

ICMJE DISCLOSURE FORM

Date: 06/01/21 _____
 Your Name: James B Talmage MD _____
 Manuscript Title: Invited Commentary on Ineffective Communication: The Uninformed Injured Worker _____
 Manuscript number (if known): JBJS- D-21-00182R3 _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	PAID Part-time employee of Tennessee Bureau of Workers' Compensation as Assistant Medical Director

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

James B. Talmage MD

June 01, 2021