

Canadian MSK Rehab Research Network

New Member Application Form

1. Name

2. Professional Designation (ie. PT, OT, MD)

3. Please select one of the following categories of Network Membership:

***Researcher***

***Collaborator***

***Partner***

***Patient***

***Student***

4. Geographic Region in Canada

Eastern (Maritimes)

Central (Quebec, Ontario)

Western (Manitoba, Saskatchewan, Alberta, BC and Territories)

5. Research Areas of Interest

a) Population (select all that apply)

Pediatrics

Adults

Eldery

b) Please specify other research interests (e.g. upper extremity, work-related MSK disorders etc.)

6. Methods expertise (keywords)

7. Major Equipment (e.g. EMG, virtual reality etc.)

8. Please select one or more Network Research Groups that you wish to join:

Pain

Mobility

Work

9. Please select one or more Network Technical Groups that you wish to join:

Biomechanics

Clinical Outcomes

Technology/Wearable Sensors

Trial Methods

Equity

Training/Mentoring

Economic Evaluation

Patient Engagement

Knowledge Translation

***Partners, Patients & Students Skip Questions 10-12***

10. Number of Current Trainees

- a) MSc
- b) PhD
- c) PDF
- d) Professional (e.g. MD, Residents, PT/OT, Chiropractor etc.)

11. Number of Past Trainees

- a) MSc
- b) PhD
- c) PDF
- d) Professional (e.g. MD, Residents, PT/OT, Chiropractor etc.)

12. Career Awards

- a) Research Chair
- b) New Investigator

13. The purpose of the following question is to demonstrate that Researchers are also affected by MSK conditions:

Do you currently have any MSK conditions?

If YES, please specify (e.g. low back pain, tennis elbow, osteoarthritis, etc.)

14. Briefly outline why you would like to become a member of the Canadian MSK Rehab Research Network, what you may bring and what you hope to get out of being a member:

**Please email your completed New Member Application form and Academic CCV to:**

Ryan Power

Project Coordinator, Canadian MSK Rehab Research Network

rehabnet@uwo.ca

