

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Dianne

2. Surname (Last Name)  
Bryant

3. Date  
03-February-2021

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

5. Manuscript Title  
Inconsistencies in Methodological Framework Throughout Published Studies in Top Orthopaedic Journals: A Systematic Review

6. Manuscript Identifying Number (if you know it)  
N/A

### 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.)?

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### Section 5. Relationships not covered above

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Dr. Bryant has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name) Alan	2. Surname (Last Name) Getgood	3. Date 03-February-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dr. Dianne Bryant
5. Manuscript Title Inconsistencies in Methodological Framework Throughout Published Studies in Top Orthopaedic Journals: A Systematic Review		
6. Manuscript Identifying Number (if you know it) N/A		

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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
Smith & Nephew	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ossur	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Precision OS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Olympus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Graymont Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Conmed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Xiros	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Getgood reports grants and personal fees from Smith & Nephew, grants from Ossur, personal fees from Precision OS, personal fees from Olympus, personal fees from Graymont Inc, personal fees from Conmed, personal fees from Xiros, outside the submitted work; .

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### Section 1. Identifying Information

1. Given Name (First Name)

Zina

2. Surname (Last Name)

Fathalla

3. Date

03-February-2021

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Dr. Dianne Bryant

5. Manuscript Title

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Michaela

2. Surname (Last Name)  
Khan

3. Date  
01-February-2021

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Dr. Dianne Bryant

5. Manuscript Title  
Inconsistencies in Methodological Framework Throughout Published Studies in Top Orthopaedic Journals: A Systematic Review

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Michael J

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Lukacs

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01-February-2021

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☐ Yes

☒ No

Corresponding Author's Name

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Morgan

2. Surname (Last Name)  
Jennings

3. Date  
02-February-2021

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
Dr. Dianne Bryant

5. Manuscript Title  
Inconsistencies in Methodological Framework Throughout Published Studies in Top Orthopaedic Journals: A Systematic Review

6. Manuscript Identifying Number (if you know it)  
N/A

### 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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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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Ms. Jennings 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)  
Shgufta

2. Surname (Last Name)  
Docter

3. Date  
04-February-2021

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Dr. Dianne Bryant

5. Manuscript Title  
Inconsistencies in Methodological Framework Throughout Published Studies in Top Orthopaedic Journals: A Systematic Review

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N/A

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Shu-Hsuan

2. Surname (Last Name)

Liu

3. Date

04-February-2021

4. Are you the corresponding author?

☐

Yes

☒

No

Corresponding Author's Name

Dr. Dianne Bryant

5. Manuscript Title

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Are there any relevant conflicts of interest?

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Yes

☒

No

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Yes

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No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐

Yes

☒

No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
Susan

2. Surname (Last Name)  
Dong

3. Date

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☐ Yes

☒ No

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Dr. Dianne Bryant

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