

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

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

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
William

2. Surname (Last Name)
Murrell

3. Date
16-July-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Nitin Jain, MD, MSPH

5. Manuscript Title
What is New in Orthopaedic Rehabilitation?

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

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ 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. Murrell 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) Kristin	2. Surname (Last Name) Archer	3. Date 16-July-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Nitin Jain, MD, MSPH
5. Manuscript Title What is New in Orthopaedic Rehabilitation?		
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

Section 3. Relevant financial activities outside the submitted work.

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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
Pacira	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Palladian Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
American Physical Therapy Association	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NeuroPoint Alliance, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Section 6. Disclosure Statement

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Dr. Archer reports personal fees from Pacira, personal fees from Palladian Health, personal fees from American Physical Therapy Association, personal fees from NeuroPoint Alliance, Inc, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Nitin

2. Surname (Last Name)
Jain

3. Date
16-July-2018

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

5. Manuscript Title
What is New in Orthopaedic Rehabilitation?

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
JBJS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Jain reports personal fees from JBJS, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)
Carolyn

2. Surname (Last Name)
Hettrich

3. Date
16-July-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Nitin Jain, MD, MSPH

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Dr. Hettrich has nothing to disclose.

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Byron

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Schneider

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16-July-2018

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☐ Yes

☒ No

Corresponding Author's Name
Nitin Jain, MD, MSPH

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