

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.

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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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

Finney 1



Section 1. Identifying Info	rmation	
1. Given Name (First Name) Fred	2. Surname (Last Name) Finney	3. Date 03-June-2019
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Rate of Opioid Prescriptions for Patie	nts with Acute Ankle Sprain	
6. Manuscript Identifying Number (if you	ı know it)	
Section 2. The Work Under	Consideration for Publication	
	ing but not limited to grants, data monito	rty (government, commercial, private foundation, etc.) for ring board, study design, manuscript preparation,
Section 3. Polyvent financia		
Place a check in the appropriate boxe of compensation) with entities as des	scribed in the instructions. Use one lin report relationships that were presen	have financial relationships (regardless of amount e for each entity; add as many lines as you need by at during the 36 months prior to publication.
Section 4. Intellectual Prop	perty Patents & Copyrights	
Do you have any patents, whether pla	anned, pending or issued, broadly rel	evant to the work? Yes V No

Finney 2



Section 5.			
	Relationships not covered above		
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?		
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):		
✓ No other relationships/conditions/circumstances that present a potential conflict of interest			
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.		
Section 6.			
Section 6.	Disclosure Statement		
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box		
Dr. Finney has n	othing to disclose.		

Evaluation and Feedback

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Finney 3



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Holmes 1



Section 1. Identifying Inform	mation	
Given Name (First Name) James	2. Surname (Last Name) Holmes	3. Date 03-June-2019
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Fred Finney, MD
5. Manuscript Title Rate of Opioid Prescriptions for Patien	ts with Acute Ankle Sprain:	A Cross-sectional Analysis
6. Manuscript Identifying Number (if you k	(now it)	
		_
Section 2. The Work Under C	Consideration for Public	cation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	l activities outside the s	submitted work.
of compensation) with entities as desc	ribed in the instructions. Use eport relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by ee present during the 36 months prior to publication.
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Holmes 2



Section 5. Relationships not solvered above				
Relationships not covered above				
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Royalties: Funds are coming in to you or your institution due to your patent



Section 1. Identifyin	g Information				
1. Given Name (First Name) Chad	2. Surname (Last Name) Brummett	3. Date 23-May-2019			
4. Are you the corresponding aut	hor? Yes No				
5. Manuscript Title Rate of Opioid Prescriptions fo	or Patients with Acute Ankle Sprain: A Cross-s	sectional Analysis			
6. Manuscript Identifying Numbe	er (if you know it)				
Section 2. The Work	Under Consideration for Publication				
The work					
any aspect of the submitted work statistical analysis, etc.)?	(including but not limited to grants, data monitor	rty (government, commercial, private foundation, etc.) for ring board, study design, manuscript preparation,			
Are there any relevant conflicts of interest? Ves No					
If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.					
Name of Institution/Compan	y Grant? Personal Non-Financi Fees? Support?	Other? Comments			
Heron Therapeutics		Consulting/Advisory Board			
Section 3. Relevant fi	nancial activities outside the submitte	ed work.			
of compensation) with entities	s as described in the instructions. Use one line	nhave financial relationships (regardless of amount e for each entity; add as many lines as you need by t during the 36 months prior to publication.			
Are there any relevant conflict	s of interest? 🗸 Yes 🗌 No				
If yes, please fill out the appro	priate information below.				
	Daysonal Non Financi				
Name of Entity	Grant? Personal Non-Financi Fees? Support?	Other Comments			
Recro Pharma Inc		Consulting/ Advisory Board			



Name of Entity	Gra	int•	rsonal I	Non-Financial Support	Other?	Comments
NIH		/				NIH-DHHS-US-17-PAF02680 (R01 DA042859-05): NIH-DHHS-US-17- PAF02680 (R01 DA042859-05): NIHODHHS-US-16 PAF 07628 (R01 NR017096-05); NIH-DHHS-US (K23 DA038718-04); NIH-DHHS (P50 AR070600-05 CORT);
MDHHS	Ţ,	/				Sub K Michigan OPEN
NIDA						NIDA (Centralized Pain Opioid Non- Responsiveness R01 DA038261-05);
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Peripheral Perineural Dexmedetomidine (no royalties) Application number 12/791,506; Issue Date 4/2/13; Patent Number 8410140 Section 5. Relationship	Pending? ps not cove activities that u wrote in the	Issued? Ired about readers e submit	Dve s could perted work	erceive to have in a represent (exp	influence olain belo	d, or that give the appearance of

Section 6. Disclosure Statement

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Dr. Brummett reports grants from NIH, grants from MDHHS, from NIDA, outside the submitted work; In addition, Dr. Brummett has a patent Peripheral Perineural Dexmedetomidine (no royalties) Application number 12/791,506; Issue Date 4/2/13; Patent Number 8410140 licensed.

