|  |  |
| --- | --- |
| ICMJE DISCLOSURE FORM | |
| **Date:** | 4/8/2022 |
| **Your Name:** | Robert A. Adler, MD |
| **Manuscript Title:** | Acute Lower Extremity Fracture Management in Chronic Spinal Cord Injury: 2022 Delphi Consensus Recommendations |
| **Manuscript Number (if known):** | JBJS-D-21-00152 |
| 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 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.** | | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | |  |  | |  |  | |  | Click the tab key to add additional rows. | | |
| **Time frame: past 36 months** | | | | |
| **2** | | Grants or contracts from any entity (if not indicated in item #1 above). | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | | Radius Health | To institution | | Department of Veterans Affairs | To institution | |  |  | | |
| **3** | | Royalties or licenses | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | |  |  | |  |  | |  |  | | |
| **4** | | Consulting fees | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | | |
| **5** | | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | | University of Texas, Houston | Lecture honorarium | | Bone Health and Osteoporosis Foundation | Lecture honorarium | |  |  | | |
| **6** | | Payment for expert testimony | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | |  |  | |  |  | |  |  | | |
| **7** | | Support for attending meetings and/or travel | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | | Controversies in Vitamin D Meeting | Travel support | |  |  | |  |  | | |
| **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** |  |  |  | | --- | --- | | Chair, Ethics Committee, ASBMR | No compensation | |  |  | |  |  | | |
| **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** |  |  |  | | --- | --- | | Associate Editor, Osteoporosis International | Honorarium | |  |  | |  |  | | |
|  | |  |  | |
| **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. | | |

|  |  |
| --- | --- |
| ICMJE DISCLOSURE FORM | |
| **Date:** | 4/11/2022 |
| **Your Name:** | Jaimo Ahn |
| **Manuscript Title:** | Acute Lower Extremity Fracture Management in Chronic Spinal Cord Injury: 2022 Delphi Consensus Recommendations |
| **Manuscript Number (if known):** | JBJS-D-21-00152 |
| 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 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.** | | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | | No direct funding |  | |  |  | |  | Click the tab key to add additional rows. | | |
| **Time frame: past 36 months** | | | | |
| **2** | | Grants or contracts from any entity (if not indicated in item #1 above). | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | | Canadian Institutes of Health Research – HIP ATTACK 2 |  | |  |  | |  |  | | |
| **3** | | Royalties or licenses | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | | None relevant |  | |  |  | |  |  | | |
| **4** | | Consulting fees | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | | Radius Health | Consulting fees to me – biologic development | | Synthes USA | Consulting fees to me – implant related | |  |  | |  |  | | |
| **5** | | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | | AO North America | Teaching fees to me | |  |  | |  |  | | |
| **6** | | Payment for expert testimony | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | | Rx Pro Services | Consulting fees for injury cases to me | |  |  | |  |  | | |
| **7** | | Support for attending meetings and/or travel | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | | Foundation for Orthopaedic Trauma | Travel payments for teaching (to me) | |  |  | |  |  | | |
| **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** |  |  |  | | --- | --- | | Clinical Orthopaedics and Related Research | Board of Trustees | | American Physician Scientist Association | Board of Directors | |  |  | | |
| **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. | | |

|  |  |
| --- | --- |
| ICMJE DISCLOSURE FORM | |
| **Date:** | 4/12/2022 |
| **Your Name:** | Laura Carbone |
| **Manuscript Title:** | Acute Lower Extremity Fracture Management in Chronic Spinal Cord Injury: 2022 Delphi Consensus Recommendations |
| **Manuscript Number (if known):** | JBJS-D-21-00152 |
| 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 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.** | | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | | VA HSRD Grant | VA Grant; no monies received | |  |  | |  | Click the tab key to add additional rows. | | |
| **Time frame: past 36 months** | | | | |
| **2** | | Grants or contracts from any entity (if not indicated in item #1 above). | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | | See above |  | |  |  | |  |  | | |
| **3** | | Royalties or licenses | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | |  |  | |  |  | |  |  | | |
| **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** |  |  |  | | --- | --- | |  |  | |  |  | |  |  | | |
| **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. | | |

|  |  |
| --- | --- |
| ICMJE DISCLOSURE FORM | |
| **Date:** | 4/22/2022 |
| **Your Name:** | Tomas Cervinka |
| **Manuscript Title:** | Acute Lower Extremity Fracture Management in Chronic Spinal Cord Injury: 2022 Delphi Consensus Recommendations |
| **Manuscript Number (if known):** | JBJS-D-21-00152 |
| 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 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.** | | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | |  |  | |  |  | |  | Click the tab key to add additional rows. | | |
| **Time frame: past 36 months** | | | | |
| **2** | | Grants or contracts from any entity (if not indicated in item #1 above). | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | | Rehabilitation Foundation Peurunka, Laukaa, Finland | Personal research grant | |  |  | |  |  | | |
| **3** | | Royalties or licenses | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | |  |  | |  |  | |  |  | | |
| **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** |  |  |  | | --- | --- | | Paralyzed Veterans of America, Washington, DC | Personal grant covering travel expenses | |  |  | |  |  | | |
| **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** |  |  |  | | --- | --- | | Paralyzed Veterans of America, consultant to the Guideline Development Panel (Bone health) | unpaid | |  |  | |  |  | | |
| **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. | | |

