

#### **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.

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

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Section 1. Identifying Informa	ation									
1. Given Name (First Name) Judith	2. Surname Baumhaue	-	ne)		3. Date 21-February-2020					
4. Are you the corresponding author?	Yes	<b>√</b> No	-	Corresponding Author's Name  David Fitch						
5. Manuscript Title Long Term Autograft Harvest Site Pain after Ankle and Hindfoot Arthrodesis										
6. Manuscript Identifying Number (if you known/A	ow it)									
Section 2. The Work Under Co	nsideratio	n for Pu	ublication							
Did you or your institution <b>at any time</b> received any aspect of the submitted work (including statistical analysis, etc.)?  Are there any relevant conflicts of interest	but not limite	ed to gran	ts, data monitoring			c.) for				
Section 3. Relevant financial a	ctivities o	utside t	he submitted	work.						
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should report there any relevant conflicts of interest lf yes, please fill out the appropriate information.	ped in the in ort relations ot? Yes	struction ships that	is. Use one line fo	or each er	ntity; add as many lines as you need	d by				
Name of Entity	Grant	ersonal Fees	Non-Financial Support?	Other?	Comments					
CORR		<b>✓</b>			Deputy Editor					
DJ Orthopaedics		<u></u> ✓			Consultancy					
Nextremity Solutions		<b>✓</b>			Consultancy					
PROMIS Health Organization				<b>✓</b>	Board Member					
Stryker		<b>✓</b>			Consultancy					
Techniques in Foot and Ankle Surgery				<b>✓</b>	Editorial Board					
Wright Medical Group N.V.		<b>✓</b>			Consultancy					
Zimmer		<b>✓</b>			Consultancy					



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
American Orthopaedic Foot & Ankle Society				<b>✓</b>	Committee Member	
Nextremity Solutions				<b>✓</b>	IP Royallties	
Section 4. Intellectual Propert	ty Pate	nts & Co <sub>l</sub>	oyrights			
Do you have any patents, whether plann	ied, pendir	ng or issue	ed, broadly releva	nt to the	work? Yes ✓ No	
Section 5. Polotionships not a	rovered a	hovo				
Relationships not o				a		
Are there other relationships or activities potentially influencing, what you wrote				nfluence	d, or that give the appearance of	
Yes, the following relationships/conc						
No other relationships/conditions/ci	rcumstanc	es that pre	esent a potential (	conflict o	finterest	
At the time of manuscript acceptance, jo						ents.
On occasion, journals may ask authors to	disclose f	urther info	ormation about re	eported r	elationships.	
Section 6. Disclosure Stateme	nt					
Based on the above disclosures, this form below.	n will auto	matically (	generate a disclos	sure state	ement, which will appear in the box	
below.						
Dr. Baumhauer reports personal fees fro Solutions, other from PROMIS Health Or						
Surgery, personal fees from Wright Med	ical Group	N.V., pers	onal fees from Zir	mmer, ot		ot
& Ankle Society, other from Nextremity	Solutions,	outside th	ne submitted wor	K; .		



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1. Given Name (First Name) Mark	2. Surna Glazebr	me (Last Nar ook	ne)		3. Date 21-February-2020
4. Are you the corresponding author?	Yes	✓ No	Correspond David Fitc	_	or's Name
5. Manuscript Title Long Term Autograft Harvest Site Pain a	fter Ankle	e and Hindf	oot Arthrodesis		
6. Manuscript Identifying Number (if you kn N/A	ow it)				
Section 2. The Work Under Co	nsidera	tion for P	ublication		
Did you or your institution <b>at any time</b> receivany aspect of the submitted work (including statistical analysis, etc.)?					
Are there any relevant conflicts of intere	st? ✓	Yes	No		
If yes, please fill out the appropriate info		•	u have more thar	one ent	ity press the "ADD" button to add a row.
Excess rows can be removed by pressing			Non-Financial		
Name of Institution/Company	Grant?	Fees?	Support?	Other?	Comments
Wright Medical Group N.V.	<b>✓</b>	<b>✓</b>			Research support and consultancy
Section 3. Relevant financial a	activitie	s outside t	the submitted	work.	
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should rep	bed in the	e instruction	ns. Use one line fo	or each ei	ntity; add as many lines as you need by
Are there any relevant conflicts of intere			No		
If yes, please fill out the appropriate info	rmation k	oelow.			
Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Wright Medical Group N.V.	<b>✓</b>	<b>✓</b>			Research support and consultancy
Smith & Nephew Inc.	<b>✓</b>	<b>✓</b>			Research support and consultancy
Ferring Inc.	<b>✓</b>	<b>✓</b>			Research support and consultancy



Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments			
BioSET Inc.	<b>✓</b>	<b>✓</b>			Research support and consultancy			
Integra	<b>✓</b>				Research support			
Stryker		✓			Consultancy			
KCI		✓			Consultancy			
Bioventus		✓			Consultancy			
Conmed		✓			Consultancy			
Section 4. Intellectual Property Patents & Copyrights								
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V								
Section 5. Relationships not c	overed	above						
Are there other relationships or activities potentially influencing, what you wrote i				nfluence	d, or that give the appearance of			
✓ Yes, the following relationships/cond	itions/cir	cumstance	s are present (exp	olain belo	ow):			
No other relationships/conditions/circumstances that present a potential conflict of interest								
Journal reviewer for Foot & Ankle Interna Clinical Orthopaedics & Related Research		ournal of Bo	ne and Joint Surg	gery (Am	erican), The Bone & Joint Journal, and	k		

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. 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.

Dr. Glazebrook reports grants and personal fees from Wright Medical Group N.V., during the conduct of the study; grants and personal fees from Wright Medical Group N.V., grants and personal fees from Smith & Nephew Inc., grants and personal fees from Ferring Inc., grants and personal fees from BioSET Inc., grants from Integra, personal fees from Stryker, personal fees from KCI, personal fees from Bioventus, personal fees from Conmed, outside the submitted work; and Journal reviewer for Foot & Ankle International, Journal of Bone and Joint Surgery (American), The Bone & Joint Journal, and Clinical Orthopaedics & Related Research.

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Section 1. Identifying Inform	mation		
1. Given Name (First Name) Alastair	2. Surname (Last Name) Younger		3. Date 21-February-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's	s Name
5. Manuscript Title Long Term Autograft Harvest Site Pain	after Ankle and Hindfoot <i>i</i>	Arthrodesis	
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Section 2. The Work Under 0	Consideration for Publi	cation	
Did you or your institution <b>at any time</b> recany aspect of the submitted work (includin statistical analysis, etc.)?			
Are there any relevant conflicts of inte			
If yes, please fill out the appropriate in Excess rows can be removed by pressi	•	ve more than one entity	press the "ADD" button to add a row.
Name of Institution/Company	Grant	n-Financial Other?	Comments
Wright Medical Group N.V.	<b>✓</b>	Re	esearch support and consultancy
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Name of Entity	Grant	n-Financial Support?	Comments
Stryker	<b>✓</b>		
Acumed	<b>✓</b>		
Arthrex	<b>✓</b>		



Name of Entity	Grant? Personal		Other?	Comments		
Conmed Linvatec	Fees?	Support?				
Stryker						
Zimmer						
Aminox	✓					
Section 4. Intellectual Proper	ty Patents & Co <sub>l</sub>	pyrights				
Do you have any patents, whether planr	ned, pending or issue	ed, broadly releva	nt to the w	vork? Yes	<b>√</b> No	
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Yes, the following relationships/cond	ditions/circumstance	es are present (exp	olain below	<i>ı</i> ):		
No other relationships/conditions/ci	rcumstances that pre	esent a potential o	onflict of i	nterest		
At the time of manuscript acceptance, jo On occasion, journals may ask authors to					disclosure staten	nents.
Section 6. Disclosure Stateme	ent					
Based on the above disclosures, this forr below.	n will automatically (	generate a disclos	ure staten	nent, which will ap	ppear in the box	
Dr. Younger reports grants and persona Stryker, grants and personal fees from A from Stryker, grants and personal fees fr	Acumed, grants from	Arthrex, personal	fees from	Conmed Linvated		om



