ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in four parts.

1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Robin
2. Surname (Last Name): Queen
3. Effective Date (07-August-2008): 07-March-2012

4. Are you the corresponding author? ☑ Yes ☐ No

5. Manuscript Title: Functional and Clinical Outcomes Following Total Ankle Replacement in Extreme Varus or Valgus Tibiotalar Alignment

6. Manuscript Identifying Number (if you know it):

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1. Grant	☑	☐	☐			×
						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
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6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×

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						ADD
2. Consultancy	☑	☐	☐			×
						ADD
3. Employment	☑	☐	☐			×
						ADD
4. Expert testimony	☑	☐	☐			×
						ADD
5. Grants/grants pending	☐	☐	☑	DonJoy Orthopaedics		×
5. Grants/grants pending	☐	☐	☑	Stryker		×
						ADD
6. Payment for lectures including service on speakers bureaus	☑	☐	☐			×
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7. Payment for manuscript preparation	☑	☐	☐			×
						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
9. Royalties	☑	☐	☐			×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
11. Stock/stock options	☑	☐	☐			×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
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13. Other (err on the side of full disclosure)	☑	☐	☐			×
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Section 1. Identifying Information

1. Given Name (First Name): Nicholas
2. Surname (Last Name): Viens
3. Effective Date (07-August-2008): 07-March-2012

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Robin M. Queen, PhD

5. Manuscript Title: Functional and Clinical Outcomes Following Total Ankle Replacement in Extreme Varus or Valgus Tibiotalar Alignment

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1. Grant	☑	☐	☐			×
						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×

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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	☑	☐	☐			✕
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3. Employment	☑	☐	☐			✕
						ADD
4. Expert testimony	☑	☐	☐			✕
						ADD
5. Grants/grants pending	☑	☐	☐			✕
						ADD
6. Payment for lectures including service on speakers bureaus	☑	☐	☐			✕
						ADD
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						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
9. Royalties	☑	☐	☐			×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
11. Stock/stock options	☑	☐	☐			×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☐	☑	☐	Integra	Fellows' Course (Florida), May 2011	×
						ADD
13. Other (err on the side of full disclosure)	☑	☐	☐			×
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Section 1. Identifying Information

1. Given Name (First Name): Jennifer
2. Surname (Last Name): Friend
3. Effective Date (07-August-2008): 08-March-2012

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Robin M. Queen, PhD

5. Manuscript Title: Functional and Clinical Outcomes Following Total Ankle Replacement in Extreme Varus or Valgus Tibiotalar Alignment

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1. Grant	☑	☐	☐			×
						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
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						ADD
7. Other	☑	☐	☐			✕
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						ADD
4. Expert testimony	☑	☐	☐			✕
						ADD
5. Grants/grants pending	☑	☐	☐			✕
						ADD
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						ADD
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						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
9. Royalties	☑	☐	☐			×
						ADD
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						ADD
11. Stock/stock options	☑	☐	☐			×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
						ADD
13. Other (err on the side of full disclosure)	☑	☐	☐			×
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1. Given Name (First Name): Mark
2. Surname (Last Name): Easley
3. Effective Date (07-August-2008): 08-March-2012

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Robin M. Queen, PhD

5. Manuscript Title: Functional and Clinical Outcomes Following Total Ankle Replacement in Extreme Varus or Valgus Tibiotalar Alignment

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						ADD
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						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×

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1. Board membership	☑	☐	☐	American Orthopaedic Foot and Ankle Society		×
						ADD
2. Consultancy	☐	☑	☐	Small Bones Innovations		×
2. Consultancy	☐	☑	☐	Integra Life Sciences		×
2. Consultancy	☐	☑	☐	Datatrace		×
2. Consultancy	☐	☑	☐	DT MedSurg		×
2. Consultancy	☐	☑	☐	Tornier		×
2. Consultancy	☐	☑	☐	Exactech		×
						ADD
3. Employment	☑	☐	☐			×
						ADD
4. Expert testimony	☑	☐	☐			×
						ADD

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Relevant financial activities outside the submitted work

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
5. Grants/grants pending	☑	☐	☐			×
						ADD
6. Payment for lectures including service on speakers bureaus	☐	☑	☐	DT MedSurg		×
6. Payment for lectures including service on speakers bureaus	☐	☑	☐	Tornier		×
						ADD
7. Payment for manuscript preparation	☑	☐	☐			×
						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
9. Royalties	☐	☑	☐	Wolters-Kluwer		×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
11. Stock/stock options	☑	☐	☐			×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
						ADD
13. Other (err on the side of full disclosure)	☑	☐	☐			×
						ADD

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Hide All Table Rows Checked 'No' SAVE

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Section 1. Identifying Information

1. Given Name (First Name): Samuel
2. Surname (Last Name): Adams
3. Effective Date (07-August-2008): 07-March-2012

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Robin M. Queen, PhD

5. Manuscript Title: Functional and Clinical Outcomes Following Total Ankle Replacement in Extreme Varus or Valgus Tibiotalar Alignment

6. Manuscript Identifying Number (if you know it):

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc…)?