Table

Description automatically generated

Table

Description automatically generated

Table

Description automatically generated

|  |  |
| --- | --- |
| ICMJE DISCLOSURE FORM | |
| **Date:** | 5/11/2022 |
| **Your Name:** | Joseph Hsu |
| **Manuscript Title:** | Acute Lower Extremity Fracture Management in Chronic Spinal Cord Injury: 2022 Delphi Consensus Recommendations |
| **Manuscript Number (if known):** | JBJS-D-21-00152 |
| 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 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.** | | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | |  |  | |  |  | |  | Click the tab key to add additional rows. | | |
| **Time frame: past 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** |  |  |  | | --- | --- | | Stryker | Paid to me | | Smith Nephew | Paid to me | |  |  | |  |  | | |
| **5** | | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | | Depuy Synthes | Paid to me | | Smith Nephew | Paid to me | | Stryker | Paid t ome | | |
| **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** |  |  |  | | --- | --- | |  |  | |  |  | |  |  | | |
| **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. | | |

|  |  |
| --- | --- |
| ICMJE DISCLOSURE FORM | |
| **Date:** | 4/13/2022 |
| **Your Name:** | Donna Huang |
| **Manuscript Title:** | Acute Lower Extremity Fracture Management in Chronic Spinal Cord Injury: 2022 Delphi Consensus Recommendations |
| **Manuscript Number (if known):** | JBJS-D-21-00152 |
| 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 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.** | | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | |  |  | |  |  | |  | Click the tab key to add additional rows. | | |
| **Time frame: past 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** |  |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | | |
| **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** |  |  |  | | --- | --- | |  |  | |  |  | |  |  | | |
| **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. | | |

|  |  |
| --- | --- |
| ICMJE DISCLOSURE FORM | |
| **Date:** | 4/8/2022 |
| **Your Name:** | Madhav A. Karunakar |
| **Manuscript Title:** | Acute Lower Extremity Fracture Management in Chronic Spinal Cord Injury: 2022 Delphi Consensus Recommendations |
| **Manuscript Number (if known):** | JBJS-D-21-00152 |
| 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 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.** | | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | |  |  | |  |  | |  | Click the tab key to add additional rows. | | |
| **Time frame: past 36 months** | | | | |
| **2** | | Grants or contracts from any entity (if not indicated in item #1 above). | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | | Department of Defense- Major Extremity Trauma and Rehabilitation Consortium |  | |  |  | |  |  | | |
| **3** | | Royalties or licenses | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | |  |  | |  |  | |  |  | | |
| **4** | | Consulting fees | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | | |
| **5** | | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | | AO North America | Pelvic Course | |  |  | |  |  | | |
| **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** |  |  |  | | --- | --- | | Chair, Orthopaedic Trauma Fellowship Committee |  | |  |  | |  |  | | |
| **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. | | |

|  |  |
| --- | --- |
| ICMJE DISCLOSURE FORM | |
| **Date:** | 4/8/2022 |
| **Your Name:** | B. Jenny Kiratli |
| **Manuscript Title:** | Acute Lower Extremity Fracture Management in Chronic Spinal Cord Injury: 2022 Delphi Consensus Recommendations |
| **Manuscript Number (if known):** | JBJS-D-21-00152 |
| 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 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.** | | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | |  |  | |  |  | |  | Click the tab key to add additional rows. | | |
| **Time frame: past 36 months** | | | | |
| **2** | | Grants or contracts from any entity (if not indicated in item #1 above). | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | | VA Rehabilitation R&D Service – “*Assessing Bone Health after SCI: Establishing Evidence for a Clinical Protocol”* |  | |  |  | |  |  | | |
| **3** | | Royalties or licenses | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | |  |  | |  |  | |  |  | | |
| **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** |  |  |  | | --- | --- | | VA Rehabilitation R&D Service |  | |  |  | |  |  | | |
| **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** |  |  |  | | --- | --- | | President, American Paraplegia Society Section Board of Directors; Governance Board, Academy of SCI Professionals |  | |  |  | |  |  | | |
| **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. | | |

