

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kathryn	2. Surname (Last Name) Lucas	3. Date 10-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Brian Noehren
5. Manuscript Title Hip and trunk muscle dysfunction: implications for anterior cruciate ligament injury prevention		
6. Manuscript Identifying Number (if you know it) AOJ-17-4		

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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Are there any relevant conflicts of interest? Yes No

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Section 6. Disclosure Statement

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Dr. Lucas has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Paul	2. Surname (Last Name) Kline	3. Date 10-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Brian Noehren
5. Manuscript Title Hip and trunk muscle dysfunction: implications for anterior cruciate ligament injury prevention		
6. Manuscript Identifying Number (if you know it) AOJ-17-4		

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Are there any relevant conflicts of interest? Yes No

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Dr. Kline has nothing to disclose.

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1. Given Name (First Name) Mary Lloyd	2. Surname (Last Name) Ireland	3. Date 10-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Brian Noehren
5. Manuscript Title Hip and trunk muscle dysfunction: implications for anterior cruciate ligament injury prevention		
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Section 1. Identifying Information

1. Given Name (First Name)
Brian

2. Surname (Last Name)
Noehren

3. Date
10-May-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
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