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.

2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Erik

2. Surname (Last Name)  
   Zachwieja

3. Date  
   14-June-2017

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Manipulation Under Anesthesia and Stiffness After Total Knee Arthroplasty

6. Manuscript Identifying Number (if you know it)

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

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<thead>
<tr>
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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>William</td>
<td>Hardaker</td>
<td>14-June-2017</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
[ ] Yes  [ ] No  
Corresponding Author’s Name  
Erik Zachwieja

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)

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Mr. Hardaker has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Jose

2. Surname (Last Name)  
   Perez

3. Date  
   14-June-2017

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

   Corresponding Author’s Name  
   Erik Zachwieja

5. Manuscript Title  
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Mr. Perez has nothing to disclose.

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1. Given Name (First Name)  
   Brett

2. Surname (Last Name)  
   Levine

3. Date  
   14-June-2017

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

   Corresponding Author’s Name  
   Erik Zachwieja

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If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
<th>Grant?</th>
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Section 5. Relationships not covered above

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. Sheth has nothing to disclose.

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