

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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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)
Cynthia

2. Surname (Last Name)
Kahlenberg

3. Date
19-December-2017

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

5. Manuscript Title
Type of Anticoagulant used after Total Knee Arthroplasty affects the Rate of Knee Manipulation for Post-Operative Stiffness

6. Manuscript Identifying Number (if you know it)
JBJS-D-17-01110

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

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Dr. Kahlenberg has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Shawn

2. Surname (Last Name)
Richardson

3. Date
19-December-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Cynthia Kahlenberg

5. Manuscript Title
Type of Anticoagulant used after Total Knee Arthroplasty affects the Rate of Knee Manipulation for Post-Operative Stiffness

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Dr. Richardson has nothing to disclose.

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1. Given Name (First Name)
William

2. Surname (Last Name)
Schairer

3. Date
19-December-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Cynthia Kahlenberg

5. Manuscript Title

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Peter

2. Surname (Last Name)
Sculco

3. Date
19-December-2017

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Cynthia Kahlenberg

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