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)  Maxwell C.
2. Surname (Last Name)  Alley
3. Date  07-November-2016

4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Mostafa M. Abousayed

5. Manuscript Title
   Adult acquired flat foot deformity: etiology, diagnosis and management

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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Section 6. Disclosure Statement

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Dr. Alley has nothing to disclose.

Evaluation and Feedback

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
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<th>3. Date</th>
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</thead>
<tbody>
<tr>
<td>Mostafa</td>
<td>Abousayed</td>
<td>04-November-2016</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title
   Adult-acquired flat foot deformity: etiology, diagnosis and management

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## Section 2. The Work Under Consideration for Publication

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Dr. Abousayed has nothing to disclose.

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<tr>
<td>Andrew</td>
<td>Rosenbaum</td>
<td></td>
</tr>
</tbody>
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Corresponding Author’s Name

Mostafa M. Abousayed

5. Manuscript Title

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Dr. Rosenbaum has nothing to disclose.

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1. Given Name (First Name)  
   Rachel

2. Surname (Last Name)  
   Shakked

3. Date  
   01-April-2017

4. Are you the corresponding author?  
   No

5. Manuscript Title  
   Adult-Acquired Flatfoot Deformity. Etiology, Diagnosis, and Management

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