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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Scott

2. Surname (Last Name)  
   Shawen

3. Date  
   14-May-2018

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

   Corresponding Author’s Name  
   Potter, Benjamin K.

5. Manuscript Title  
   Multi-site Evaluation of a custom energy-storing carbon fiber orthosis for lower limb trauma patients with residual disability

6. Manuscript Identifying Number (if you know it)

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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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   ☐ 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

Shawen
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Dr. Shawen reports grants from Department of Defense, 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)  
   Jason

2. Surname (Last Name)  
   Wilken

3. Date  
   15-May-2018

4. Are you the corresponding author?  
   Yes ✔  No

Corresponding Author’s Name  
Benjamin Kyle Potter

5. Manuscript Title
   Multi-site Evaluation of a custom energy-storing carbon fiber orthosis for lower limb trauma patients with residual disability

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. Wilken reports grants from DOD, during the conduct of the study;

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<tr>
<td>Joseph</td>
<td>Hsu</td>
<td>15-May-2018</td>
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4. Are you the corresponding author?  
   - Yes  
   - No  
   ✔ No

5. Manuscript Title  
   Multi-site Evaluation of a custom energy-storing carbon fiber orthosis for lower limb trauma patients with residual disability

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   - No  
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Jennifer  

2. Surname (Last Name)  
   DeSanto  

3. Date  
   14-May-2018  

4. Are you the corresponding author?  
   ✔ No  
   Corresponding Author’s Name  
   Benjamin K. Potter  

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1. Given Name (First Name) 
   Ellen
2. Surname (Last Name) 
   MacKenzie
3. Date 
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4. Are you the corresponding author? 
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## 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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## Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? 
- Yes ❌
- No ✔

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## Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 
- Yes ❌
- No ✔
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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Dr. MacKenzie reports grants from Department of Defense, during the conduct of the study; .

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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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- **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) Johnny  
2. Surname (Last Name) Owens  
3. Date 14-May-2018  
4. Are you the corresponding author? Yes No  
Corresponding Author's Name Benjamin K. Potter  
5. Manuscript Title  
Multi-site Evaluation of a custom energy-storing carbon fiber orthosis for lower limb trauma patients with residual disability  
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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Benjamin Kyle
2. Surname (Last Name)  Potter
3. Date  14-May-2018
4. Are you the corresponding author?  ✔ Yes  No
5. Manuscript Title  Multi-site Evaluation of a custom energy-storing carbon fiber orthosis for lower limb trauma patients with residual disability
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Dr. Potter reports grants from Department of Defense, during the conduct of the study; .

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Jessica  

2. Surname (Last Name)  
   Rivera  

3. Date  
   22-May-2018  

4. Are you the corresponding author?  
   Yes  

   Corresponding Author’s Name  
   Benjamin K. Potter  

5. Manuscript Title  
   Multi-site Evaluation of a custom energy-storing carbon fiber orthosis for lower limb trauma patients with residual disability  

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   Yes  

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<td>The study was supported by the grant.</td>
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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)  
   Sheu

3. Date  
   14-May-2018

4. Are you the corresponding author?  
   Yes ☑ No  
   Corresponding Author’s Name  
   Benjamin K. Potter

5. Manuscript Title  
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## Section 1. Identifying Information

1. Given Name (First Name)  
   Yanjie

2. Surname (Last Name)  
   Huang

3. Date  
   14-May-2018

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Benjamin K. Potter

5. Manuscript Title  
   Multi-site Evaluation of a custom energy-storing carbon fiber orthosis for lower limb trauma patients with residual disability

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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ☐ Yes  ✔ No
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Dr. Huang reports grants from Department of Defense, during the conduct of the study.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

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<td>fergason</td>
<td>14-May-2018</td>
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4. Are you the corresponding author?  
   - Yes  
   - No ✔

5. Manuscript Title  
   Multi-site Evaluation of a custom energy-storing carbon fiber orthosis for lower limb trauma patients with residual disability

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Mr. Fergason 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)  Daniel
2. Surname (Last Name)  Stinner
3. Date  14-May-2018
4. Are you the corresponding author?  ☑ Yes  ☐ No
5. Manuscript Title
Multi-site Evaluation of a custom energy-storing carbon fiber orthosis for lower limb trauma patients with residual disability
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Dr. Stinner reports grants from Department of Defense, 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)  
   Kevin

2. Surname (Last Name)  
   Kuhn

3. Date  
   06-June-2018

4. Are you the corresponding author?  
   ✔ No

Corresponding Author’s Name  
Benjamin K. Potter

5. Manuscript Title  
Multi-site Evaluation of a custom energy-storing carbon fiber orthosis for lower limb trauma patients with residual disability

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JBJS-D-18-00213R1

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Section 1. Identifying Information

1. Given Name (First Name)  
   Daniel

2. Surname (Last Name)  
   Scharfstein

3. Date  
   14-May-2018

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   Potter

5. Manuscript Title  
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