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Hu 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Hsou Mei	2. Surname (Last Name) Hu		3. Date 31-May-2019
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Nar	me
5. Manuscript Title Rate of Opioid Prescriptions for Patients	s with Acute Ankle Sprain:	A Cross-sectional Analysis	
6. Manuscript Identifying Number (if you kn M19-0679	now it)	_	
Sortion 2			
	onsideration for Public		
Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interesting the statistical analysis are there any relevant conflicts of interesting the statistical analysis.	but not limited to grants, da		
Section 2			
Section 3. Relevant financial	activities outside the s	ubmitted work.	
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere	bed in the instructions. Us port relationships that wer	e one line for each entity; a	dd as many lines as you need by
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Hu 2



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Gossett 1



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Given Name (First Name) Timothy	2. Surname (Last Name) Gossett	3. Date 02-June-2019
4. Are you the corresponding au	thor? Yes ✓ No	Corresponding Author's Name Fred Finney
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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

Waljee 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fir Jennifer	st Name)	2. Surname (Last Name) Waljee	3. Date 02-June-2019
4. Are you the corr	esponding author?	Yes ✓ No	Corresponding Author's Name Dr. Bert Finney
5. Manuscript Title Rate of Opioid Pr		s with Acute Ankle Sprain:	A Cross-sectional Analysis
6. Manuscript Iden	ntifying Number (if you kr	now it)	
Section 2.	The Work Under Co	onsideration for Public	cation
any aspect of the su statistical analysis, o	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	ubmitted work.
of compensation clicking the "Add) with entities as descri	bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by e present during the 36 months prior to publication .
Section 4.	Intellectual Proper	ty Patents & Copyric	yhts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Waljee 2



Section 5. Relationships not covered 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.
Dr. Waljee has nothing to disclose.

Evaluation and Feedback

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

Waljee 3



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.

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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Talusan 1



Section 1. Identifying Inform	ation					
1. Given Name (First Name) Paul	2. Surname (Last Name) Talusan		3. Date 03-June-2019			
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author	or's Name			
5. Manuscript Title Rate of Opioid Prescriptions for Patients	nuscript Title If Opioid Prescriptions for Patients with Acute Ankle Sprain					
6. Manuscript Identifying Number (if you kn	ow it)					
Section 2. The Work Under Co	onsideration for Public	cation				
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da	ata monitoring board, st	•			
Relevant financial	activities outside the s	ubmitted work.				
Place a check in the appropriate boxes i of compensation) with entities as descriclicking the "Add +" box. You should repart there any relevant conflicts of interest lf yes, please fill out the appropriate info	bed in the instructions. Use port relationships that were st? Yes No ormation below.	se one line for each er re present during th o	ntity; add as many lines as you ne	ed by		
Name of Entity	Grant? Personal Noi	n-Financial other?	Comments			
Paragon28	✓					
Paragon 28			Honorarium for Speaking Engagement			
Arthrex			Honorarium for Speaking			

Talusan 2



Section 4. Intellectual Property Patents & Copyrights					
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume					
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?					
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Section 6. Disclosure Statement					
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Dr. Talusan reports grants from Paragon28, personal fees from Paragon28, personal fees from Arthrex, outside the submitted work;.					

Evaluation and Feedback

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Talusan 3



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Walton 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fil David	rst Name)	2. Surname (Last Name) Walton	3. Date 03-June-2019		
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Name		
5. Manuscript Title Rate of Opioid Prescriptions for Patients with Acute Ankle Sprain					
6. Manuscript Ider M19-0679	ntifying Number (if you kr	now it)			
	ı				
Section 2.	The Work Under C	onsideration for Publi	cation		
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 Vo					
Section 4.	Intellectual Prope	rty Patents & Copyri	ghts		
Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the work? Yes V No		

Walton 2



Section 5. Belationships not severed above	
Relationships not covered above	
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