ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

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**Royalties**: Funds are coming in to you or your institution due to your patent

KITTTELSON
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

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

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

3. **Date**
   - 05-February-2016

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Neuromuscular Electrical Stimulation Therapy to Restore Quadriceps Muscle Function in Orthopedic Surgery Patients

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?  

- Yes
- No

## Section 3. Relevant financial activities outside the submitted work.

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.

Are there any relevant conflicts of interest?  

- Yes
- No

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

- Yes
- No

---

**Corresponding Author’s Name**
Nicola A. Maffiuletti
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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Section 6. Disclosure Statement

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Dr. KITTELSON has nothing to disclose.

Evaluation and Feedback

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
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<th>3. Date</th>
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<tbody>
<tr>
<td>Michal</td>
<td>Elboim Gabyzon</td>
<td>02-February-2016</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name
Nicola Maffiuletti

5. Manuscript Title
Neuromuscular Electrical Stimulation Therapy to Restore Quadriceps Muscle Function in Orthopedic Surgery Patients

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Dr. Elboim Gabyzon has nothing to disclose.

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Elboim Gabyzon
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Section 1. Identifying Information

1. Given Name (First Name)  Nicola
2. Surname (Last Name)  Maffiuletti
3. Date  08-February-2016
4. Are you the corresponding author?  Yes ☑ No
5. Manuscript Title  Neuromuscular Electrical Stimulation Therapy to Restore Quadriceps Muscle Function in Orthopedic Surgery Patients
6. Manuscript Identifying Number (if you know it)

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Dr. Maffiuletti has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Paul

2. Surname (Last Name)  
   Spector

3. Date  
   08-February-2016

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

   Corresponding Author’s Name  
   Maffiuletti

5. Manuscript Title  
   Neuromuscular Electrical Stimulation Therapy to Restore Quadriceps Muscle Function in Orthopedic Surgery Patients

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Dr. Spector has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Yocheved
2. Surname (Last Name)  Laufer
3. Date  07-February-2016
4. Are you the corresponding author?  No
   Corresponding Author’s Name  Nicola Maffiuletti
5. Manuscript Title  Neuromuscular Electrical Stimulation Therapy to Restore Quadriceps Muscle Function in Orthopedic Surgery Patients
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Dr. Laufer has nothing to disclose.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes
Pending: The patent has been filed but not issued
Issued: The patent has been issued by the agency
Licensed: The patent has been licensed to an entity, whether earning royalties or not
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)  Jennifer
2. Surname (Last Name)  Stevens Lapsley
3. Date  17-May-2016
4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name  Maffiuletti

5. Manuscript Title
Neuromuscular Electrical Stimulation Therapy to Restore Quadriceps Muscle Function in Orthopedic Surgery Patients. A Novel Structured Approach
6. Manuscript Identifying Number (if you know it)
JBJS-D-16-00192R1

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

Section 3. Relevant financial activities outside the submitted work.

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. Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
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<td>dissemination of research results</td>
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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 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Stevens Lapsley reports personal fees from DJO Global, outside the submitted work;

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.