

## ICMJE DISCLOSURE FORM

Date: 3/28/22  
 Your Name: David G. Deckey  
 Manuscript Title: Orthopaedic Residency Applicants' Perspective on Program-based Social Media  
 Manuscript number (if known): JBJSOA-D-22-00001

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.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	___None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___None	
3	Royalties or licenses	___None	

4	Consulting fees	___None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___None	
6	Payment for expert testimony	___None	
7	Support for attending meetings and/or travel	___None	
8	Patents planned, issued or pending	___None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___None	
11	Stock or stock options	___None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___None	
13	Other financial or non-financial interests	___None	

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

## ICMJE DISCLOSURE FORM

Date: 4/5/22  
 Your Name: Sailesh Tummala  
 Manuscript Title: Orthopaedic Residency Applicants' Perspective on Program-based Social Media  
 Manuscript number (if known): JBJSOA-D-22-00001

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Date: 4/5/22  
 Your Name: Jeffrey Hassebrock  
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## ICMJE DISCLOSURE FORM

Date: 4/5/22  
 Your Name: Joshua Bingham  
 Manuscript Title: Orthopaedic Residency Applicants' Perspective on Program-based Social Media  
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11	Stock or stock options	____None	
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		Arthroplasty Today	Editorial Board
		AAHKS	Board Member
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