



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Nathaniel

2. Surname (Last Name)

Mercer

3. Date

03-November-2021

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

John G. Kennedy

5. Manuscript Title

Anterior Talo-Fibular ligament augmentation with internal brace in the Office Setting

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?

 Yes No

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?

 Yes No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

 Yes No



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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

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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. Mercer has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Mohammad

2. Surname (Last Name)

Azam

3. Date

03-November-2021

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

John G. Kennedy

5. Manuscript Title

Anterior Talo-Fibular ligament augmentation with internal brace in the Office Setting

6. Manuscript Identifying Number (if you know it)

\_\_\_\_\_

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Dr. Azam has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|  |   |  |
|--|---|--|
| 1. Given Name (First Name)<br>Nicholas   | 2. Surname (Last Name)<br>Davalos                                   | 3. Date<br>03-November-2021                    |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>John G. Kennedy |
| 5. Manuscript Title<br>Anterior Talo-Fibular ligament augmentation with internal brace in the Office Setting |   |  |
| 6. Manuscript Identifying Number (if you know it)<br>_____   |   |  |

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Dr. Davalos has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Daniel

2. Surname (Last Name)

Kaplan

3. Date

03-November-2021

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

John G. Kennedy

5. Manuscript Title

Anterior Talo-Fibular ligament augmentation with internal brace in the Office Setting

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Dr. Kaplan has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Christopher

2. Surname (Last Name)

Colasanti

3. Date

03-November-2021

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

John G. Kennedy

5. Manuscript Title

Anterior Talo-Fibular ligament augmentation with internal brace in the Office Setting

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Colasanti has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Jeffrey

2. Surname (Last Name)

Chen

3. Date

03-November-2021

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

John G. Kennedy

5. Manuscript Title

Anterior Talo-Fibular ligament augmentation with internal brace in the Office Setting

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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Are there any relevant conflicts of interest?

Yes

No

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No



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Dr. Chen has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Ajay

2. Surname (Last Name)

Kanakamedala

3. Date

03-November-2021

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

John G. Kennedy

5. Manuscript Title

Anterior Talo-Fibular ligament augmentation with internal brace in the Office Setting

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Yes

No

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Dr. Kanakamedala has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

John

2. Surname (Last Name)

Dankert

3. Date

03-November-2021

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

John G. Kennedy

5. Manuscript Title

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Dr. Dankert has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

James

2. Surname (Last Name)

Stone

3. Date

03-November-2021

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

John G. Kennedy

5. Manuscript Title

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Are there any relevant conflicts of interest?

Yes

No

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Yes

No

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-Arthroscopy Association of North America: Board or committee member

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Dr. Stone reports and -Arthroscopy Association of North America: Board or committee member.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

John

2. Surname (Last Name)

Kennedy

3. Date

03-November-2021

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

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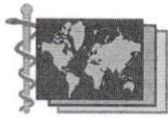
Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

| Name of Entity      | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments   |
|---------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|------------|
| Isto Biologics, Inc | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant |

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No



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-American Orthopaedic Foot and Ankle Society: Board or committee member  
-Arthroscopy Association of North America: Board or committee member  
-European Society for Sports Traumatology, Knee Surgery and Arthroscopy (ESSKA)  
-Ankle and Foot Associates (AFAS): Board or committee member  
-International Society for Cartilage Repair of the Ankle: Board or committee member  
-Isto Biologics: Paid consultants; Research support

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Dr. Kennedy reports grants from Isto Biologics, Inc, outside the submitted work; and -American Orthopaedic Foot and Ankle Society: Board or committee member  
-Arthroscopy Association of North America: Board or committee member  
-European Society for Sports Traumatology, Knee Surgery and Arthroscopy (ESSKA)  
-Ankle and Foot Associates (AFAS): Board or committee member  
-International Society for Cartilage Repair of the Ankle: Board or committee member  
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