|  |  |
| --- | --- |
| ICMJE DISCLOSURE FORM | |
| **Date:** | 04/10/22 |
| **Your Name:** | Peter Carl Krause |
| **Manuscript Title:** | Acute Lower Extremity Fracture Management in Chronic Spinal Cord Injury: 2022 Delphi Consensus Recommendations |
| **Manuscript Number (if known):** | JBJS-D-21-00152 |
| 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 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.** | | x **None**      Click the tab key to add additional rows. | |
| **Time frame: past 36 months** | | | | |
| **2** | | Grants or contracts from any entity (if not indicated in item #1 above). | ☐ **None**    LIFT2 Grant From LSU for developing orthopedic technology 3/15/22 | |
| **3** | | Royalties or licenses | x **None** | |
| **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 | ☐ **None**  Expert testimony for Faircloth, Melton, Sobel,& Bash, LLC regarding a medical case ending 5/2020 | |
| **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 | ☐ **None**    OTA EBQVS Committee member | |
| **11** | | Stock or stock options | ☐ **None**  None pertinent to this study | |
| **12** | | Receipt of equipment, materials, drugs, medical writing, gifts or other services | x **None** | |
| **13** | | Other financial or non-financial interests | ☒ **None** | |
|  | |  |  | |
| **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. | | |

|  |  |
| --- | --- |
| ICMJE DISCLOSURE FORM | |
| **Date:** | 4/22/2022 |
| **Your Name:** | Gudrun Mirick Mueller |
| **Manuscript Title:** | Acute Lower Extremity Fracture Management in Chronic Spinal Cord Injury: 2022 Delphi Consensus Recommendations |
| **Manuscript Number (if known):** | JBJS-D-21-00152 |
| 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 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.** | | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | |  |  | |  |  | |  | Click the tab key to add additional rows. | | |
| **Time frame: past 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** |  |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | | |
| **5** | | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | | AO North America | Course instructor | |  |  | |  |  | | |
| **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** |  |  |  | | --- | --- | | Minnesota Orthopaedic Society | Past President | |  |  | |  |  | | |
| **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. | | |

|  |  |
| --- | --- |
| ICMJE DISCLOSURE FORM | |
| **Date:** | 4/12/2022 |
| **Your Name:** | Leslie Morse |
| **Manuscript Title:** | Acute Lower Extremity Fracture Management in Chronic Spinal Cord Injury: 2022 Delphi Consensus Recommendations |
| **Manuscript Number (if known):** | JBJS-D-21-00152 |
| 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 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.** | | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | |  |  | |  |  | |  | Click the tab key to add additional rows. | | |
| **Time frame: past 36 months** | | | | |
| **2** | | Grants or contracts from any entity (if not indicated in item #1 above). | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | | Neilsen Foundation | NIH | | NIDILRR | PVA | |  |  | | |
| **3** | | Royalties or licenses | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | |  |  | |  |  | |  |  | | |
| **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** |  |  |  | | --- | --- | |  |  | |  |  | |  |  | | |
| **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. | | |

|  |  |
| --- | --- |
| ICMJE DISCLOSURE FORM | |
| **Date:** | 4/13/2022 |
| **Your Name:** | Arvind D. Nana, MD, MBA |
| **Manuscript Title:** | Acute Lower Extremity Fracture Management in Chronic Spinal Cord Injury: 2022 Delphi Consensus Recommendations |
| **Manuscript Number (if known):** | JBJS-D-21-00152 |
| 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 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.** | | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | |  |  | |  |  | |  | Click the tab key to add additional rows. | | |
| **Time frame: past 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** |  |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | | |
| **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** |  |  |  | | --- | --- | | Axogen | Reimburse of travel expenses | |  |  | |  |  | | |
| **8** | | Patents planned, issued or pending | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | | Bone Foam | Product in development | |  |  | |  |  | | |
| **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** |  |  |  | | --- | --- | | AAOS | Liaison to the American Geriatric Society | |  |  | |  |  | | |
| **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. | | |

|  |  |
| --- | --- |
| ICMJE DISCLOSURE FORM | |
| **Date:** | 4/12/2022 |
| **Your Name:** | Jessica C Rivera, MD, PhD |
| **Manuscript Title:** | Acute Lower Extremity Fracture Management in Chronic Spinal Cord Injury: 2022 Delphi Consensus Recommendations |
| **Manuscript Number (if known):** | JBJS-D-21-00152 |
| 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 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.** | | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | |  |  | |  |  | |  | Click the tab key to add additional rows. | | |
| **Time frame: past 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** |  |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | | |
| **5** | | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | | Nuvasive Specialized Orthopaedics | Paid speaker (past) | |  |  | |  |  | | |
| **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** |  |  |  | | --- | --- | | Limb Lengthening and Reconstruction Society, Board member | unpaid | | Orthopaedic Research Society, committee member | Unpaid | | American Academy of Orthopaedic Surgeons, committee member | Unpaid | | |
| **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. | | |