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Fitch 1



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4. Are you the cor	responding author?	✓ Yes No			
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	l				
Section 2.	The Work Under Co	onsideration for Pu	blication		
any aspect of the s statistical analysis, Are there any rela If yes, please fill c	ubmitted work (including etc.)? evant conflicts of intere	but not limited to grant est?  Yes  Normation below. If you	s, data monitoring	board, study	commercial, private foundation, etc.) for design, manuscript preparation, oress the "ADD" button to add a row.
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support?	Other? Co	omments
Wright Medical Group	o N.V.			<b>√</b> Em <sub>l</sub>	ployee of company
Section 3.	Relevant financial	activities outside tl	ne submitted	work.	
of compensation clicking the "Add Are there any rel	) with entities as descri	bed in the instructions  oort relationships that	s. Use one line fo were <b>present d</b>	or each entity	relationships (regardless of amount v; add as many lines as you need by <b>5 months prior to publication</b> .
Section 4.	Intellectual Proper	ty Patents & Cop	yrights		
Do you have any	patents, whether plan	ned, pending or issued	l, broadly releva	nt to the wor	rk? Yes 🗸 No

Fitch 2



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Relationships not covered above
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Dr. Fitch reports other from Wright Medical Group N.V., during the conduct of the study; .

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Quiton 1



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1. Given Name (Fi Jovelyn	rst Name)	2. Surname (Last N Quiton	lame)		3. Date 21-February	y-2020		
4. Are you the cor	responding author?	Yes Vo	·	Corresponding Author's Name  David Fitch				
5. Manuscript Title Long Term Auto	e graft Harvest Site Pain a	ifter Ankle and Hin	dfoot Arthrodesis					
6. Manuscript Ider N/A	ntifying Number (if you kn	ow it)						
	ı							
Section 2.	The Work Under Co	onsideration for	Publication					
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	stitution <b>at any time</b> recein ubmitted work (including etc.)? evant conflicts of interect the appropriate infolion be removed by pressing the street out the appropriate infolion.	but not limited to great;  St? Yes  Transition below. If yes	rants, data monitorin	ig board, study o	design, manuscr	ript preparation,		
Name of Institut	ion/Company	Grant? Person Fees?	al Non-Financial Support?	Other? Co	omments			
Wright Medical Grou	p N.V.			<b>✓</b> Emp	ployee of compa	any		
	l							
Section 3.	Relevant financial	activities outsid	e the submitted	work.				
of compensation clicking the "Add Are there any rel	the appropriate boxes i	bed in the instruct oort relationships t	ions. Use one line f	or each entity;	; add as many	lines as you nee	d by	
Section 4.	Intellectual Proper	ty Patents & C	opyrights					
Do you have any	patents, whether plani	ned, pending or iss	ued, broadly relev	ant to the wor	·k? Yes	✓ No		

Quiton 2



Section 5. Relationships not severed above
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
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements 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.
J. Quiton reports other from Wright Medical Group N.V., during the conduct of the study; .

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Quiton 3



#### **Instructions**

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## Identifying information.

