Date: 8/30/21	
Your Name:_Kevin D. Plancher MD	 rthroplasty
Manuscript number (if known):JBJS-D-21-00801	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	Specifications/Comments (e.g., if payments were made to you or to your institution) al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
(63) (63) ·		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

	145T 1999		
5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	Mone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

Date:8/30/21	
Your Name:_Jasmine Brite	
Manuscript Title: Pre-Arthritic/Kinematic Alignment in Fixed-Bearing Medial Unicompartmental Knee Arthropla	asty
Results in Return to Activity at Mean Ten-year Follow-up	
Manuscript number (if known):JBJS-D-21-00801	
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	xNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_xNone	
3	Royalties or licenses	x_None	
4	Consulting fees	xNone	

5	Payment or honoraria for	xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	xNone	
	testimony		
_			
7	Support for attending meetings and/or travel	xNone	
	-		
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	_xNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	xNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	xNone	
12	Receipt of equipment,	xNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	1	xNone	
13	services	xNone	

Please place an "X" next to the following statement to indicate your agreement:

_x__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:8/30/21
Your Name:_Karen Briggs
Manuscript Title: Pre-Arthritic/Kinematic Alignment in Fixed-Bearing Medial Unicompartmental Knee Arthroplasty
Results in Return to Activity at Mean Ten-year Follow-up
Manuscript number (if known):JBJS-D-21-00801

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1	All support for the present		planning of the work
1	All support for the present manuscript (e.g., funding,	_xNone	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	xNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for lectures, presentations,	xNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	xNone	
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or pending	_xNone	
	pa		
9	Participation on a Data	xNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	_xNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	xNone	
12	Receipt of equipment,	x None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	xNone	
	financial interests		

Please place an "X" next to the following statement to indicate your agreement:

__x_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:8/30/21	
Your Name:_Stephanie Petterson	
Manuscript Title: Pre-Arthritic/Kinematic Alignment in Fixed-Bearing Medial Unicompartmental Knee Arthropla	ısty
Results in Return to Activity at Mean Ten-year Follow-up	
Manuscript number (if known):JBJS-D-21-00801	

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Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events None		***************************************		
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pending Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- None				
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10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- None			***************************************	
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materials, drugs, medical writing, gifts or other services 13 Other financial or non- None	12	Receipt of equipment.	None	
writing, gifts or other services 13 Other financial or non- None				
services 13 Other financial or non- None				
		services		
financial interests	13	Other financial or non-	None	
		financial interests		

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