|  |  |
| --- | --- |
| ICMJE DISCLOSURE FORM | |
| **Date:** | 4/9/2022 |
| **Your Name:** | Clay A Spitler |
| **Manuscript Title:** | Acute Lower Extremity Fracture Management in Chronic Spinal Cord Injury: 2022 Delphi Consensus Recommendations |
| **Manuscript Number (if known):** | JBJS-D-21-00152 |
| 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 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.** | | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | |  |  | |  |  | |  | Click the tab key to add additional rows. | | |
| **Time frame: past 36 months** | | | | |
| **2** | | Grants or contracts from any entity (if not indicated in item #1 above). | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | | Department of Defense – Effect of Early weightbearing on ankle fractures |  | | Department of Defense – Early Mechanical Stabilization of unstable pelvic fractures |  | | Stryker Corporation  Depuy Synthes |  | | |
| **3** | | Royalties or licenses | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | |  |  | |  |  | |  |  | | |
| **4** | | Consulting fees | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | | Depuy Synthes | self | | Invibio | self | |  |  | |  |  | | |
| **5** | | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | | Depuy Synthes | self | | AO North America |  | |  |  | | |
| **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** |  |  |  | | --- | --- | | AO fellowship committee |  | | OTA EBVQS committee |  | | Alabama orthopaedic society board member  AAOS trauma ICL committee |  | | |
| **11** | | Stock or stock options | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | | ROM 3 |  | |  |  | |  |  | | |
| **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. | | |

|  |  |
| --- | --- |
| ICMJE DISCLOSURE FORM | |
| **Date:** | 4/8/2022 |
| **Your Name:** | Frances M. Weaver |
| **Manuscript Title:** | Acute Lower Extremity Fracture Management in Chronic Spinal Cord Injury: 2022 Delphi Consensus Recommendations |
| **Manuscript Number (if known):** | JBJS-D-21-00152 |
| 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 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. | |

