ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. **Intellectual Property.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Jacquelyn

2. Surname (Last Name)  
   Marsh

3. Date  
   20-January-2017

4. Are you the corresponding author?  
   Yes  ✔ No

   Corresponding Author’s Name  
   Rebecca Moyer

5. Manuscript Title  
   The Value of Preoperative Exercise and Education for Patients Undergoing Total Hip and Knee Arthroplasty: A Systematic Review and Meta-Analysis

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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Dr. Marsh has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Rebecca

2. Surname (Last Name)  
Moyer

3. Date  
20-January-2017

4. Are you the corresponding author?  
☑ Yes   ☐ No

5. Manuscript Title  
The Value of Preoperative Exercise and Education for Patients Undergoing Total Hip and Knee Arthroplasty: A Systematic Review and Meta-Analysis

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Moyer has nothing to disclose.

Evaluation and Feedback

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Kathy

2. Surname (Last Name)  
   Ikert

3. Date  
   20-January-2017

4. Are you the corresponding author?  
   Yes  ✔  No

5. Manuscript Title  
The Value of Preoperative Exercise and Education for Patients Undergoing Total Hip and Knee Arthroplasty: A Systematic Review and Meta-Analysis

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Kristin

2. **Surname (Last Name)**
   - Long

3. **Date**
   - 20-January-2017

4. **Are you the corresponding author?**
   - Yes [✔] No

   **Corresponding Author’s Name**
   - Rebecca Moyer

5. **Manuscript Title**
   - The Value of Preoperative Exercise and Education for Patients Undergoing Total Hip and Knee Arthroplasty: A Systematic Review and Meta-Analysis

6. **Manuscript Identifying Number (if you know it)**

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