**ICMJE DISCLOSURE FORM**

**Date:\_\_ September 18, 2023**

**Your Name: Unni G. Narayanan**

**Manuscript Title: JBJS Reviews Associate Editor**

**Manuscript number (if known): N/A**

**In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are**

**related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third**

**parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment**

**to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.**

**The following questions apply to the** **author’s relationships/activities/interests as they relate to the current**

**manuscript only.**

**The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains**

**to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.**

**In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,**

**the time frame for disclosure is the past 36 months.**

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|  |  | **Name all entities with whom you have this relationship or indicate none (add rows as needed)** | | **Specifications/Comments**  **(e.g., if payments were made to you or to your institution)** |
| **Time frame: Since the initial planning of the work** | | | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  **No time limit for this item.** | \_\_\_\_None | |  |
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| **Time frame: past 36 months** | | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Canadian Institutes of Health Research | Research grant funding to my institution | |
| Canadian Orthopaedic Foundation | Research grant funding to my institution | |
| AO Foundation | Research grant to my institution | |
|  |  | Pediatric Orthopaedic Society of North America | Research grant to my institution | |
|  |  | American Academy of Cerebral Palsy & Developmental Medicine (AACDM) | Research grant to my institution | |
| 3 | Royalties or licenses | PSCORE Program: multiple Patient Reported Outcome Measures | My research program has developed numerous PROMs, the IP of which is owned by my institution. Users need to register for a license to use – usually free for Academic purposes. License fee (paid to my institution) is only charged for industry funded or NIH funded trials that allow payment for use of legacy PROMs | |
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| 4 | Consulting fees | \_X\_\_\_None |  | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | \_\_X\_\_None |  | |
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| 6 | Payment for expert testimony | \_\_X\_\_None |  | |
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| 7 | Support for attending meetings and/or travel | AO Foundation | Member of Pediatric Expert Group & Lower Extremity Global Expert Committee (Unpaid) | |
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| 8 | Patents planned, issued or pending | \_\_X\_\_None |  | |
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| 9 | Participation on a Data  Safety Monitoring Board or Advisory Board | 1. Cerebral Palsy Foundation | Scientific Advisory Board Member (unpaid) | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | 1. Pediatric Orthopaedic Society of North America | Board member, Research Council Chair (unpaid) | |
| 1. American Academy of Cerebral Palsy & Developmental Medicine | Past President; Current Chair of Publications Committee (unpaid) | |
| 1. Cerebral Palsy Research Network | Executive/Steering Committee member (upaid) | |
| 11 | Stock or stock options | \_\_X\_\_None |  | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | \_\_X\_\_None |  | |
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| 13 | Other financial or non-financial interests | 1. Journal of Children’s Orthopaedics | Editorial Board | |
| 1. Developmental Medicine & Child Neurology | Editorial Board | |
| 1. Multiple journals | Reviewer | |

**Please place an “X” next to the following statement to indicate your agreement:**

**\_X\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this**

**form.**