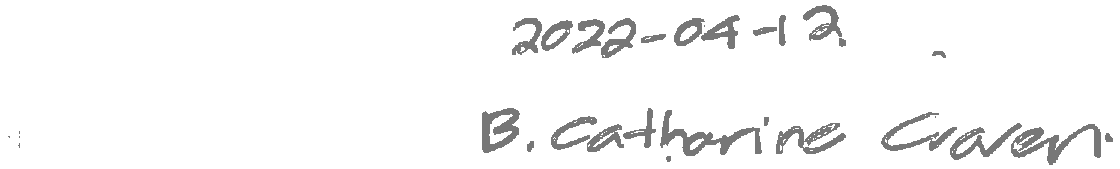
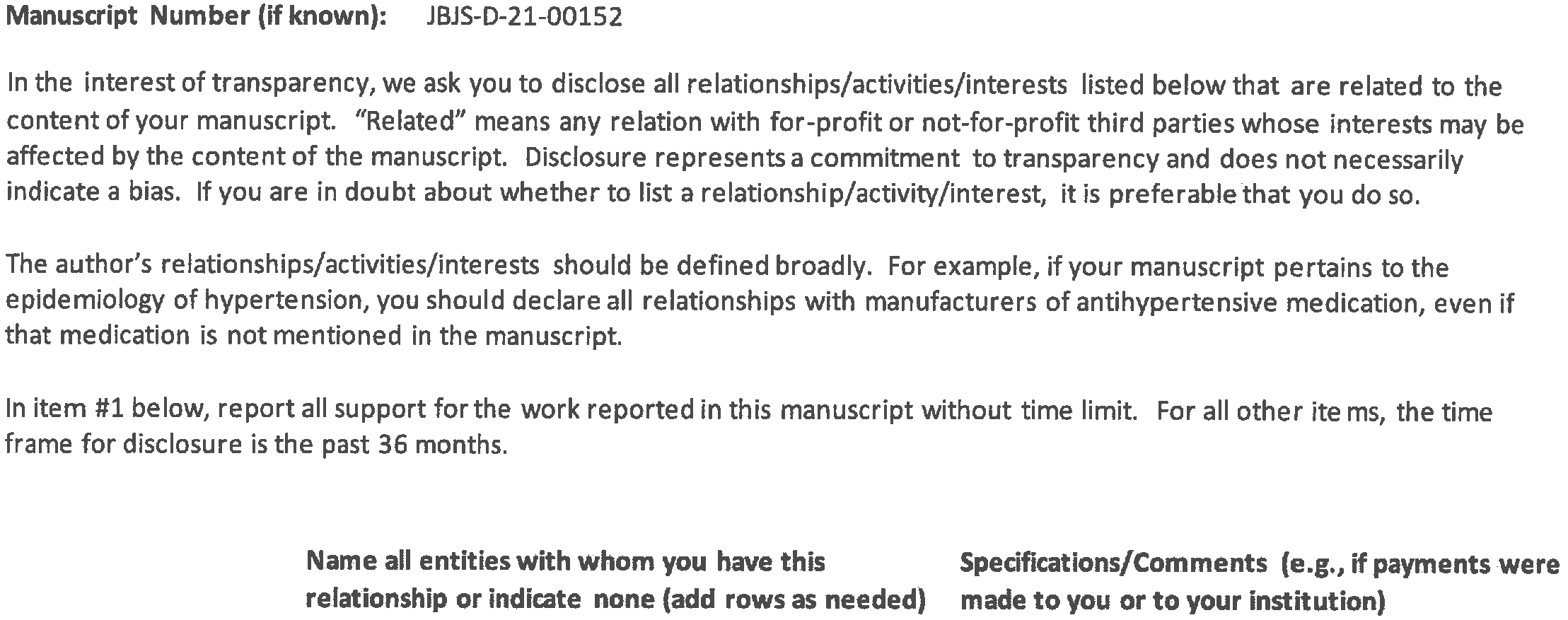
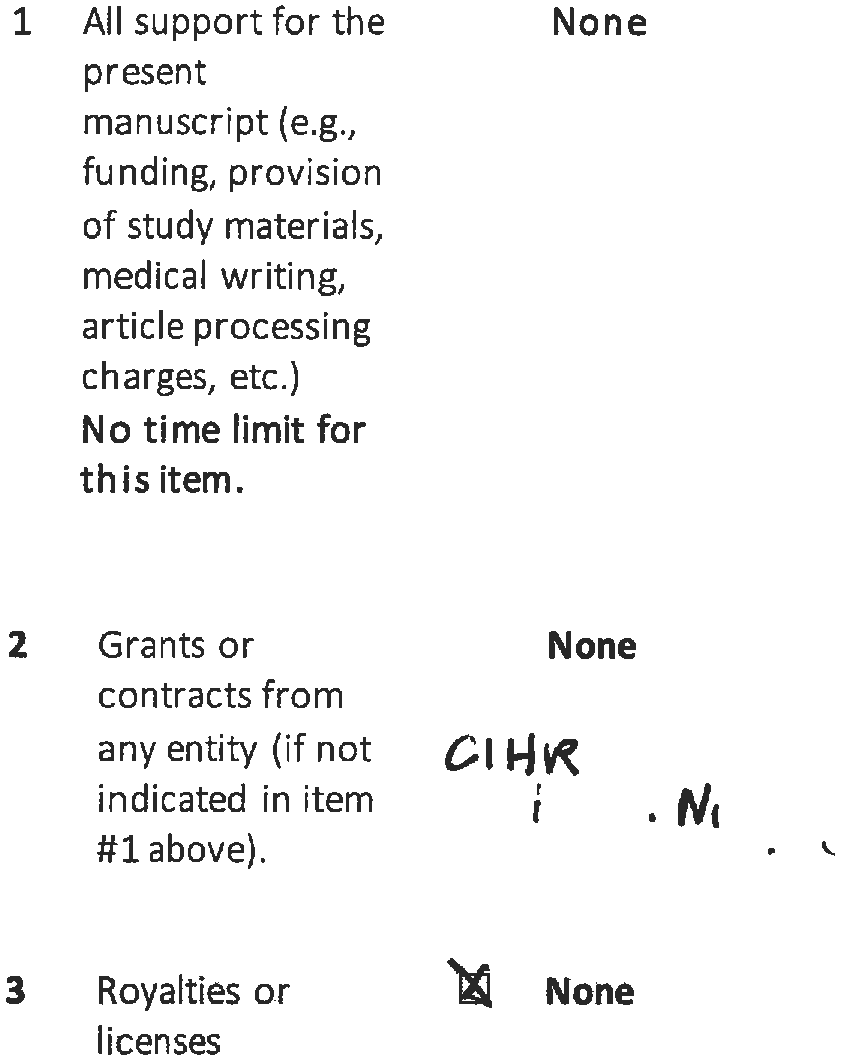
|  | | | **Name all entities with whom you have this relationship or indicate none (add rows as needed)** | **Specifications/Comments (e.g., if payments were made to you or to your institution)** |
| --- | --- | --- | --- | --- |
| **Time frame: Since the initial planning of the work** | | | | |
| **1** | 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.** | | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | | Department of Veterans Affairs, Health Services Research & Development | Research funding for grant: Characterizing Best Practice in Management of Lower Extremity Fractures in Veterans with SCI/D | |  |  | |  | Click the tab key to add additional rows. | | |
| **Time frame: past 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** |  |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | | |
| **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** |  |  |  | | --- | --- | | Editorial Board: Journal of Spinal Cord Injury & Disorder |  | | Editorial board: Evaluation and the Health Professions |  | |  |  | | |
| **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. | | |

