

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)

ANDREW

2. Surname (Last Name)

KITTELSON

3. Date

05-February-2016

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Nicola A. Maffioletti

5. Manuscript Title

Neuromuscular Electrical Stimulation Therapy to Restore Quadriceps Muscle Function in Orthopedic Surgery Patients

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. KITTELSON 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) Michal	2. Surname (Last Name) Elboim Gabyzon	3. Date 02-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nicola Maffiuletti
5. Manuscript Title Neuromuscular Electrical Stimulation Therapy to Restore Quadriceps Muscle Function in Orthopedic Surgery Patients		
6. Manuscript Identifying Number (if you know it)		

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Dr. Elboim Gabyzon has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Nicola

2. Surname (Last Name)
Maffiuletti

3. Date
08-February-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Neuromuscular Electrical Stimulation Therapy to Restore Quadriceps Muscle Function in Orthopedic Surgery Patients

6. Manuscript Identifying Number (if you know it)

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Dr. Maffiuletti has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Paul	2. Surname (Last Name) Spector	3. Date 08-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Maffioletti
5. Manuscript Title Neuromuscular Electrical Stimulation Therapy to Restore Quadriceps Muscle Function in Orthopedic Surgery Patients		
6. Manuscript Identifying Number (if you know it)		

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Section 1. Identifying Information

1. Given Name (First Name) Yocheved	2. Surname (Last Name) Laufer	3. Date 07-February-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nicola Maffiuletti
5. Manuscript Title Neuromuscular Electrical Stimulation Therapy to Restore Quadriceps Muscle Function in Orthopedic Surgery Patients		
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Section 1. Identifying Information

1. Given Name (First Name) _____ Jennifer

2. Surname (Last Name) _____ Stevens Lapsley

3. Date _____ 17-May-2016

4. Are you the corresponding author? Yes No Corresponding Author's Name _____ Maffioletti

5. Manuscript Title
Neuromuscular Electrical Stimulation Therapy to Restore Quadriceps Muscle Function in Orthopedic Surgery Patients. A Novel Structured Approach

6. Manuscript Identifying Number (if you know it)
JBJS-D-16-00192R1

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

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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**.

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If yes, please fill out the appropriate information below.

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

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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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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. Stevens Lapsley reports personal fees from DJO Global, outside the submitted work; .

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