkbox"/> Lower extremity: Knee <input type="checkbox"/> Temporomandibular joint <input type="checkbox"/> Upper extremity <input type="checkbox"/> Upper extremity: Hand <input type="checkbox"/> Upper extremity: Shoulder <input type="checkbox"/> Orthoses <input type="checkbox"/> Osteoarthritis (osteoarthritis) <input type="checkbox"/> Outcomes research <input type="checkbox"/> Pain (general) <input type="checkbox"/> Pathology <input type="checkbox"/> Pediatrics <input type="checkbox"/> Cerebral palsy <input type="checkbox"/> Pharmacology <input type="checkbox"/> Posture <input type="checkbox"/> Professional issues <input type="checkbox"/> Prostheses <input type="checkbox"/> Pulmonary <input type="checkbox"/> Care <input type="checkbox"/> Physiology <input type="checkbox"/> Quality of life <input type="checkbox"/> Rehabilitation (traditional settings) <input type="checkbox"/> Rheumatology (including diseases of connective tissue) <input type="checkbox"/> School-based physical therapy <input type="checkbox"/> Scoliosis <input type="checkbox"/> Spinal cord injury <input type="checkbox"/> Sports physical therapy <input type="checkbox"/> Thermal modalities <input type="checkbox"/> Transplantation (including patient care) <input type="checkbox"/> Wellness and health promotion <input type="checkbox"/> Women's health <input type="checkbox"/> Worksite evaluation and modification |
|---|---|--|

Do you have an area of expertise not shown on our list? _____

Do you have specializations within your areas of expertise? _____

<u>Area</u>	<u>Specialization</u>
_____	_____
_____	_____