ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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Schon
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Lew

2. Surname (Last Name)  
   Schon

3. Date  
   17-May-2017

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

   Corresponding Author’s Name  
   Cesar de Cesar Netto

5. Manuscript Title  
   Flexible Adult Acquired Flatfoot Deformity: Comparison Between Weight-Bearing and Non-Weight-Bearing Measurements Using Cone-Beam Computed Tomography

6. Manuscript Identifying Number (if you know it)  
   doi:10.2106/JBJS.16.01366

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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<td>☑</td>
<td>☑</td>
<td></td>
<td></td>
<td>Grant for Patient travel and Parking for the Study/Consulting on Technology</td>
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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

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   ☑ Yes  ☐ No

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
<th>Grant?</th>
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<th>Non-Financial Support?</th>
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</table>
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<td></td>
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Section 6. Disclosure Statement

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Dr. Schon reports grants and personal fees from Carestream, during the conduct of the study; grants, personal fees and other from Zimmer/Biomet, personal fees and other from Wright Medical, grants from Smith-Nephew, personal fees and other from Arthrex, grants and personal fees from Spine-Smith/Celling Bioscience, other from DJO, other from DARCO, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Cesar

2. Surname (Last Name)  
de Cesar Netto

3. Date  
27-October-2016

4. Are you the corresponding author?  
✓ Yes  
No

5. Manuscript Title  
Flexible Adult Acquired Flatfoot Deformity: Comparison Between Weight Bearing and Non-Weight Bearing Measurements using Cone Beam CT Examinations.

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Dr. de Cesar Netto has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Apisan  
2. Surname (Last Name)  
   Chinanuvathana  
3. Date  
   13-March-2017  
4. Are you the corresponding author?  
   Yes  
   No  
   ✔  
5. Manuscript Title  
   Flexible Adult Acquired Flatfoot Deformity: Comparison Between Weightbearing and Nonweightbearing Measurements Using Cone Beam Computed Tomography  
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## Section 1. Identifying Information

1. Given Name (First Name)  Gaurav
2. Surname (Last Name)  Thawait
3. Date  14-March-2017
4. Are you the corresponding author?  ✔ No
   Corresponding Author’s Name  Cesar de Cesar Netto
5. Manuscript Title  Flexible Adult Acquired Flatfoot Deformity: Comparison Between Weightbearing and Nonweightbearing Measurements Using Cone Beam Computed Tomography
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Are there any relevant conflicts of interest?  ✔ No

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Dr. Thawait has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Jeffrey
2. Surname (Last Name)  Siewerdsen
3. Date 13-March-2017
4. Are you the corresponding author?  ☑ Yes  ☐ No

Corresponding Author’s Name

Cesar de Cesar Netto

5. Manuscript Title
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<th>Non-Financial Support?</th>
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Section 4. Intellectual Property -- Patents & Copyrights

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. Siewerdsen reports grants, personal fees, and non-financial support from Carestream Health, outside the submitted work; In addition, Dr. Siewerdsen has a patent with royalties paid.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Lucas Furtado
2. Surname (Last Name)  da Fonseca
3. Date  13-March-2017
4. Are you the corresponding author?  Yes  No
5. Manuscript Title  Flexible Adult Acquired Flatfoot Deformity: Comparison Between Weightbearing and Nonweightbearing Measurements Using Cone Beam Computed Tomography
6. Manuscript Identifying Number (if you know it)  JBJS-D-16-01366

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Dr. da Fonseca has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Shadpour

2. Surname (Last Name)  
   Demehri

3. Date  
   14-March-2017

4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author’s Name  
   Cesar de Cesar Netto

5. Manuscript Title  
   Flexible Adult Acquired Flatfoot Deformity: Comparison Between Weightbearing and Non-weightbearing Measurements Using Cone Beam Computed Tomography

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Dr. Demehri reports grants from Carestream, Inc., during the conduct of the study; .

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1. Given Name (First Name) Wojciech
2. Surname (Last Name) Zbijewski
3. Date 13-March-2017
4. Are you the corresponding author? Yes No
   ✔
Corresponding Author's Name
   Cesar de Cesar Netto

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