## 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

### 3. 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 ANY 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 sponsored the research. Please note that your interactions with the work's sponsor 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.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

## 4. Intellectual Property.

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

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#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

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**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 patent has been filed but not issued

**Issued:** The patent 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 patent



Section 1.	Identifying Inform	nation				
1. Given Name (Fi Timothy	rst Name)	2. Surnar Daniels	ne (Last Nar	me)		3. Date 21-February-2020
4. Are you the cor	responding author?	Yes	✓ No	Correspond David Fitc	-	or's Name
5. Manuscript Title Long Term Auto	e graft Harvest Site Pain a	after Ankle	and Hindf	oot Arthrodesis		
6. Manuscript Ide	ntifying Number (if you kr	now it)				
	ı					
Section 2.	The Work Under Co	onsidera	tion for P	ublication		
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	submitted work (including etc.)? evant conflicts of intere out the appropriate info	but not limest?	nited to gran Yes below. If yo	nts, data monitoring	board, st	ent, commercial, private foundation, etc.) for sudy design, manuscript preparation, ity press the "ADD" button to add a row.
Excess rows can	be removed by pressin	g the "X" b	utton.			
Name of Institut	tion/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Wright Medical Grou	p N.V.	<b>✓</b>	<b>✓</b>			Research support and consultancy
Section 3.	Relevant financial	activities	outside	the submitted	work.	
of compensation clicking the "Add Are there any rel	n) with entities as descri	ibed in the port relation est?	instruction inships that	ns. Use one line fo	or each ei	cial relationships (regardless of amount ntity; add as many lines as you need by e 36 months prior to publication.
Name of Entity		Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Wright Medical Grou	p N.V.	<b>✓</b>	<b>√</b>			grants consulting fees/honorarium; support for travel expenses
ntegra		<b>✓</b>	$\checkmark$			Research support and consultancy



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments				
Stryker		<b>✓</b>			unrestricted research grant; consulting fee/honorarium; support for travel expenses				
Section 4. Intellectual Propert	y Pate	ents & Co	pyrights						
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume									
Section 5. Relationships not co	overed	above							
Are there other relationships or activities potentially influencing, what you wrote in				nfluence	d, or that give the appearance of				
Yes, the following relationships/cond	itions/cir	cumstance	es are present (exp	olain belo	ow):				
✓ No other relationships/conditions/cire	cumstan	ces that pr	esent a potential o	conflict o	finterest				
At the time of manuscript acceptance, joi On occasion, journals may ask authors to									
Section 6									
Section 6. Disclosure Statemen	nt								
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.									
Dr. Daniels reports grants and personal fees from Wright Medical Group N.V., during the conduct of the study; grants and personal fees from Wright Medical Group N.V., grants and personal fees from Integra, personal fees from Stryker, outside the submitted work; .									



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DiGiovanni 1



Section 1. Identifying Inform	ation		
1. Given Name (First Name) Christopher	2. Surname (Last Name) DiGiovanni	3. Date 21-February-2020	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Auth	or's Name
5. Manuscript Title Long Term Autograft Harvest Site Pain a	after Ankle and Hindfoot A	arthrodesis	
6. Manuscript Identifying Number (if you kn	ow it)		
		_	
Section 2. The Work Under Co	onsideration for Public	cation	
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, dansts? Yes No ormation below. If you have	ta monitoring board, s	nent, commercial, private foundation, etc.) for tudy design, manuscript preparation, tity press the "ADD" button to add a row.
Name of Institution/Company	Grant	n-Financial other?	Comments
Wright Medical Group N.V.	<b>✓</b>		Research support, stock options, consultancy
Section 3. Relevant financial	activities outside the s	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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo			
Section 4. Intellectual Proper	ty Patents & Copyric	yhts	
Do you have any patents, whether plant	ned, pending or issued, br	oadly relevant to the	e work? ☐ Yes ✓ No

DiGiovanni 2



Section 5.			
Section 5.	Relationships not covered above		
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?		
Yes, the following relationships/conditions/circumstances are present (explain below):			
✓ No other relat	cionships/conditions/circumstances that present a potential conflict of interest		
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Section 6.			
Section 6.	Disclosure Statement		
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Dr. DiGiovanni re	ports grants and personal fees from Wright Medical Group N.V., during the conduct of the study; .		

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