

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Scott

2. Surname (Last Name)
Boden

3. Date
28-August-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Charles Day, MD

5. Manuscript Title
Musculoskeletal Workforce Needs: Are Physician Assistants and Nurse Practitioners the Solution?

6. Manuscript Identifying Number (if you know it)

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Dr. Boden has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Charles

2. Surname (Last Name)
Day

3. Date
31-August-2015

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

5. Manuscript Title
Musculoskeletal Workforce Needs: Are Physician Assistants and Nurse Practitioners the Solution?

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? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Boston Brace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research Support
Cartiva	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant
Integra Lifescience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant
Arthrex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research Support

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Dr. Day reports research support received from Boston Brace and Arthrex, and has served as a consultant for Cartiva and Integra Lifescience , outside the submitted work .

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Section 1. Identifying Information

1. Given Name (First Name)
Patrick

2. Surname (Last Name)
Knott

3. Date
27-August-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Charles Day, MD, MBA

5. Manuscript Title
Musculoskeletal Workforce Needs: Are Physician Assistants and Nurse Practitioners the Solution?

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Dr. Knott has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Nancy	2. Surname (Last Name) O'Rourke	3. Date 27-August-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Charles Day MD
5. Manuscript Title Musculoskeletal Workforce Needs: Are Physician Assistants and Nurse Practitioners the Solution?		
6. Manuscript Identifying Number (if you know it) 		

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Brian

2. Surname (Last Name)
Yang

3. Date
29-August-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Charles S. Day

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