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.

1. **Identifying information.**

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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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<thead>
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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Julie</td>
<td>Agel</td>
<td>29-December-2017</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title

Protected Time for Research During Orthopaedic Residency Correlates with an Increased Number of Resident Publications

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

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Are there any relevant conflicts of interest? [ ] Yes [ ] No

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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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Ms. Agel has nothing to disclose.

Evaluation and Feedback

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Fraser

2. Surname (Last Name)  
   Leversedge

3. Date  
   19-January-2018

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Accelerated Pathway in Orthopaedic Surgery - A Two-Year Pilot Experience

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?  
   No

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

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Are there any relevant conflicts of interest?  
   No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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   No
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Section 6. Disclosure Statement

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Dr. Leversedge has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Brian

2. Surname (Last Name)  
   Brigman

3. Date  
   22-January-2018

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

5. Manuscript Title  
   Accelerated Pathway in Orthopaedic Surgery - A Two-Year Pilot Experience

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-18-00006

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Are there any relevant conflicts of interest?  
   ✔ Yes  [ ] No

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant</th>
<th>Personal Fees</th>
<th>Non-Financial Support</th>
<th>Other</th>
<th>Comments</th>
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<td>Musculoskeletal Transplant Foundation</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>medical board of trustees</td>
</tr>
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<td>Plexxikon</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td>Consultant</td>
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Brigman reports grants from Musculoskeletal Transplant Foundation, personal fees from Plexxikon, outside the submitted work;

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Section 1. Identifying Information

1. Given Name (First Name)  Levi
2. Surname (Last Name)  Brown
3. Date  06-February-2017
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Selina Poon

5. Manuscript Title
   Evaluation of Gender, Ethnic, and Racial Diversity Across U.S. ACGME Accredited Orthopaedic Subspecialty Fellowship Programs
6. Manuscript Identifying Number (if you know it)

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Dr. Brown has nothing to disclose.

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1. Given Name (First Name)  
   Rachel

2. Surname (Last Name)  
   Gecelter

3. Date  
   06-February-2017

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

5. Manuscript Title  
   Evaluation of Gender, Ethnic, and Racial Diversity Across U.S. ACGME Accredited Orthopaedic Subspecialty Fellowship Programs

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Dr. Gecelter has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Alexa

2. Surname (Last Name)  
Vetere

3. Date  
16-May-2017

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

5. Manuscript Title  
Evaluation of Gender, Ethnic, and Racial Diversity Across U.S. ACGME Accredited Orthopaedic Subspecialty Fellowship Programs

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

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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
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Dr. Vetere has nothing to disclose.

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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

1. Given Name (First Name)  
   Ben  

2. Surname (Last Name)  
   Alman  

3. Date  
   18-January-2018  

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

5. Manuscript Title  
   Accelerated Pathway in Orthopaedic Surgery - A Two-Year Pilot Experience  

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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   □ 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
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Dr. Alman has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  George
2. Surname (Last Name)  Bal
3. Date  20-January-2018
4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name  Kevin Shepet

5. Manuscript Title
Use of the F.A.S.T. (Fundamentals of Arthroscopic Surgery Training) Program to Improve Arthroscopic Skills

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

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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
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**Section 5. Relationships not covered above**

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Dr. Bal has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
E. Barry

2. Surname (Last Name)  
McDonough

3. Date  
20-January-2018

4. Are you the corresponding author?  
☑ No  
Corresponding Author’s Name  
Kevin Shepet

5. Manuscript Title  
Use of the F.A.S.T. (Fundamentals of Arthroscopic Surgery Training) Program to Improve Arthroscopic Skills

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?  
☑ No

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

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☑ No

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Dr. McDonough has nothing to disclose.

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1. Given Name (First Name)  
   Kevin

2. Surname (Last Name)  
   Shepet

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   ✔ Yes  
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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Samuel</td>
<td>Cook</td>
<td>01-April-2017</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? ✔ Yes  No

5. Manuscript Title
   Publication Misrepresentation Among Orthopaedic Surgery Residency Applicants

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Mr. Cook has nothing to disclose.

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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.

1. Identifying information.
2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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

5. Relationships not covered above.

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**Other:** Anything not covered under the previous three boxes

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**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
Section 1. Identifying Information

1. Given Name (First Name)  
Ann

2. Surname (Last Name)  
Van Heest

3. Date  
29-December-2017

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

5. Manuscript Title  
Protected Time for Research During Orthopaedic Residency Correlates with an Increased Number of Resident Publications

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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☐ Yes  ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Van Heest has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Michael
2. Surname (Last Name) Gottschalk
3. Date 12-December-2017
4. Are you the corresponding author? ☑ No
5. Manuscript Title Concurrent Surgery: A State-of-the-Union

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? ☑ No

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Are there any relevant conflicts of interest? ☑ No

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Dr. Gottschalk has nothing to disclose.

