

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

Falvey 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Jason	2. Surname (Last Name) Falvey		3. Date 18-July-2018
4. Are you the corresponding author?	✓ Yes No		
5. Manuscript Title Home-Health-Care Physical Therapy Im Arthroplasty	proves Early Functional Reco	very of Medicare E	Beneficiaries After Total Knee
6. Manuscript Identifying Number (if you kr	now it)		
Section 2. The Work Under Co	onsideration for Publicat	ion	
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)?			ent, commercial, private foundation, etc.) for oudy design, manuscript preparation,
Are there any relevant conflicts of interest			
If yes, please fill out the appropriate info Excess rows can be removed by pressin		nore than one ent	ity press the "ADD" button to add a row.
Name of Institution/Company	Grant	inancial Other?	Comments
Department of Veterans Affairs, VA Informatics and Computing Infrastructure		✓	Received statistical resources and data management support from the VA
Section 3. Polyvant financial	activities outside the sub	unitto d moule	
Relevant financial			
Place a check in the appropriate boxes in of compensation) with entities as describle clicking the "Add +" box. You should re	ibed in the instructions. Use o	one line for each e	ntity; add as many lines as you need by
Are there any relevant conflicts of interest	est? Yes ✓ No		
Section 4. Intellectual Proper	rty Patents & Copyright	ts	
Do you have any patents, whether plan	ned, pending or issued, broa	dly relevant to the	work? ☐ Yes ✓ No

Falvey 2



Section 5. Polationships not severed above
Relationships not covered above
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Section 6. Disclosure Statement
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Dr. Falvey reports non-financial support from Department of Veterans Affairs, VA Informatics and Computing Infrastructure, during the conduct of the study; .

Evaluation and Feedback

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Bade 1



Section 1. Identifying Inform	mation	
1. Given Name (First Name) Michael	2. Surname (Last Name) Bade	3. Date 13-March-2018
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Jason Falvey
5. Manuscript Title Utilization of Home-Health Physical Th Knee Arthroplasty	nerapy Improves Early Func	tional Recovery for Medicare Beneficiaries Following Totall
6. Manuscript Identifying Number (if you I JBJS-D-17-01667	know it)	
Continu 2		
Section 2. The Work Under 0	Consideration for Public	cation
	ng but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant financia	l activities outside the s	submitted work.
Place a check in the appropriate boxes of compensation) with entities as desc	in the table to indicate wh ribed in the instructions. Us eport 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 re present during the 36 months prior to publication.
Section 4. Intellectual Prope	erty Patents & Copyric	nhts
Do you have any patents, whether pla		
Do you have any pateries, whether pla	inica, periality of issued, bi	oudly relevant to the work:

Bade 2



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Dr. Bade has nothing to disclose.

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Burke 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fii Robert	rst Name)	2. Surname Burke	e (Last Name)		3. Date 15-March-2018
4. Are you the cor	responding author?	Yes	√ No	Corresponding Author's Nad Jason Falvey	me
Knee Arthroplast	me-Health Physical The ty		es Early Func	tional Recovery For Medica	re Beneficiaries Following Total
6. Manuscript Ider	ntifying Number (if you kr	now it)		_	
Section 2					
Section 2.	The Work Under Co	onsideratio	on for Publi	cation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limite	ed to grants, da	a third party (government, co ata monitoring board, study de	mmercial, private foundation, etc.) for esign, manuscript preparation,
	l				
Section 3.	Relevant financial	activities o	outside the s	submitted work.	
of compensation clicking the "Add) with entities as descri	bed in the ir port relations	nstructions. Us ships that we	se one line for each entity; a	ationships (regardless of amount add as many lines as you need by nonths prior to publication.
	l				
Section 4.	Intellectual Proper	ty Paten	ts & Copyri	ghts	
Do you have any	patents, whether plan	ned, pending	g or issued, bı	roadly relevant to the work?	Yes 🗸 No

Burke 2



Section 5. Relationships not severed above
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Dr. Burke has nothing to disclose.

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Nuccio 1



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Eugene	2. Surname (Last Name) Nuccio	3. Date 15-March-2018
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Jason Falvey
Knee Arthroplasty 6. Manuscript Identifying Number (if you		tional Recovery For Medicare Beneficiaries Following Total
JBJS-D-17-01667		
Section 2. The Work Under	Consideration for Public	cation
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	,	
Do you have any patents, whether pla	anned, pending or issued, br	roadly relevant to the work? Yes V No

Nuccio 2



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Forster 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Jeri	2. Surname (Last Name) Forster		3. Date 12-March-2018
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Nar Jason Falvey	me
5. Manuscript Title Utilization of Home-Health Physical The Knee Arthroplasty		tional Recovery For Medicar	re Beneficiaries Following Total
6. Manuscript Identifying Number (if you kr JBJS-D-17-01667	iow it)	_	
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Forster 2



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patent

Jennings 1



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4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Jason Falvey
5. Manuscript TitleUtilization of Home-Health Physical TheKnee Arthroplasty6. Manuscript Identifying Number (if you kn	., .	tional Recovery For Medicare Beneficiaries Following Total
JBJS-D-17-01667	OW It)	_
Section 2. The Work Under Co	onsideration for Publi	cation
Did you or your institution at any time recei	ve payment or services from but not limited to grants, do	n a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the	submitted work.
of compensation) with entities as descri clicking the "Add +" box. You should rep	bed in the instructions. Uport relations hips that we	nether 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.
Are there any relevant conflicts of intered If yes, please fill out the appropriate info		
Name of Entity	Grant? Personal No	n-Financial Other? Comments
DePuy		✓ Research Support
Total Joint Orthopedics		
Kenex		
Section 4. Intellectual Proper	ty Patents & Copyri	ahts
Do you have any patents, whether planr		

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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.
Dr. Jennings reports personal fees and other from DePuy, personal fees from Total Joint Orthopedics, personal fees from Xenex, outside the submitted work; .

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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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.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

Relationships not covered above.

Use this section to report 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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued **Issued:** The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether

earning royalties or not **Royalties:** Funds are coming in to you or your institution due to your

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

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Section 1.	Identifying Inform	nation			
1. Given Name (First Name) Jennifer		2. Surname (Last Name) Stevens-Lapsley			3. Date 14-March-2018
4. Are you the corresponding author?		Yes	Yes No Corresponding Author's No Jason R. Falvey		me
5. Manuscript Title Utilization of Home-Health Physical Therapy Improves Early Functional Recovery For Medicare Beneficiaries Following Total Knee Arthroplasty					
6. Manuscript Ider JBJS-D-17-01667	now it)		_		
Section 2.					
Section 2.	The Work Under Co	onsiderat	ion for Publi	cation	
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 Vo					
Section 3.	Relevant financial	activities	outside the	submitted work	
	Neievant imaneiai	activities	outside the .	submitted work.	
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication .					
Are there any relevant conflicts of interest? Yes V No					
Section 4.					
Section 4.	Intellectual Proper	ty Pate	nts & Copyri	ghts	
Do you have any	patents, whether plan	ned, pendi	ng or issued, bı	oadly relevant to the work?	? ☐ Yes ✓ No

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Section 5. Polationships not sovered phase					
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):					
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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. Stevens-Lapsley has nothing to disclose.					

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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