ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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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)  
   William

2. Surname (Last Name)  
   Murrell

3. Date  
   16-July-2018

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author's Name  
   Nitin Jain, MD, MSPH

5. Manuscript Title  
   What is New in Orthopaedic Rehabilitation?

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
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Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Murrell 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)
   Kristin

2. Surname (Last Name)
   Archer

3. Date
   16-July-2018

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

Corresponding Author’s Name
   Nitin Jain, MD, MSPH

5. Manuscript Title
   What is New in Orthopaedic Rehabilitation?

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

If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
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Dr. Archer reports personal fees from Pacira, personal fees from Palladian Health, personal fees from American Physical Therapy Association, personal fees from NeuroPoint Alliance, Inc, 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)  
   Nitin

2. Surname (Last Name)  
   Jain

3. Date  
   16-July-2018

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

5. Manuscript Title  
   What is New in Orthopaedic Rehabilitation?

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   ✔ 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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Dr. Jain reports personal fees from JBJS, during the conduct of the study; .

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</thead>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Hettrich</td>
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<tr>
<td>3. Date</td>
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<td>4. Are you the corresponding author?</td>
<td>Yes │ No</td>
</tr>
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<td>5. Manuscript Title</td>
<td>What is New in Orthopaedic Rehabilitation?</td>
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**Corresponding Author’s Name**

Nitin Jain, MD, MSPH

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Byron

2. Surname (Last Name)  
   Schneider

3. Date  
   16-July-2018

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

   Corresponding Author’s Name  
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