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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

1. Given Name (First Name)  
   Benjamin  
2. Surname (Last Name)  
   Williams  
3. Date  
   29-December-2017  
4. Are you the corresponding author?  
   ✔ No  
5. Manuscript Title  
   Protected Time for Research During Orthopaedic Residency Correlates with an Increased Number of Resident Publications  
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
   ✔ No

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

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Dr. Williams has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   JL

2. Surname (Last Name)  
   Marsh

3. Date  
   18-December-2017

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

5. Manuscript Title  
   Measures of Hip Fracture Navigation Performance in The Operating Room Reflecting Surgical Experience

6. Manuscript Identifying Number (if you know it)

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   ✔ Yes  
   ☐ No

If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
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Dr. Marsh reports grants from Dept of Defense, grants from OTA, grants from OMeGA, grants from NBME, grants from ABOS, grants from AHRQ, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
Christopher

2. Surname (Last Name)  
Staley

3. Date  
13-December-2017

4. Are you the corresponding author?  
No

Corresponding Author’s Name  
Mara Schenker

5. Manuscript Title  
Concurrent Surgery: A State-of-the-Union

6. Manuscript Identifying Number (if you know it)

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Dr. Staley has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  Donald D
2. Surname (Last Name)  Anderson
3. Date  18-December-2017
4. Are you the corresponding author?  ☑ Yes  ☐ No
   Corresponding Author’s Name  Matthew Karam
5. Manuscript Title  Measures of Hip Fracture Wire Navigation Performance in The Operating Room Reflect Surgical Experience
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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<tr>
<td>Iowa Simulation Solutions</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td></td>
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<td></td>
<td>This is a small start-up company formed to further develop simulators to be used in training surgical skills. I am an owner, along with Dr. Thomas and another of our PhD students (Steven Long) who is not a co-author.</td>
</tr>
</tbody>
</table>
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 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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<tr>
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<td>☑</td>
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<td>☑</td>
<td>☐</td>
<td>Iowa Simulation Solutions</td>
<td>This is for a related surgical skills simulator that was not used in the study described in this abstract.</td>
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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

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Dr. Anderson reports grants from Agency for Healthcare Research and Quality, during the conduct of the study; other from Iowa Simulation Solutions, outside the submitted work; In addition, Dr. Anderson has a patent 15/397,352 licensed to Iowa Simulation Solutions.
Evaluation and Feedback

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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)
   James

2. Surname (Last Name)
   Ficke

3. Date
   14-December-2017

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name
   Reidler

5. Manuscript Title
   A Novel Case-Based, Surgical Approach to Musculoskeletal Anatomy Education: Randomized Controlled Study in First-Year Cadaver Lab

6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Joseph

2. Surname (Last Name)  
Gil

3. Date  
27-December-2017

4. Are you the corresponding author?  
Yes ☑ No

Corresponding Author’s Name  
Ross Feller

5. Manuscript Title  
Prospective Evaluation of Patients Undergoing Carpal Tunnel Release and the Development of Pillar Pain

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. Gil has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Dawn

2. Surname (Last Name)  
   LaPorte

3. Date  
   12-December-2017

4. Are you the corresponding author?  
   Yes  ✔  No

Corresponding Author’s Name  
   Jay Reidler

5. Manuscript Title  
   A Novel Case-Based, Surgical Approach to Musculoskeletal Anatomy Education: Randomized Controlled Study in First-Year Cadaver Lab

6. Manuscript Identifying Number (if you know it)

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Dr. LaPorte reports non-financial support from DePuy Synthes, during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
   Samir

2. Surname (Last Name)
   Mehta

3. Date
   22-December-2017

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

   Corresponding Author’s Name
   Mara Schenker, MD

5. Manuscript Title
   Concurrent Surgery: A State-of-the-Union

6. Manuscript Identifying Number (if you know it)

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Dr. Mehta reports grants from DOD, grants from FOT, grants and personal fees from DepuySynthes, personal fees from Smith & Nephew, outside the submitted work.

