

# 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."**

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Manuscript Title *Does Pre-Operative Opioid Consumption Increase The Risk of Chronic Post-Operative Opioid Use Following Total Joint Arthroplasty?*

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

NONE

2 Speakers bureau/paid presentations for a company or supplier (The following conflicts were disclosed)

Medscape

3A. Paid employee for a company or supplier (The following conflicts were disclosed)

NONE

3B. Paid 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)

Risalto Healthcare

5. Research support from a company or supplier as a Principal Investigator (The following conflicts were disclosed)

Depuy

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)

AAOS Device, Biologics, and Technology Committee

AAOS Registry Oversight Committee

AAHKS EBPC

**Each author must sign AND print or type his/her name, date and submit a separate form**

In addition, one BLINDED Conflict of Interest form (no author names used) should be submitted per manuscript with all author disclosures

David S Jevsevar, MD, MBA

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12/1/20

Author Name (Print or Type)

Author Signature

Date