

ICMJE DISCLOSURE FORM

Date: 2/4/22
 Your Name: Jordan Handcox MD
 Manuscript Title: Providing Orthopaedic Care to Vulnerably Underserved Patients
 Manuscript number (if known): JBJS-D-21-01349R1

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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.

		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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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

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Date: 2/4/22
 Your Name: Christina Brady
 Manuscript Title: Providing Orthopaedic Care to Vulnerably Underserved Patients
 Manuscript number (if known): JBJS-D-21-01349R1

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6	Payment for expert testimony	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
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8	Patents planned, issued or pending	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
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Date: 2/4/22
 Your Name: Fred Corley MD
 Manuscript Title: Providing Orthopaedic Care to Vulnerably Underserved Patients
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Date: 2/4/22
 Your Name: Ryan Rose MD
 Manuscript Title: Providing Orthopaedic Care to Vulnerably Underserved Patients
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4	Consulting fees	__ Medartis	
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	
11	Stock or stock options	__x__ None	
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Date: 2/4/22
 Your Name: James Saucedo MD
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3	Royalties or licenses	Hely-Weber	Brace royalties
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Trimed	Speaker
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	ASSH Council	Volunteer
11	Stock or stock options	Edge	Stock
		Clov Health	Common Stock
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