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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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
   Nitin

2. Surname (Last Name)
   Jain

3. Date
   13-July-2016

4. Are you the corresponding author? ✔ Yes  □ No

5. Manuscript Title
   What is New in Orthopaedic Rehabilitation?

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.)?

Are there any relevant conflicts of interest? ✔ Yes  □ No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☑ No

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Section 6. Disclosure Statement

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Dr. Jain reports other from JBJS, during the conduct of the study; grants from NIH, grants from Vanderbilt, outside the submitted work.

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<tr>
<td>4. Are you the corresponding author?</td>
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**Corresponding Author’s Name**

Nitin B Jain

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Are there any relevant conflicts of interest? Yes No

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no relevant disclosures

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Kuhn
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<tr>
<td>John</td>
<td>Kuhn</td>
<td>04-July-2016</td>
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4. Are you the corresponding author? [ ] Yes [X] No

Corresponding Author’s Name

5. Manuscript Title
What is New in Orthopaedic Rehabilitation?

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Dr. Kuhn has nothing to disclose.

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1. Given Name (First Name)  
   Kristin

2. Surname (Last Name)  
   Archer

3. Date  
   29-June-2016

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

   Corresponding Author’s Name  
   Nitin Jain, MD

5. Manuscript Title  
   What is New in Orthopaedic Rehabilitation?

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