

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) François	2. Surname (Last Name) Cabana	3. Date 23-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hélène Moffet
5. Manuscript Title Evidence of the Non-Inferiority of In-Home Telerehabilitation compared to Face-to-Face Rehabilitation on Clinical Outcomes after Total Knee Arthroplasty		
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Dr. Cabana has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Hélène

2. Surname (Last Name)

Corriveau

3. Date

23-September-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Hélène Moffet

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name) Michel	2. Surname (Last Name) Tousignant	3. Date 23-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hélène Moffet
5. Manuscript Title Evidence of the Non-Inferiority of In-Home Telerehabilitation compared to Face-to-Face Rehabilitation on Clinical Outcomes after Total Knee Arthroplasty		
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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)
Pierre

2. Surname (Last Name)
Ranger

3. Date
23-September-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Hélène Moffet

5. Manuscript Title
Evidence of the Non-Inferiority of In-Home Telerehabilitation compared to Face-to-Face Rehabilitation on Clinical Outcomes after Total Knee Arthroplasty

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.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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?

- Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement

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Dr. Ranger 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) Ronald	2. Surname (Last Name) Dimentberg	3. Date 23-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hélène Moffet
5. Manuscript Title Evidence of the Non-Inferiority of In-Home Telerehabilitation compared to Face-to-Face Rehabilitation on Clinical Outcomes after Total Knee Arthroplasty		
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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

Section 4. 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. Dimentberg 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) Sylvie	2. Surname (Last Name) Nadeau	3. Date 23-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hélène Moffet
5. Manuscript Title Evidence of the Non-Inferiority of In-Home Telerehabilitation compared to Face-to-Face Rehabilitation on Clinical Outcomes after Total Knee Arthroplasty		
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Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Nadeau has nothing to disclose.

Evaluation and Feedback

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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) Chantal	2. Surname (Last Name) Mérette	3. Date 23-September-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hélène Moffet
5. Manuscript Title Evidence of the Non-Inferiority of In-Home Telerehabilitation compared to Face-to-Face Rehabilitation on Clinical Outcomes after Total Knee Arthroplasty		
6. Manuscript Identifying Number (if you know it)		

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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

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Mérette 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) Étienne L. 2. Surname (Last Name) Belzile 3. Date 23-September-2014

4. Are you the corresponding author? Yes No Corresponding Author's Name
Hélène Moffet

5. Manuscript Title
Evidence of the Non-Inferiority of In-Home Telerehabilitation compared to Face-to-Face Rehabilitation on Clinical Outcomes after Total Knee Arthroplasty

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Zimmer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Educational Consultant
Arthrex	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unrestricted study grant
Stryker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unrestricted study grant
MSSS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clinical Study
Ergoresearch	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payment for development of educational presentations
BodyCad	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

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Section 4. 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. Belzile reports personal fees from Zimmer, grants from Arthrex, grants from Stryker, grants from MSSS, personal fees from Ergoresearch, personal fees from BodyCad, 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)
Hélène

2. Surname (Last Name)
Moffet

3. Date
23-September-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
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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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
CIHR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CIHR did not play a role in the investigation

Section 3. Relevant financial activities outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Moffet has nothing to disclose.

Evaluation and Feedback

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