



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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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)  
Nathan

2. Surname (Last Name)  
Graden

3. Date  
04-January-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Robert F LaPrade, MD, PhD

5. Manuscript Title

True Mechanical Alignment is only Found on Full Limb and not on Standard Anteroposterior Radiographs

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes  No

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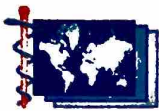
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Mr. Graden has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name)

Robert

2. Surname (Last Name)

Dean

3. Date

04-January-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Robert F LaPrade, MD, PhD

5. Manuscript Title

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\_\_\_\_\_

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Mr. Dean has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
David

2. Surname (Last Name)  
Kahat

3. Date  
04-January-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Robert F LaPrade, MD, PhD

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1. Given Name (First Name)  
Nicholas

2. Surname (Last Name)  
DePhillipo

3. Date  
04-January-2019

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Yes  No

Corresponding Author's Name  
Robert F LaPrade, MD, PhD

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Dr. DePhillipo has nothing to disclose.

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1. Given Name (First Name)  
Robert

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LaPrade

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04-January-2020

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Arthrex, Inc	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Linvatec	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ossur	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Smith & Nephew	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	





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Dr. LaPrade reports grants and personal fees from Arthrex, Inc, grants from Linvatec, grants and personal fees from Ossur, grants and personal fees from Smith & Nephew, outside the submitted work; .

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