

Instructions

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Section 1. Identifying Inform	mation	
1. Given Name (First Name) Nitin	2. Surname (Last Name) Jain	3. Date 13-July-2016
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title What is New in Orthopaedic Rehabilita	ation?	

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?	\checkmark	Yes		No
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If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row	1.
Excess rows can be removed by pressing the "X" button.	

Name of Institution/Company	Grant?	Personal Fees	Non-Financial Support <mark>?</mark>	Other?	Comments	
JBJS				\checkmark	Honararium	

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No

Are there any relevant conflicts of interest? \checkmark Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees ?	Non-Financial Support?	Other?	Comments	
NIH	\checkmark					
Vanderbilt	\checkmark					



Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes 🗸 No

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Dr. Jain reports other from JBJS, during the conduct of the study; grants from NIH, grants from Vanderbilt, outside the submitted work; .

Evaluation and Feedback



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Section 1. Identifying Infor	mation	
1. Given Name (First Name) William	2. Surname (Last Name) Murrell	3. Date 30-June-2016
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Nitin B Jain
5. Manuscript Title What is New in Orthopaedic Rehabilit	ation?	

6. Manuscript Identifying Number (if you know it)

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✓ No

Are there any relevant conflicts of interest? Yes

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1. Given Name (First Name) John	2. Surname (Last Name) Kuhn	3. Date 04-July-2016
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Nitin Jain
5. Manuscript Title What is New in Orthopaedic Rehabilita	ation?	

6. Manuscript Identifying Number (if you know it)

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Dr. Kuhn has nothing to disclose.

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1. Given Name (First Name) Kristin	2. Surname (Last Name) Archer	3. Date 29-June-2016
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Nitin Jain, MD
5. Manuscript Title What is New in Orthopaedic Rehabili	ation?	

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Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments	
PCORI	\checkmark					
NIH/NIAMS	\checkmark					
NIDILRR	\checkmark					
Brown Univrsity		\checkmark				



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