ICMJE DISCLOSURE FORM

Date:6/29/22	
Your Name:Jonathan B. Ticker	
Manuscript Title: Organizing Orthopaedic Societies in New York City in the 1880s	
Manuscript number (if known):	

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 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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		Time frame: Since the initial	planning of the work
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	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	
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	in item #1 above).		
3	Royalties or licenses	XNone	

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educational events Payment for expertX_None testimony Support for attendingX_None
testimony 7 Support for attendingXNone
7 Support for attendingXNone
8 Patents planned, issued orX_None
pending
9 Participation on a DataXNone
Safety Monitoring Board or Advisory Board
Advisory board
10 Leadership or fiduciary roleXNone
in other board, society, committee or advocacy
group, paid or unpaid
11 Stock or stock optionsX_None
12 Receipt of equipment,X_None
materials, drugs, medical writing, gifts or other
services
13 Other financial or nonXNone
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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.