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.

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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)  Anderson
3. Date  25-November-2019
4. Are you the corresponding author?  ✔ Yes  No

5. Manuscript Title
Compensatory Motion of the Subtalar Joint Following Tibiotalar Arthrodesis: An In-Vivo Dual-Fluoroscopy Imaging Study

6. Manuscript Identifying Number (if you know it)
JBJS-D-19-01132

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Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments
--- | --- | --- | --- | --- | ---
Compensation for NIH grant reviews | ☐ | ☑ | ☐ | ☐ | Not relevant to this study

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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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**  
   Alexej

2. **Surname (Last Name)**  
   Barg

3. **Date**  
   26-November-2019

4. **Are you the corresponding author?**  
   Yes ✔

   **Corresponding Author’s Name**  
   Andrew E. Anderson

5. **Manuscript Title**  
   Compensatory Motion of the Subtalar Joint Following Tibiotalar Arthrodesis: An In-Vivo Dual-Fluoroscopy Imaging Study

6. **Manuscript Identifying Number (if you know it)**  
   JBJS-D-19-01132

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Are there any relevant conflicts of interest?  

- Yes ✔
- No

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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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Dr. Barg reports grants from National Institutes of Health, during the conduct of the study; grants from Medartis, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name) Charles
2. Surname (Last Name) Saltzman
3. Date 26-November-2019
4. Are you the corresponding author? Yes ☑ No
Corresponding Author’s Name Andrew E. Anderson
5. Manuscript Title Compensatory Motion of the Subtalar Joint Following Tibiotalar Arthrodesis: An In-Vivo Dual-Fluoroscopy Imaging Study
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1. Given Name (First Name)  Jennifer
2. Surname (Last Name)  Nichols
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4. Are you the corresponding author?  Yes  No
   Corresponding Author's Name  Andrew E. Anderson
5. Manuscript Title
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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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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)  
   Koren
2. Surname (Last Name)  
   Roach
3. Date  
   26-November-2019

4. Are you the corresponding author?  
   Yes  
   No
   Corresponding Author's Name  
   Andrew Anderson

5. Manuscript Title  
   Compensatory Motion of the Subtalar Joint Following Tibiotalar Arthrodesis: An In-Vivo Dual-Fluoroscopy Imaging Study

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-19-01132

## 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.

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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   Yes  
   No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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   No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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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. Roach has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Amy

2. Surname (Last Name)  
   Lenz

3. Date  
   25-November-2019

4. Are you the corresponding author?  
   ☑ Yes    ☐ No  
   Corresponding Author’s Name  
   Andrew E. Anderson

5. Manuscript Title  
   Compensatory Motion of the Subtalar Joint Following Tibiotalar Arthrodesis: An In-Vivo Dual-Fluoroscopy Imaging Study

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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>Private non-profit foundation to support research study</td>
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<td>Fellowship</td>
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Dr. Lenz reports grants from L.S. Peery Discovery Program in Musculoskeletal Restoration, grants from Stryker/ORS Women’s Research Fellowship, during the conduct of the study.

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1. Given Name (First Name)  
   K. Bo

2. Surname (Last Name)  
   Foreman

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