

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.

Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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

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

Snow 1



Section 1. Identifying Inform	nation	
Given Name (First Name) Richard	2. Surname (Last Name) Snow	3. Date 10-January-2014
4. Are you the corresponding author?	✓ Yes No	
Replacement		ilization Patterns and Cost within Total Joint
6. Manuscript Identifying Number (if you k JBJS-D-13-01285R1	now it)	
Section 2. The Work Under C	Consideration for Publication	
	g but not limited to grants, data monitorin	y (government, commercial, private foundation, etc.) for ng board, study design, manuscript preparation,
Section 3. Relevant financial	l activities outside the submitted	lwork
Place a check in the appropriate boxes of compensation) with entities as descr	in the table to indicate whether you heribed in the instructions. Use one line eport relationships that were present	nave financial relationships (regardless of amount for each entity; add as many lines as you need by during the 36 months prior to publication.
Section 4. Intellectual Prope	erty Patents & Copyrights	
Do you have any patents, whether plar	nned, pending or issued, broadly relev	rant to the work? ☐ Yes ✓ No

Snow 2



Section 5.	
	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
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Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Snow has no	thing to disclose.

Evaluation and Feedback

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Snow 3



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Vogel 1



Section 1.	Identifying Inform	ation	
1. Given Name (Fi Karen	rst Name)	2. Surname (Last Name) Vogel	3. Date 10-January-2014
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Richard Snow
5. Manuscript Title Associations Bet Replacement		rsical Therapy and Post Ac	ute Care Utilization Patterns and Cost within Total Joint
6. Manuscript Ide JBJS-D-13-01285	ntifying Number (if you kr 5R1	now it)	
			_
Section 2.	The Work Under Co	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3.	Polovant financial	activities outside the s	ruhmistad walls
of compensation clicking the "Ado	the appropriate boxes i) with entities as descri	n the table to indicate wh bed in the instructions. Us port relationships that we	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4.	Intallactual Proper	ty Patents & Copyrig	nhte.
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V

Vogel 2



Section 5. Polationships not sovered above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Mrs. Vogel has nothing to disclose.

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Ruhil 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Anirudh	rst Name)	2. Surname (Last Name) Ruhil	3. Date 10-January-2014
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Richard Snow
5. Manuscript Title Associations Bet Replacement		rsical Therapy and Post Act	ute Care Utilization Patterns and Cost within Total Joint
6. Manuscript Ide	ntifying Number (if you kr 5R1	now it)	
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Section 2.	The Work Under C	onsideration for Public	ation
any aspect of the s statistical analysis,	stitution at any time rece submitted work (including	ive payment or services from g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	ubmitted work.
of compensation clicking the "Add	n) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication .
Section 4.			
Section 1	Intellectual Proper	rty Patents & Copyri <u>c</u>	ints
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Ruhil 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
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McShane 1



Section 1. Identifying Inform	nation			
Given Name (First Name) Michael	2. Surname (Last Name) McShane		3. Date 10-January-2014	
4. Are you the corresponding author?	Yes Vo	Corresponding Author	or's Name	
5. Manuscript Title Associations Between Preoperative Phy Replacement	rsical Therapy and Post Act	ute Care Utilization Pa	atterns and Cost within Total Joint	
6. Manuscript Identifying Number (if you kr JBJS-D-13-01285R1	now it)	_		
Section 2. The Work Under Co	onsideration for Public	cation		
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)?				:.) for
Are there any relevant conflicts of interest	est? Yes ✓ No			
Section 3. Relevant financial	activities outside the s	submitted work.		
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep	bed in the instructions. Us	se one line for each er	ntity; add as many lines as you need	
Are there any relevant conflicts of interest				
If yes, please fill out the appropriate info				
Name of Entity	Grant? Personal Fees? S	n-Financial upport?	Comments	
Zimmer		V	Received for travel reimbursement, as a consultant and for research purposes	
Section 4. Intellectual Proper	ty Patents & Copyric	ghts		
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the	work? Yes V No	

McShane 2



Section 5.	
Section 5.	Relationships not covered above
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Based on the abo below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. McShane rep	ports personal fees and non-financial support from Zimmer, outside the submitted work.

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McShane 3



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Wasielewski 1



Section 1. Identifying Information	ation					
1. Given Name (First Name) Ray	2. Surname (Last Name) Wasielewski	3. Date 10-January-2014				
4. Are you the corresponding author?	nding author? Yes Volume Volum					
5. Manuscript Title Associations Between Preoperative Phys Replacement	sical Therapy and Post Acu	ute Care Utilization Patterns and Cost within Total Joint				
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• •		a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,				
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If yes, please fill out the appropriate info						
Name of Entity	Grant? Personal Nor	on-Financial Other? Comments				
DePuy		Expert testimony				
Zimmer		Royalties - Persona & Continuum hip				
Section 4. Intellectual Propert	ty Patents & Copyrig	ıhts				
Do you have any patents, whether plann						

Wasielewski 2



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Wasielewski 3



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Granata 1



Section 1. Id	entifying Informa	ation					
1. Given Name (First N Jaymes	, ,		ne (Last Name)			3. Date 16-April-2014	
4. Are you the correspond	onding author?	Yes	✓ No	Correspond Richard Sr	-	or's Name	
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Granata 2



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Granata 3