

ICMJE DISCLOSURE FORM

Date: 7/27/22

Your Name: Jeffrey Lyman

Manuscript Title: Radiofrequency Ablation Prior to Total Knee Arthroplasty Does Not Improve Post-Surgical Pain or Recovery: A Double-Blinded, Multi-Center, Randomized Clinical Trial

Manuscript number (if known): AOJ-22-33

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.

		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.	<input type="checkbox"/> None	
		Halyard (currently Avanos)	Assistance with materials including FRA devices and reimbursement for procedural interventions by anesthesia; also funds to support research staff
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	Hourly contract with Avanos on scientific advisory panel
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	As listed above; strictly in support of current research aims
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

Avanos Medical, the manufacturer of the c-RFA device, provided necessary funds and training via IORI (The Institute for Orthopedic Research and Innovation), a registered nonprofit organization. Neither Avanos Medical nor its representatives participated materially in study design, collection/interpretation of data, the writing of the manuscript, or the decision to publish the data. None of the authors of this study received personal remuneration for conducting the study. JRL is currently a member of the scientific advisory panel for Avanos Medical.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 8-9-22

Your Name: Adam J. Olscamp M.D.

Manuscript Title: Radiofrequency Ablation Prior to Total Knee Arthroplasty Does Not Improve Post-Surgical Pain or Recovery: A Double-Blinded, Multi-Center, Randomized Clinical Trial

Manuscript number (if known): AOJ-22-33

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	x <input type="checkbox"/> None	
3	Royalties or licenses	X <input type="checkbox"/> None	
4	Consulting fees	x <input type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X ___ None	
6	Payment for expert testimony	x ___ None	
7	Support for attending meetings and/or travel	_x ___ None	
8	Patents planned, issued or pending	X ___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	x ___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x ___ None	
11	Stock or stock options	_x ___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_x ___ None	
13	Other financial or non-financial interests	_x ___ None	

Please summarize the above conflict of interest in the following box:

None

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 8-17-2022

Your Name: Tim P. Lovell MD

Manuscript Title: Radiofrequency Ablation Prior to Total Knee Arthroplasty Does Not Improve Post-Surgical Pain or Recovery: A Double-Blinded, Multi-Center, Randomized Clinical Trial

Manuscript number (if known): _____

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ X ___ None	
3	Royalties or licenses	___ X ___ None	

4	Consulting fees	<input type="checkbox"/> None	I am a consultant for Stryker Orthopedics. This was not related in any way to this study
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	I am a consultant for Stryker Orthopedics. This was not related in any way to this study
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

Dr Lovell’s relationship with Stryker is related to teaching hip and knee arthroplasty techniques and the use of robotic technologies. Funds received from Avanos in support of this study were used by the IORI nonprofit research foundation to pay for study-related equipment and research staff salaries. None of the authors of this study were compensated in any way for their involvement.

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.

ICMJE DISCLOSURE FORM

Date: 8/8/2022

Your Name: Corbett D. Winegar, MD

Manuscript Title: Radiofrequency Ablation Prior to Total Knee Arthroplasty Does Not Improve Post-Surgical Pain or Recovery: A Double-Blinded, Multi-Center, Randomized Clinical Trial

Manuscript number (if known): AOJ-22-33

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

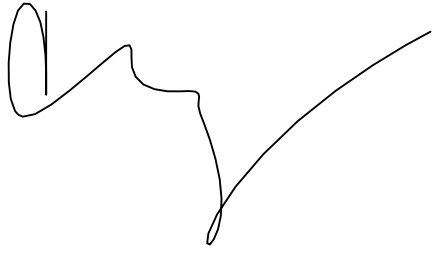
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

Please summarize the above conflict of interest in the following box:

None

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.

A single, continuous, handwritten line that starts with a small loop on the left, moves right, then down, then up and right, ending in a long, sweeping tail that curves upwards and to the right.

ICMJE DISCLOSURE FORM

Date: 08/01/22

Your Name: Alexi Wilson

Manuscript Title: Radiofrequency Ablation Prior to Total Knee Arthroplasty Does Not Improve Post-Surgical Pain or Recovery: A Double-Blinded, Multi-Center, Randomized Clinical Trial

Manuscript number (if known): AOJ-22-33

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