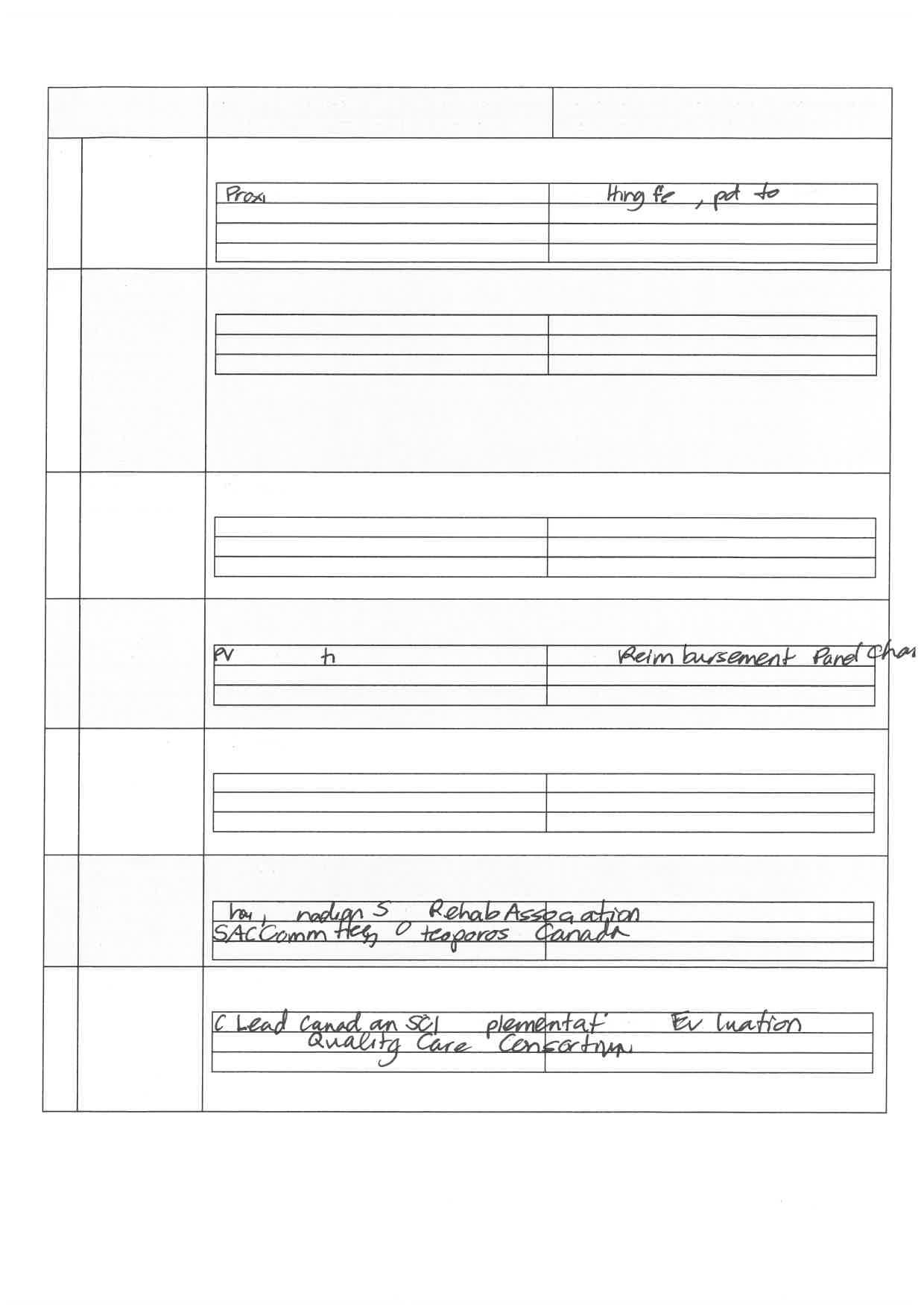
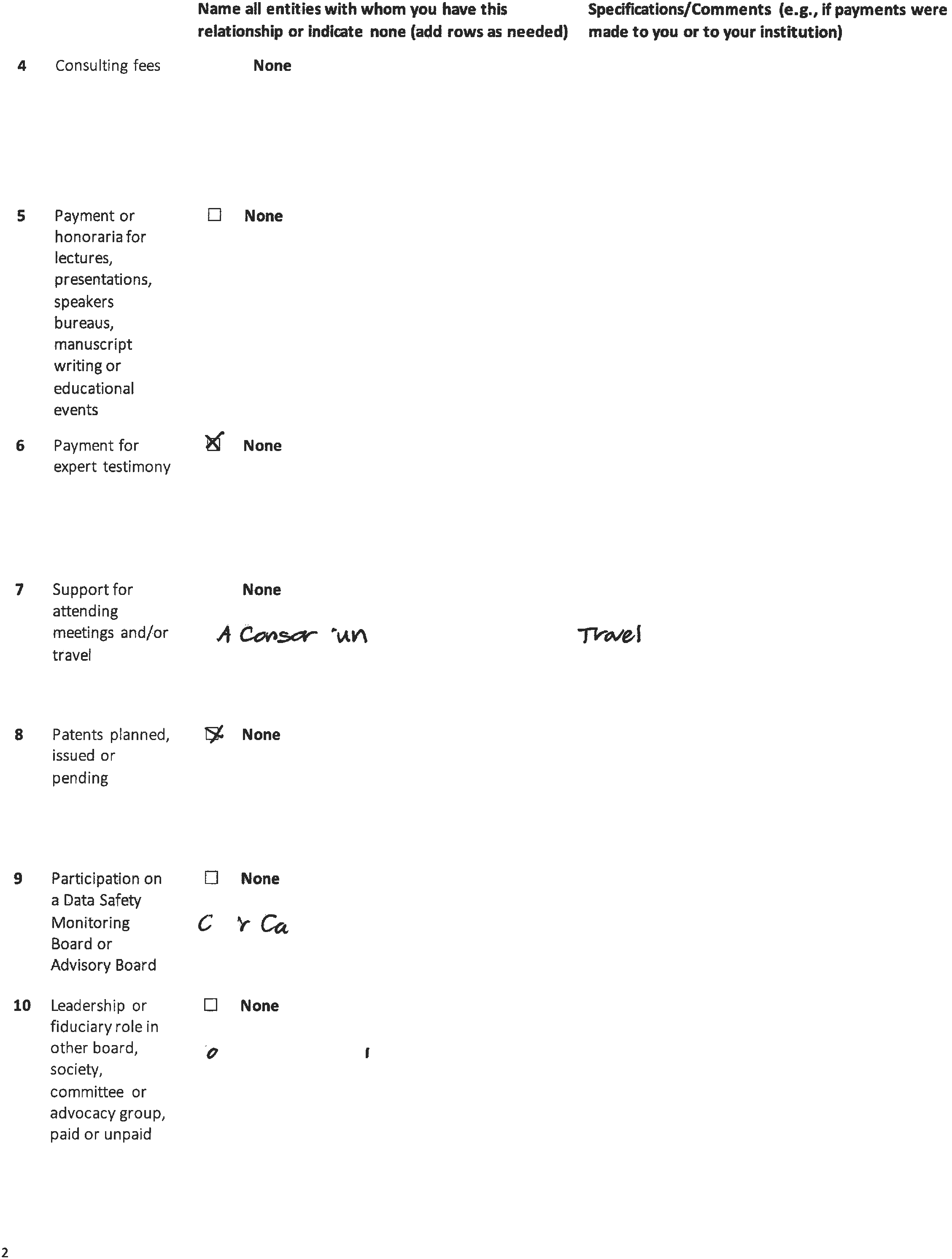
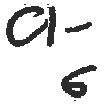
|  |  |
| --- | --- |
| ICMJE DISCLOSURE FORM | |
| **Date:** | 4/25/2022 |
| **Your Name:** | Elaine M Rogers, PT, ATP |
| **Manuscript Title:** | Acute Lower Extremity Fracture Management in Chronic Spinal Cord Injury: 2022 Delphi Consensus Recommendations |
| **Manuscript Number (if known):** | JBJS-D-21-00152 |
| 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 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. | |

