ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Jason

2. Surname (Last Name)  
   Falvey

3. Date  
   18-July-2018

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Home-Health-Care Physical Therapy Improves Early Functional Recovery of Medicare Beneficiaries After Total Knee Arthroplasty

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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<td>Department of Veterans Affairs, VA Informatics and Computing Infrastructure</td>
<td>□</td>
<td>□</td>
<td>✔</td>
<td>□</td>
<td>Received statistical resources and data management support from the VA</td>
</tr>
</tbody>
</table>

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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 6. Disclosure Statement

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

Dr. Falvey reports non-financial support from Department of Veterans Affairs, VA Informatics and Computing Infrastructure, during the conduct of the study.

Evaluation and Feedback

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Michael  

2. Surname (Last Name)  
   Bade  

3. Date  
   13-March-2018  

4. Are you the corresponding author?  
   No  

   Corresponding Author’s Name  
   Jason Falvey  

5. Manuscript Title  
   Utilization of Home-Health Physical Therapy Improves Early Functional Recovery for Medicare Beneficiaries Following Total Knee Arthroplasty  

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-17-01667  

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Are there any relevant conflicts of interest?  
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Are there any relevant conflicts of interest?  
   No  

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Dr. Bade 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) Robert
2. Surname (Last Name) Burke
3. Date 15-March-2018
4. Are you the corresponding author? ☑ No

Corresponding Author’s Name
Jason Falvey

5. Manuscript Title
Utilization of Home-Health Physical Therapy Improves Early Functional Recovery For Medicare Beneficiaries Following Total Knee Arthroplasty
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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Are there any relevant conflicts of interest? ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Burke has nothing to disclose.

Evaluation and Feedback

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Nuccio
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Eugene
2. Surname (Last Name) Nuccio
3. Date 15-March-2018
4. Are you the corresponding author? ☑ No
5. Manuscript Title Utilization of Home-Health Physical Therapy Improves Early Functional Recovery For Medicare Beneficiaries Following Total Knee Arthroplasty
6. Manuscript Identifying Number (if you know it) JBJS-D-17-01667

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Dr. Nuccio has nothing to disclose.

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<th>2. Surname (Last Name)</th>
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<tbody>
<tr>
<td>Jeri</td>
<td>Forster</td>
<td>12-March-2018</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title
   Utilization of Home-Health Physical Therapy Improves Early Functional Recovery For Medicare Beneficiaries Following Total Knee Arthroplasty

6. Manuscript Identifying Number (if you know it)
   JBJS-D-17-01667

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Dr. Forster has nothing to disclose.

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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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Definitions.

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

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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)  
   Jason

2. Surname (Last Name)  
   Jennings

3. Date  
   14-March-2018

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Jason Falvey

5. Manuscript Title  
   Utilization of Home-Health Physical Therapy Improves Early Functional Recovery For Medicare Beneficiaries Following Total Knee Arthroplasty

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-17-01667

**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?  
   ✔ Yes  
   ✔ No

If yes, please fill out the appropriate information below.

<table>
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<th>Name of Entity</th>
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<th>Non-Financial Support?</th>
<th>Other?</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?  
   ✔ No
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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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. Jennings reports personal fees and other from DePuy, personal fees from Total Joint Orthopedics, personal fees from Xenex, 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.
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”.

3. **Relevant financial activities outside the submitted work.**

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<tbody>
<tr>
<td>Jennifer</td>
<td>Stevens-Lapsley</td>
<td>14-March-2018</td>
</tr>
</tbody>
</table>

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

**Corresponding Author’s Name**

Jason R. Falvey

5. Manuscript Title

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

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Dr. Stevens-Lapsley has nothing to disclose.

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