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**Section 1. Identifying Information**

1. Given Name (First Name)  Patrick
2. Surname (Last Name)  Mixa
3. Date  14-December-2017
4. Are you the corresponding author?  Yes  ✔  No
   Corresponding Author’s Name  Jay S. Reidler
5. Manuscript Title  A Novel Case-Based, Surgical Approach to Musculoskeletal Anatomy Education: Randomized Controlled Study in First-Year Cadaver Lab
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Mixa reports non-financial support from DePuy Synthes, during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Brian

2. Surname (Last Name)  
Neuman

3. Date  
28-December-2017

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

Corresponding Author’s Name  
Jay Reidler

5. Manuscript Title  
A Novel Case-Based, Surgical Approach to Musculoskeletal Anatomy Education: Randomized Controlled Study in First-Year Cadaver Lab

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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Yes ☑  No ☐

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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1. Given Name (First Name)  
   Thomas

2. Surname (Last Name)  
   Neustein

3. Date  
   12-December-2017

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
Dr. Mara Schenker

5. Manuscript Title  
Concurrent Surgery: A State-of-the-Union

6. Manuscript Identifying Number (if you know it)

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Dr. Neustein has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Jay

2. Surname (Last Name)  
   Reidler

3. Date  
   15-December-2017

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

5. Manuscript Title  
   A Novel Case-Based, Surgical Approach to Musculoskeletal Anatomy Education: Randomized Controlled Study in First-Year Cadaver Lab

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Christopher

2. Surname (Last Name)  
   Ruff

3. Date  
   14-December-2017

4. Are you the corresponding author?  
   Yes ✔  No

5. Manuscript Title  
   A Novel Case-Based, Surgical Approach to Musculoskeletal Anatomy Education: Randomized Controlled Study in First-Year Cadaver Lab

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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 ✔
ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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Dr. Ruff reports non-financial support from DePuy Synthes, during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Robert
2. Surname (Last Name)  Runner
3. Date  22-December-2017
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Mara Schenker, MD
5. Manuscript Title  Concurrent Surgery: A State-of-the-Union
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

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Dr. Runner has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)
   Jordan

2. Surname (Last Name)
   Tropf

3. Date
   14-December-2017

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

   Corresponding Author’s Name
   Jay Reidler

5. Manuscript Title
   A Novel Case-Based, Surgical Approach to Musculoskeletal Anatomy Education: Randomized Controlled Study in First-Year Cadaver Lab

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

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>DePuy Synthes</td>
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A DePuy Synthes Education Grant provided non-financial support by lending fracture fixation equipment for this educational initiative.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Judith

2. Surname (Last Name)  
   Vick

3. Date  
   14-December-2017

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

   Corresponding Author’s Name  
   Jay Reidler

5. Manuscript Title  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Arnold-Peter
2. Surname (Last Name) Weiss
3. Date 02-January-2018
4. Are you the corresponding author?  Yes ✔ No
  Corresponding Author’s Name Ross Feller
5. Manuscript Title
   Prospective Evaluation of Patients Undergoing Carpal Tunnel Release and the Development of Pillar Pain
6. Manuscript Identifying Number (if you know it)

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Dr. Weiss has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Leah
2. Surname (Last Name)  Taylor
3. Date  19-December-2017
4. Are you the corresponding author?  Yes  ✔  No
   Corresponding Author’s Name  Matthew Karam
5. Manuscript Title  Measures of Hip Fracture Wire Navigation Performance in The Operating Room Reflect Surgical Experience
6. Manuscript Identifying Number (if you know it)

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Section 6. Disclosure Statement

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Mrs. Taylor reports grants from Agency for Healthcare and Research Quality, during the conduct of the study.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Mara

2. Surname (Last Name)  
   Schenker

3. Date  
   13-December-2017

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Concurrent Surgery: A State-of-the-Union

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?  
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   No

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Are there any relevant conflicts of interest?  
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   No

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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. Schenker has nothing to disclose.

## Evaluation and Feedback

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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)  Kalpit  
2. Surname (Last Name)  Shah  
3. Date  13-December-2017  
4. Are you the corresponding author?  Yes  No  
   Corresponding Author’s Name  Ross Feller  
5. Manuscript Title  Prospective Evaluation of Patients Undergoing Carpal Tunnel Release and the Development of Pillar Pain  
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  

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

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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  

Shah
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. Shah has nothing to disclose.

Evaluation and Feedback

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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

1. Given Name (First Name)  
   Kalpit

2. Surname (Last Name)  
   Shah

3. Date  
   13-December-2017

4. Are you the corresponding author?  
   ✔ Yes  
   No

Corresponding Author’s Name  
Mary Mulcahey

5. Manuscript Title  
   Publication Misrepresentation Among Orthopaedic Surgery Residency Applicants

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?  
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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
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Shah has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Edward
2. Surname (Last Name)  
   Akelman
3. Date  
   29-December-2017
4. Are you the corresponding author?  
   [ ] Yes  
   ✔ [ ] No  
   Corresponding Author’s Name  
   Ross Feller, M.D.
5. Manuscript Title  
   Prospective Evaluation of Patients Undergoing Carpal Tunnel Release and the Development of Pillar Pain
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
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[ ] No

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[ ] No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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[ ] No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Akelman has nothing to disclose.