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The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	☑	☐	☐			×
						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×

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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	☑	☐	☐			✕
						ADD

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1. Board membership	☑	☐	☐			✕
						ADD
2. Consultancy	☐	☑	☐	Zimmer, Inc		✕
						ADD
3. Employment	☑	☐	☐			✕
						ADD
4. Expert testimony	☐	☑	☐	Bioactive Surgical, Inc.		✕
						ADD
5. Grants/grants pending	☑	☐	☐			✕
						ADD
6. Payment for lectures including service on speakers bureaus	☑	☐	☐			✕
						ADD
7. Payment for manuscript preparation	☑	☐	☐			✕

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
9. Royalties	☑	☐	☐			×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
11. Stock/stock options	☑	☐	☐			×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
						ADD
13. Other (err on the side of full disclosure)	☑	☐	☐			×
						ADD

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Section 1. Identifying Information

1. Given Name (First Name): James
2. Surname (Last Name): Nunley
3. Effective Date (07-August-2008): 08-March-2012

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Robin M. Queen, PhD

5. Manuscript Title: Functional and Clinical Outcomes Following Total Ankle Replacement in Extreme Varus or Valgus Tibiotalar Alignment

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The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	☑	☐	☐			×
						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×

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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	☑	☐	☐			×
						ADD

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Relevant financial activities outside the submitted work

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	☑	☐	☐			×
						ADD
2. Consultancy	☐	☑	☐	SBI		×
2. Consultancy	☐	☑	☐	Wright Medical		×
2. Consultancy	☐	☑	☐	Tornier		×
2. Consultancy	☐	☑	☐	Exactech		×
2. Consultancy	☐	☑	☐	DTMedSurg		×
2. Consultancy	☐	☑	☐	Integra		×
						ADD
3. Employment	☑	☐	☐			×
						ADD
4. Expert testimony	☑	☐	☐			×
						ADD

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Relevant financial activities outside the submitted work

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
5. Grants/grants pending	☐	☐	☑	SBI	FDA mandated follow-up of STAR	×
5. Grants/grants pending	☐	☐	☑	Tornier	study of ankle fusions	×
						ADD
6. Payment for lectures including service on speakers bureaus	☐	☑	☐	Orthofix	Stem Cell research	×
						ADD
7. Payment for manuscript preparation	☑	☐	☐			×
						ADD
8. Patents (planned, pending or issued)	☐	☑	☐	Wright Medical	Jones fracture screw	×
						ADD
9. Royalties	☐	☑	☐	Wright Medical	Jones Fracture screw	×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
11. Stock/stock options	☑	☐	☐			×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
						ADD
13. Other (err on the side of full disclosure)	☑	☐	☐			×
						ADD

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1. Grant	☑	☐	☐			×
						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×

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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	☑	☐	☐			✕
						ADD

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Relevant financial activities outside the submitted work

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	☑	☐	☐			✕
						ADD
2. Consultancy	☐	☑	☐	Tornier		✕
2. Consultancy	☐	☑	☐	Wright Medical		✕
2. Consultancy	☐	☑	☐	SBi		✕
2. Consultancy	☐	☑	☐	Datatrace		✕
2. Consultancy	☐	☑	☐	Integra		✕
2. Consultancy	☐	☑	☐	Exactech		✕
						ADD
3. Employment	☑	☐	☐			✕
						ADD
4. Expert testimony	☑	☐	☐			✕
						ADD

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5. Grants/grants pending	☐	☐	☑	Tornier (ankle fusion		×
5. Grants/grants pending	☐	☐	☑	SBi (FDA fu of STAR ankles)		×
						ADD
6. Payment for lectures including service on speakers bureaus	☐	☑	☐	Wright Medical		×
						ADD
7. Payment for manuscript preparation	☑	☐	☐			×
						ADD
8. Patents (planned, pending or issued)	☐	☑	☐	BioPro (DMAA cutting guide)		×
8. Patents (planned, pending or issued)	☐	☑	☐	SBi (A3 nail)		×
						ADD
9. Royalties	☐	☑	☐	Merete (BLP plate)		×
						ADD
10. Payment for development of educational presentations	☐	☑	☐	Wright Medical		×
						ADD
11. Stock/stock options	☐	☑	☐	Wright Medical		×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
						ADD
13. Other (err on the side of full disclosure)	☑	☐	☐			×
						ADD

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