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 six parts.

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4. Intellectual Property.

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Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

1. Given Name (First Name): Michael
2. Surname (Last Name): Mulligan
3. Date: 06-April-2015

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

Corresponding Author's Name: Andrew Rosenbaum

5. Manuscript Title: Social and Cultural Barriers: Understanding Musculoskeletal Health Literacy

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 (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Mulligan has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): E. Anthony
2. Surname (Last Name): Rankin
3. Date: 03-April-2015

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

Corresponding Author's Name: Andrew Rosenbaum

5. Manuscript Title: Social and Cultural Barriers: Understanding Musculoskeletal Health Literacy

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 (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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

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Dr. Rankin has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name): Andrew
2. Surname (Last Name): Rosenbaum
3. Date: 30-March-2015

4. Are you the corresponding author? [✓] Yes [ ] No

5. Manuscript Title: Social and Cultural Barriers: Understanding Musculoskeletal Health Literacy

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

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Member of American Orthopaedic Foot and Ankle Society Public Education Committee.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Richard
2. Surname (Last Name): Uhl
3. Date: 04-April-2015

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

Corresponding Author's Name: Andrew Rosenbaum

5. Manuscript Title: Social and Cultural Barriers: Understanding Musculoskeletal Health Literacy

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

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