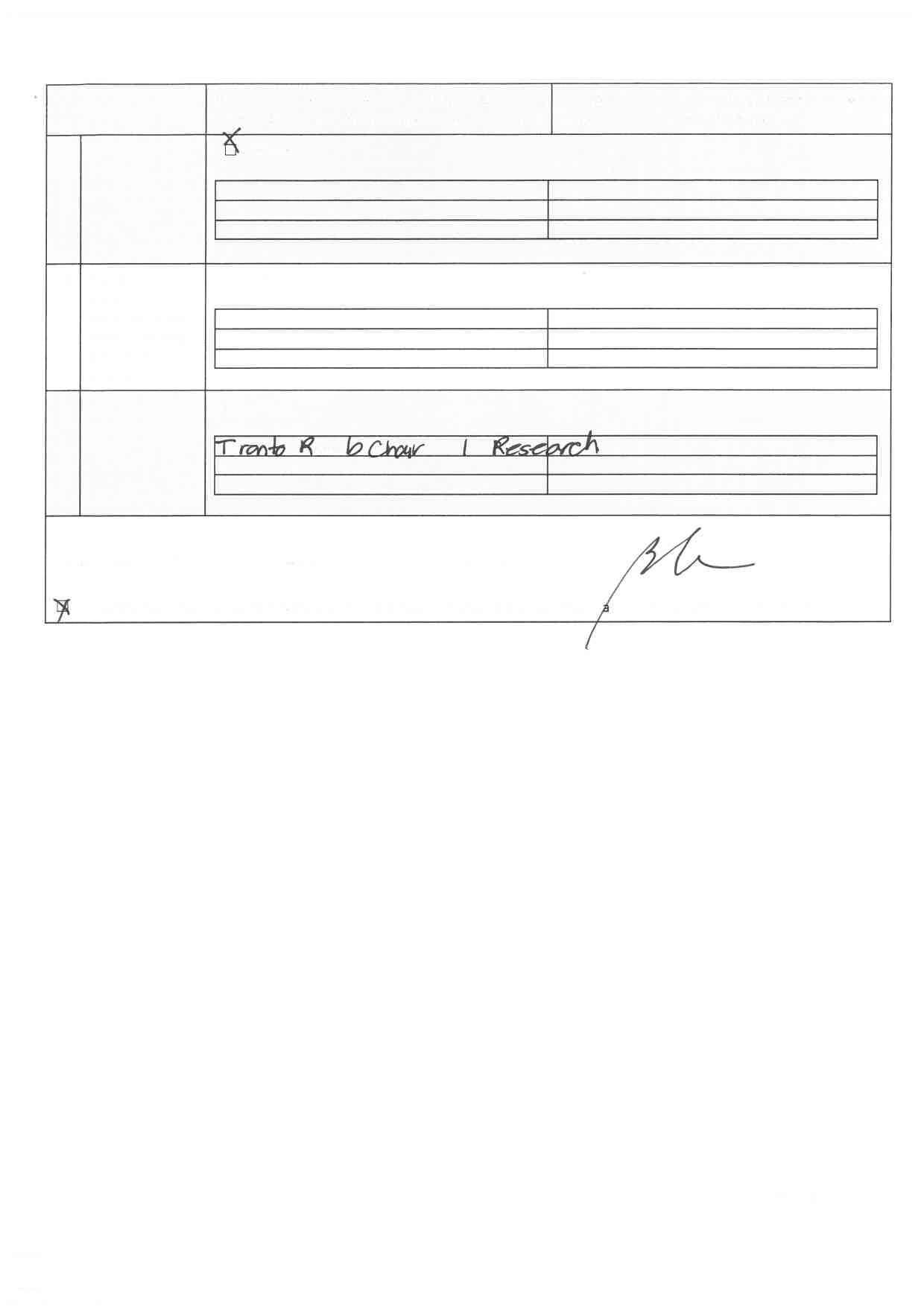
|  | | | **Name all entities with whom you have this relationship or indicate none (add rows as needed)** | **Specifications/Comments (e.g., if payments were made to you or to your institution)** |
| --- | --- | --- | --- | --- |
| **Time frame: Since the initial planning of the work** | | | | |
| **1** | 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.** | | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | | VA Puget Sound Health Care System- Seattle VA | Primary emplotyer, salary only, use medical library and time to participate in meetings. | |  |  | |  | Click the tab key to add additional rows. | | |
| **Time frame: past 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** |  |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | | |
| **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** |  |  |  | | --- | --- | | Academy of Spinal Cord Injury Professionals | Conference planning committee member- airfare/hotel to attend planning meeting and conference. | |  |  | |  |  | | |
| **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. | | |