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<th>2. Surname (Last Name)</th>
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<tr>
<td>Geb</td>
<td>Thomas</td>
<td>20-December-2017</td>
</tr>
</tbody>
</table>

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

 Corresponding Author’s Name  
 Matthew Karam

5. Manuscript Title  
 Measures of Hip Fracture Wire Navigation Performance in The Operating Room Reflect Surgical Experience

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

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>Agency for Healthcare Research and Quality</td>
<td>✔</td>
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<table>
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<th>Name of Entity</th>
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<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Iowa Simulation Solutions</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>This is a small start-up company formed to further develop simulators to be used in training surgical skills. I am an owner, along with Dr. Thomas and another of our PhD students (Steven Long) who is not a co-author.</td>
</tr>
</tbody>
</table>

### 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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<td>✗</td>
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<td>✗</td>
<td>Iowa Simulation Solutions</td>
<td>This is for a related surgical skills simulator that was not used in the study described in this abstract.</td>
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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?

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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. Thomas reports grants from Agency for Healthcare Research and Quality, during the conduct of the study; other from Iowa Simulation Solutions, outside the submitted work; In addition, Dr. Thomas has a patent 15/397,352 pending to Iowa Simulation Solutions.

Evaluation and Feedback

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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)  
   Melvyn

2. Surname (Last Name)  
   Harrington

3. Date  
   02-January-2018

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   AOA Council of Orthopaedic Residency Directors (CORD) Summer 2017 Conference

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-17-01498

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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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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Dr. Harrington reports personal fees from ZimmerBiomet, personal fees from Acelity, personal fees from Fidia Pharma, other from J. Robert Gladden Orthopaedic Society, 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)  Ross
2. Surname (Last Name)  Feller
3. Date  26-December-2017
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Prospective Evaluation of Patients Undergoing Carpal Tunnel Release and the Development of Pillar Pain

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Feller has nothing to disclose.

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<td>Daniel</td>
<td>Kiridly</td>
<td>06-February-2017</td>
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4. Are you the corresponding author? [ ] Yes  ✔ No

- Corresponding Author’s Name: Selina Poon

5. Manuscript Title
Evaluation of Gender, Ethnic, and Racial Diversity Across U.S. ACGME Accredited Orthopaedic Subspecialty Fellowship Programs

6. Manuscript Identifying Number (if you know it)

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**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

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Dr. Kiridly has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Myriam

2. Surname (Last Name)  
   Kline

3. Date  
   09-May-2017

4. Are you the corresponding author?  
   No

Corresponding Author’s Name  
   Selina Poon

5. Manuscript Title  
   Evaluation of Gender, Ethnic, and Racial Diversity Across U.S. ACGME Accredited Orthopaedic Subspecialty Fellowship Programs

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Are there any relevant conflicts of interest?  
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Kline has nothing to disclose.

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<td>Evaluation of Ethnic and Racial Diversity across U.S. ACGME Accredited Orthopaedic Subspecialty Fellowship Programs</td>
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Dr. Lane has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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4. **Intellectual Property.**

   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

Mulcahey
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Mary

2. Surname (Last Name)  
   Mulcahey

3. Date  
   12-December-2017

4. Are you the corresponding author?  
   No

   Corresponding Author’s Name  
   Samuel Cook

5. Manuscript Title  
   Publication Misrepresentation Among Orthopaedic Surgery Residency Applicants

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?  
   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?  
   No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Mulcahey has nothing to disclose.

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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)
   Selina

2. Surname (Last Name)
   Poon

3. Date
   10-February-2017

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

5. Manuscript Title
   Evaluation of Ethnic and Racial Diversity across U.S. ACGME Accredited Orthopaedic Subspecialty Fellowship Programs

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

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<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
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Dr. Poon reports grants from Nuvasive, grants from Scoliosis Research Society, during the conduct of the study; personal fees from Nuvasive, 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)  Stephen
2. Surname (Last Name)  Wendolowski
3. Date  05-May-2017
4. Are you the corresponding author?  [ ] Yes  [ ] No
   Corresponding Author’s Name  Selina Poon

5. Manuscript Title
   Evaluation of Gender, Ethnic, and Racial Diversity Across U.S. ACGME Accredited Orthopaedic Subspecialty Fellowship Programs
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Matthew

2. Surname (Last Name)  
Karam

3. Date  
21-December-2017

4. Are you the corresponding author?  
Yes ✔  
No

5. Manuscript Title  
Measures of Hip Fracture Wire Navigation Performance in The Operating Room Reflect Surgical Experience

6. Manuscript Identifying Number (if you know it)

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Dr. Karam reports grants from Agency for Healthcare Research Quality, during the conduct of the study;.

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