

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

Identifying information.

The work under consideration for publication.

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Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with AMY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sportsored the research. Please note that your interactions with the work's sportsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royatties.

Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entityt government agency, foundation, commercial aponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your promitation

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes
Pending: The parent has been filed but not issued
Issued: The parent has been issued by the agency
Licensed: The patent has been licensed to an entity, whether
earning royalties or not.
Royalties: Funds are coming in to you or your institution due to your

Vincent 1

patent



| Section 1. Identifying Inform | nation | |
|--|--|--|
| 1. Given Name (First Name) Heather | 2. Sumame (Last Hame) Vincent | 3. Date 31-August-2021 |
| 4. Are you the corresponding author? | ✓ Yes No | |
| 5. Manuscript Title Role of Anti-Gravity Training in Rehabil | litation of Running Injuries | |
| 6. Manuscript Identifying Number (if you k | now R) | |
| Section 2. The Work Under C | onsideration for Publication | |
| Didyou or your institution at any time reco | alve payment or services from a third party (g | overnment, commercial, private foundation, etc.) for board, study design, manuscript preparation, |
| Are there any relevant conflicts of inter | est? Yes 🗸 No | ADD |
| Section 3. Relevant financial | activities outside the submitted w | ork. |
| of compensation) with entities as descri | ribed in the instructions. Use one line for | e financial relationships (regardless of amount each entity; add as many lines as you need by ring the 36 months prior to publication. |
| Are there any relevant conflicts of inter If yes, please fill out the appropriate inf | | |
| Name of Entity | Grant? Personal Non-Financial (| Other? Comments |
| Medicine and Science in Sports and Exercise | | Associate Editor stipend |
| Lallemand, Inc. | | Industry support for research in lab |
| Section 4. Intellectual Prope | rty Patents & Copyrights | |
| Do you have any patents, whether plan | nned, pending or issued, broadly relevant | t to the work? Yes No |



| Section 5. Relationships not covered above |
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| Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work? |
| Yes, the following relationships/conditions/circumstances are present (explain below): |
| ▼ No other relationships/conditions/circumstances that present a potential conflict of interest |
| At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statement On occasion, journals may ask authors to disclose further information about reported relationships. |
| Section 6. |
| Disclosure Statement |
| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below. |
| Generate Disclosure Statement |
| Dr. Vincent reports personal fees from Medicine and Science in Sports and Exercise, grants from Lallemand, Inc., outside the submitted work; . |
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Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.



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Madsen 1



| Section 1. Identifying Inform | nation | | |
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| Identifying infor | nation | | |
| Given Name (First Name) Aimee | 2. Sumame (Last Hame) Madsen | | 3. Cate 31-August-2021 |
| 4. Are you the corresponding author? | Yes 🗸 No | Corresponding Author's Nam Heather K. Vincent | ne |
| 5. Manuscript Title | litation of Dominion Injuries | | |
| Role of Anti-Gravity Training in Rehabi | intation or Numbing injuries | | |
| 6. Manuscript Identifying Number (if you k | (now it) | | |
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| Section 2. The Work Under C | onsideration for Public | ation | |
| Didyou or your institution at any time rec | elve payment or services from | a third party (government, com | |
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| Section 5. Relationships not covered above |
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| Generate Disclosure Statement |
| Dr. Madsen has nothing to disclose. |
| |

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Madsen 3



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patent.



| Section 1. | identifying inform | ation | | | |
|--|--|--|--|---|---|
| 1. Given Name (Fir Kevin | st Name) | 2. Sumame (Last Hame) Vincent | | 3. Date 31-August-2021 | _ |
| 4. Are you the com | esponding author? | Yes V No | Corresponding Author Heather K. Vincent | 's Name | |
| 5. Manuscript Title Role of Anti-Grav | | tation of Running Injuries | | | |
| 6. Manuscript Iden | k liying Number (if you kn | ow k) | | | |
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| Section 2. | The Work Under Co | nsideration for Public | cation | | |
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| Section 4. | Intellectual Proper | ty Patents & Copyri | jhts | | |
| Do you have any | patents, whether plans | ned, pending or issued, br | oadly relevant to the w | vork? Yes 🗸 No | |



| Section 5. | Bulable address and account above |
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| Generate Dis | closure Statement |
| Dr. Vincent repo | rts personal fees from Medicine and Science in Sports and Exercise, during the conduct of the study, . |
| | |

Evaluation and Feedback

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