|  |  |
| --- | --- |
| ICMJE DISCLOSURE FORM | |
| **Date:** | 5/9/2022 |
| **Your Name:** | William Geerts |
| **Manuscript Title:** | Acute Lower Extremity Fracture Management in Chronic Spinal Cord Injury: 2022 Delphi Consensus Recommendations |
| **Manuscript Number (if known):** | JBJS-D-21-00152 |
| 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 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.** | | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | |  |  | |  |  | |  | Click the tab key to add additional rows. | | |
| **Time frame: past 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** |  |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | | |
| **5** | | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | | Pfizer | Honorarium for single presentation | |  |  | |  |  | | |
| **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** |  |  |  | | --- | --- | |  |  | |  |  | |  |  | | |
| **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** |  |  |  | | --- | --- | | Sanofi | Program support | |  |  | |  |  | | |
|  | |  |  | |
| **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. | | |

page1image49060768page1image49060352page1image49061392page1image49064096page1image49055568page1image49058064page1image49053696page1image49068880page1image49068048page1image49067632page1image49068672page1image49056192page1image49061600page1image49063056page1image49057232page1image49069504page1image49055984page1image49055776page1image49054112page1image49066592

page2image48696784page2image48701152page2image48709056page2image48693248page2image48707184page2image48704480page2image48693872page2image48698864page2image48706768page2image48706352page2image48695952page2image48695328page2image48697200page2image48694080page2image48699280



|  |  |
| --- | --- |
| ICMJE DISCLOSURE FORM | |
| **Date:** | 4/4/2022 |
| **Your Name:** | William Obremskey |
| **Manuscript Title:** | Acute Lower Extremity Fracture Management in Chronic Spinal Cord Injury: 2022 Delphi Consensus Recommendations |
| **Manuscript Number (if known):** | JBJS-D-21-00152 |
| 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 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.** | | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | |  |  | |  |  | |  | Click the tab key to add additional rows. | | |
| **Time frame: past 36 months** | | | | |
| **2** | | Grants or contracts from any entity (if not indicated in item #1 above). | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | | Department of Defense – Early weigh tbearing on ankle fractures |  | | Department of Defense – PO vs IV antibiotics for iinfeted nonunions |  | |  |  | | |
| **3** | | Royalties or licenses | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | |  |  | |  |  | |  |  | | |
| **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** |  |  |  | | --- | --- | | Several law firms |  | |  |  | |  |  | | |
| **7** | | Support for attending meetings and/or travel | |  |  | | --- | --- | |  | **None** |  |  |  | | --- | --- | | AO Inteernational |  | |  |  | |  |  | | |
| **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** |  |  |  | | --- | --- | | Southeastern Fracture Consortium Baord |  | |  |  | |  |  | | |
| **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. | | |