ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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### Identifying Information

1. Given Name (First Name)  
   Daniel  
2. Surname (Last Name)  
   Del Gaizo  
3. Date  
   31-July-2019  
4. Are you the corresponding author?  
   Yes ☑ No  
   Corresponding Author’s Name  
   Janet Prvu Bettger, ScD

5. Manuscript Title  
   Effects of Virtual Exercise Rehabilitation In-home Therapy versus Traditional Care after Total Knee Arthroplasty: VERITAS, a Randomized Control Trial  
6. Manuscript Identifying Number (if you know it)  
   JBJS-D-19-00695R1

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Are there any relevant conflicts of interest?  
   Yes ☐ No

### Relevant financial activities outside the submitted work.

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### Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Del Gaizo 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)  
   Anang

2. Surname (Last Name)  
   Chokshi

3. Date  
   29-July-2019

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

   Corresponding Author's Name  
   Janet Prvu Bettger, ScD

5. Manuscript Title  
   Effects of Virtual Exercise Rehabilitation In-home Therapy versus Traditional Care after Total Knee Arthroplasty: VERITAS, a Randomized Control Trial

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-19-00695R1

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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<tbody>
<tr>
<td>Reflexion Health</td>
<td>☐</td>
<td>☑</td>
<td></td>
<td>☐</td>
<td>I am the CCO at Reflexion Health</td>
</tr>
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Section 3. Relevant financial activities outside the submitted work.

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

No other relationships/conditions/circumstances that present a potential conflict of interest

I am the Chief Clinical Officer for Reflexion Health, Inc, the sponsoring organization for the VERITAS trial.

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Section 6. Disclosure Statement

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Dr. Chokshi is Chief Clinical Officer of Reflexion Health, Inc, the sponsoring organization for the VERITAS trial, and reports both salary and stock options in Reflexion Health.

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Section 1. Identifying Information

1. Given Name (First Name)  Cynthia
2. Surname (Last Name)  Green
3. Date  30-July-2019
4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name  Janet Prvu Bettger, ScD

5. Manuscript Title
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Dr. Green has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  DaJuanicia  
2. Surname (Last Name)  Holmes  
3. Date  29-July-2019  
4. Are you the corresponding author?  Yes ✔ No  
   Corresponding Author’s Name  Janet Prvu Bettger, ScD

5. Manuscript Title  
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DaJuanicia Holmes has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Janet
2. Surname (Last Name) Prvu Bettger
3. Date 29-July-2019
4. Are you the corresponding author? ✔ Yes No

5. Manuscript Title
Effects of Virtual Exercise Rehabilitation In-home Therapy versus Traditional Care after Total Knee Arthroplasty: VERITAS, A Randomized Controlled Trial
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<td>Reflexion Health</td>
<td>✔</td>
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Are there any relevant conflicts of interest? ❌ Yes ✔ No

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Prvu Bettger
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Dr. Prvu Bettger reports grants (research funding) from Reflexion Health, for the conduct of the study.

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

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<tr>
<th>1. Given Name (First Name)</th>
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<tbody>
<tr>
<td>Laura</td>
<td>Webb</td>
<td>29-July-2019</td>
</tr>
</tbody>
</table>

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

Corresponding Author's Name

Janet Prvu Bettger, ScD

5. Manuscript Title

Effects of Virtual Exercise Rehabilitation In-home Therapy versus Traditional Care after Total Knee Arthroplasty: VERITAS, A Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)

JBJS-D-19-00695R1

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

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

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Section 6. Disclosure Statement

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Laura Webb has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Arthur
2. Surname (Last Name) de Leon
3. Date 30-July-2019
4. Are you the corresponding author? ☑ No

Corresponding Author’s Name
Janet Prvu Bettger, ScD

5. Manuscript Title
Effects of Virtual Exercise Rehabilitation In-home Therapy versus Traditional Care after Total Knee Arthroplasty: VERITAS, A Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)
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Arthur J de Leon has nothing to disclose.

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Section 1.

Identifying Information

1. Given Name (First Name) Richard
2. Surname (Last Name) Mather
3. Date 30-July-2019
4. Are you the corresponding author? Yes ☐ No ☑

Corresponding Author’s Name
Janet Prvu Bettger, ScD

5. Manuscript Title
Effects of Virtual Exercise Rehabilitation In-home Therapy versus Traditional Care after Total Knee Arthroplasty: VERITAS, A Randomized Controlled Trial

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<thead>
<tr>
<th>Name of Entity</th>
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<th>Non-Financial Support?</th>
<th>Other?</th>
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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 ☑
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Dr. Mather reports personal fees from KNG Health Consulting, personal fees from Stryker, outside the submitted work.

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1. Given Name (First Name) Eric
2. Surname (Last Name) Peterson
3. Date 31-July-2019
4. Are you the corresponding author? No
5. Manuscript Title
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Dr. Peterson reports grants from Reflexion Health, outside the submitted work.

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**Section 1. Identifying Information**

1. Given Name (First Name)
   John

2. Surname (Last Name)
   Chiavetta

3. Date
   01-August-2019

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

Corresponding Author’s Name
Janet Prvu Bettger, ScD

5. Manuscript Title
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Are there any relevant conflicts of interest?  
☐ Yes  ☑ No

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Dr. Chiavetta 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)  Thorsten
2. Surname (Last Name)  Seyler
3. Date  31-July-2019
4. Are you the corresponding author?  Yes  ✔  No
5. Manuscript Title
Effects of Virtual Exercise Rehabilitation In-home Therapy versus Traditional Care after Total Knee Arthroplasty: VERITAS, A Randomized Controlled Trial
6. Manuscript Identifying Number (if you know it)
JBJS-D-19-00695R1

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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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<td>ZimmerBiomet</td>
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 

- [ ] Yes
- [x] No

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Site PI for Reflexion Health sponsored trial.

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Dr. Seyler reports personal fees from Total Joint Orthopedics, Inc, personal fees from Smith & Nephew, personal fees from Hereaus Medical, grants from American Association of Hip and Knee Surgeons, grants from Coulter Foundation, personal fees from Pfizer, grants from ZimmerBiomet, outside the submitted work; and Site PI for Reflexion Health sponsored trial.
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### Section 1. Identifying Information

1. Given Name (First Name)  
Bryan  

2. Surname (Last Name)  
Hoch  

3. Date  
30-July-2019  

4. Are you the corresponding author?  
☑ No  

Corresponding Author’s Name  
Janet Prvu Bettger, ScD  

5. Manuscript Title  
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Hoch has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  Frank
2. Surname (Last Name)  Aluisio
3. Date  10-August-2019
4. Are you the corresponding author?  Yes  ☑ No
Corresponding Author’s Name  Janet Prvu Bettger, ScD

5. Manuscript Title  
Effects of Virtual Exercise Rehabilitation In-home Therapy versus Traditional Care after Total Knee Arthroplasty: VERITAS, A Randomized Controlled Trial
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<td>Smith</td>
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</table>

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

Corresponding Author’s Name
Janet Prvu Bettger, ScD

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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>[ ]</td>
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<td>Salary support and Stock Options</td>
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<td>Miller</td>
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Effects of Virtual Exercise Rehabilitation In-home Therapy versus Traditional Care after Total Knee Arthroplasty: VERITAS, A Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)  
JBJS-D-19-00695R1

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