## INDIVIDUAL CONFLICT OF INTEREST STATEMENT

## American Association of Hip and Knee Surgeons

(Adopted from the American Academy of Orthopaedic Surgeons disclosure statement)

The following form must be filled out completely and submitted by each author (example, 6 authors, 6 forms). All items require a response. If there is no relevant disclosure for a given Item, enter "None."

Royalties from a company or supplier (The following conflicts were disclosed)

1.

Manuscript Title The Impact of Metabolic Syndrome and Obesity on Perioperative Total Joint Arthroplasty Outcomes: The Obesity Paradox and Risk Assessment in Total Joint Arthroplasty

	None			
2.	Speakers bureau/paid presentations for a company or supplier (The following conflicts were disclosed)  None			
3A.	Paid employee for a company or supplier (The following conflicts were disclosed)  None			
3B.	Paid consultant for a company or None	id consultant for a company or supplier (The following conflicts were disclosed)  None		
3C.	Unpaid consultants for a company or supplier (The following conflicts were disclosed) None			
4.	Stock or stock options in a company or supplier (The following conflicts were disclosed) None			
5.	Research support from a company or supplier as a Principal Investigator (The following conflicts were disclosed) None			
6.	Other financial or material support from a company or supplier (The following conflicts were disclosed) None			
7.	Royalties, financial or material support from publishers (The following conflicts were disclosed) None			
8.	Medical/Orthopaedic publications editorial/governing board (The following conflicts were disclosed) None			
9.	Board member/committee appointments for a society (The following conflicts were disclosed)  None			
Each a	author must sign AND print or typ	pe his/her name, date and submit a sep	parate form	
In addi author	tion, one BLINDED Conflict of Inter disclosures.	rest form (no author names used) should l	pe submitted per manuscript with all	
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Date