



ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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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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Section 1. Identifying Information

1. Given Name (First Name)

Michael

2. Surname (Last Name)

Feldman

3. Date

06-September-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Ethan Paster

5. Manuscript Title

Rehabilitation using a systematic and holistic approach for the injured athlete returning to sport

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Feldman has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) _____
Ethan
2. Surname (Last Name) _____
Paster
3. Date _____
06-September-2021
4. Are you the corresponding author? Yes No
5. Manuscript Title
Rehabilitation Using a Systematic and Holistic Approach for the Injured Athlete Returning to Sport
6. Manuscript Identifying Number (if you know it)

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Dr. Paster does not have anything to disclose.

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1. Given Name (First Name)
Alfredo
2. Surname (Last Name)
Sayeg
3. Date
06-September-2021
4. Are you the corresponding author? Yes No Corresponding Author's Name
Ethan Paster
5. Manuscript Title
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Scott
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Armistead
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