Date:	12/13/2021
Your Name:	Alastair Younger
Manuscript Title:	Arthoscopic vs open ankle arthrodesis: A 5 year follow up
Manuscript Number (if known):	JBJS D 21 01088r1

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.

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		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None Styker Arthrex Bioventus Acumed Zimmer Biocomposites	institution institution institution institution institution institution institution
3	Royalties or licenses	Stryker Stryker Acumed	Targeting device Design phase Syndesmosis device

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if particular made to you or to your institution)		
4	Consulting fees	Stryker / wright medical acumed Bioventus Biocomposites	Dr. Alastair Younger Inc. Dr. Alastair Younger Inc. Dr. Alastair Younger Inc. Dr. Alastair Younger Inc.	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None		
6	Payment for expert testimony	None Non		
7	Support for attending meetings and/or travel	None		
8	Patents planned, issued or pending	Stryker	Calcaneal osteotomy device	
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	President COFAS President BCOA		

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:	12/17/2021		
Your Name:	Andrea Veljkovic		
Manuscript Title: Arthroscopic vs Open Ankle Arthrodesis: A 5-year follow up			
Manuscript Number (if known):	JBJS-D-21-01088R1		
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epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.			
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Name all entities with whom you have this Specifications/Comments (e.g., if payments were relationship or indicate none (add rows as needed) made to you or to your institution) Time frame: Since the initial planning of the work All support for the None present manuscript (e.g., funding, provision of study materials, Click the tab key to add additional rows medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months 2 Grants or □ None contracts from any entity (if not Arthrex, Synthes, Depuy, Zimmer Personal indicated in item #1 above). Royalties or \boxtimes 3 None licenses

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Arthrex, accumed, biomet Zimmer, Wright medical	Personal
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None Editor for JBJS surgical techniques-Foot and Ankle	Personal

		Name all entities with whon relationship or indicate non-	= =	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	□ None		
		Aid		Personal
		Therapies		
12	Receipt of equipment,	None		
	materials, drugs,			
	medical writing,			
	gifts or other services			
13	Other financial or non-financial			
	interests			
Plea	Please place an "X" next to the following statement to indicate your agreement:			nt:
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	12/21/2021
Your Name:	Monther Abuhantash
Manuscript Title:	Arthroscopic vs Open Ankle Arthrodesis: A 5-year follow up
Manuscript Number (if known):	JBJS-D-21-01088R1

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial 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 None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	None ■	

		ationship or indicate none (add rows as needed) Specifications/Comments (e.g., made to you or to your institutions)	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
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	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:		-	12/13/2021		
Your Name:		-	Oliver Gagne		
Manuscript Title:			Arthroscopic vs Open Ankle Arthrodesis: A 5-year follow up		
Mar	nuscript Number (if k	known):	JBJS-D-21-01088R1		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the mar indicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned in		ript. "Rela of the mar e in doubt os/activitie ension, you entioned	ted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity, es/interests should be defined broadly. For each should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.	
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning o	of the work	
	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.	⊠ No	one	Click the tab key to add additional rows.	
			Time frame: past 36 months	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ Nor	ne		
3	Royalties or licenses	⊠ No	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments with made to you or to your institution)	were
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	□ None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None □	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None Control of the control of th	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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		
Plea	Please place an "X" next to the following statement to indicate your agreement: \[\textstyle L certify that I have answered every question and have not altered the wording of any of the questions on this form.				

3

Date:	12/11/2021		
Your Name:	Hong Qian		
Manuscript Title:	Arthroscopic vs Open Ankle Arthrodesis: A 5-year follow up		
Manuscript Number (if known): _JBJS-D-21-01088R1			
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				ies with whom you have this r indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
				Time frame: Since the initial 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.	X	None		Click the tab key to add additional rows.
				Time frame: past 36 mont	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	x	None		
3	Royalties or licenses	X	None		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	X	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X	None	
13	Other financial or non-financial interests	X	None	

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

Date:	12/11/2021
Your Name:	Hubert Wong
Manuscript Title:	Arthroscopic vs Open Ankle Arthrodesis: A 5-year follow up
Manuscript Number (if known):	JBJS-D-21-01088R1

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				ies with whom you have this r indicate none (add rows as need	ed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Time frame: Since the initial planning of the work					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			Click the tab key to add additional rows.
				Time frame: past 36 m	onth	ns
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3	Royalties or licenses		None			

		ame all entities with whom you have this lationship or indicate none (add rows as needed) Specifications/Comments (e.g., if made to you or to your institution	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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		
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:	12/14/2014
Your Name:	Murray Penner
Manuscript Title:	Arthroscopic vs Open Ankle Arthrodesis: A 5-year follow up
Manuscript Number (if known):	JBJS-D-21-01088R1
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		Time frame: past 36 months	3
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		Stryker	Personal
5	Payment or honoraria for	□ None	
	lectures,	Stryker	Personal
	presentations, speakers		
	bureaus, manuscript writing or educational		
	events		
6	Payment for expert testimony	⊠ None	
	Support for attending meetings and/or travel	None	
	Datanta planna d	□ None	
8	Patents planned, issued or pending	□ None	
		Wright Medical	Personal
		BBHP Medical Stryker	Personal Personal
9	Participation on a Data Safety	None	
	Monitoring Board or		
	Advisory Board		
10	Leadership or	⊠ None	
	fiduciary role in other board,		
	society,		
	committee or advocacy group, paid or unpaid		

ľ			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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:				
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:		12/17/2021	
Your Name:		Kevin Wing	
Manuscript Title:		Arthroscopic vs Open Ankle Arthrodesis: A 5-year follow up	
Mar	nuscript Number (if k	nown): JBJS-D-21-01088R1	
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activities		rency, we ask you to disclose all relationships/activities/interests listed below that are related to the pt. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be if the manuscript. Disclosure represents a commitment to transparency and does not necessarily in doubt about whether to list a relationship/activity/interest, it is preferable that you do so. Sactivities/interests should be defined broadly. For example, if your manuscript pertains to the asion, you should declare all relationships with manufacturers of antihypertensive medication, even if	
-		ntioned in the manuscript.	
In item #1 below, report all support frame for disclosure is the past 36		all support for the work reported in this manuscript without time limit. For all other items, the time past 36 months.	
		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments were made to you or to your institution)	
		Time frame: Since the initial planning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	None Click the tab key to add additional rows.	
	No time limit for		
	this item.	Time frame upost 26 months	
2	Crants or	Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Arthrex, Zimmer, Acumed	
3	Royalties or licenses	□ None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Wright Medical	
6	Payment for expert testimony	□ None Personal Injury Law firms	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
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 British Columbia Orthopaedic Association	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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: Certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:	12/14/2021	
Your Name:	Hooman Sadr Hamedany	
Manuscript Title:	Arthroscopic Vs OpneAnkle Arthrodesis : A 5 Year Follow up	
Manuscript Number (if known):		
In the interest of transparer		

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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.	None Non	Click the tab key to add additional rows.
		Time frame: past 36 months	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Non	
3	Royalties or licenses	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None Non	
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	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None Non	
13	Other financial or non-financial interests	None Non	
Plea	se place an "X" nex	t to the following statement to indicate your agreem	ent: Sadr Pec 14,2021
\boxtimes	☐ I certify that I have answered every question and have not altered the wording of any of the questions on this form.		