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.

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<tr>
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</tr>
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<tbody>
<tr>
<td>chong</td>
<td>kim</td>
<td>19-July-2019</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name

<table>
<thead>
<tr>
<th>Travis Cleland</th>
</tr>
</thead>
</table>

5. Manuscript Title

What's New in Orthopaedic Rehabilitation

6. Manuscript Identifying Number (if you know it)

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## Section 2. The Work Under Consideration for Publication

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Dr. kim has nothing to disclose.

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### Section 1. Identifying Information

| 1. Given Name (First Name) | Travis |
| 2. Surname (Last Name)    | Cleland |
| 3. Date                   | 19-July-2019 |
| 4. Are you the corresponding author? | ✔ Yes  No |

5. Manuscript Title
What's New in Orthopaedic Rehabilitation

6. Manuscript Identifying Number (if you know it)
JBJS-D-19-00811

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

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Dr. Cleland has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Richard
2. Surname (Last Name)  Wilson
3. Date  18-July-2019
4. Are you the corresponding author?  Yes ✔ No
5. Manuscript Title  What’s New in Orthopaedic Rehabilitation
6. Manuscript Identifying Number (if you know it)  JBJS-D-19-00811

Section 2. The Work Under Consideration for Publication

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If yes, please fill out the appropriate information below.

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<thead>
<tr>
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<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>✔</td>
<td>Consulting</td>
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Dr. Wilson reports other from SPR Therapeutics, Inc., outside the submitted work; .

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

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

3. **Date**
   - 14-May-2019

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

5. **Manuscript Title**
   - JBJS Associate Editor

6. **Manuscript Identifying Number (if you know it)**

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