ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   John

2. Surname (Last Name)  
   Kennedy

3. Date  
   20-July-2021

4. Are you the corresponding author?  
   ✔ Yes  ☐ No

5. Manuscript Title  
   Alignment of the Hindfoot Following Total Knee Arthroplasty: A Systematic Review

6. Manuscript Identifying Number (if you know it)  
   66732

### Section 2. The Work Under Consideration for Publication

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  ☐ No

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Isto Biologics, Inc</td>
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<td>Consultant</td>
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<tr>
<td>The Ohnell Family Foundation</td>
<td>✔</td>
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<td>Mr. and Mrs. Michael J Levitt</td>
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<td>Arthrex</td>
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<td>Consultant</td>
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Kennedy 2
No other authors report any conflict of interests.