Canadian Association of Orthopaedic Medicine Conference – 2026
Conflict of Interest Disclosure

Louise B Andrew MD JD

Part 1

All speakers, moderators, facilitators, authors, and scientific planning committee members must complete this form and submit it to the identified CPD program's provider or organizer. Disclosure must be made to the audience whether you do or do not have a relationship with a for-profit or not-for-profit entity. If you require more space, please attach an addendum to this page.

Please disclose if you do or do not have an affiliation (financial or otherwise) with any for-profit or not-for-profit organizations.

Do you have any affiliations (financial or otherwise) with a commercial organization to declare?

I have/had an affiliation (financial or otherwise) with a for-profit or not-for-profit organization

Complete the sections below that apply to you now or during the past two (2) calendar years up to and including the current year. Please indicate the for-profit and not-for-profit organizations with which you have/had affiliations and briefly explain what connection you have/had with the organizations. You must disclose this information to your audience both verbally and in writing.

Nature of relationship(s)	**Name of for-profit or not-for-profit organization(s)**	**Description of relationship(s)**
Any direct financial payments including receipt of honoraria	American Medical Association no direct financial relatioship	Member, Disability Advisory Group
Membership on advisory boards or speakers' bureaus		
Funded grants or clinical trials		
Patents for a drug or device		
All other investments or relationships that could be seen by a reasonable, well- informed participant as having the potential to influence the content of the educational activity		

Part 2
Only presenters, moderators, facilitators, and authors must complete this section.

Do you intend to make therapeutic recommendations that have not received regulatory approval?
You must declare all off-label use to the audience during your presentation.

I acknowledge that any descriptions of therapeutic options must use generic names.
Failure to do this is a violation of the National Standard and the Mainpro+ Certification Standards.

Part 3:
All speakers and planning committee members to complete.

Your role in the CPD activity: Member of the Planning Committee;

CME/CPD Program Title: Canadian Association of Orthopaedic Medicine Conference – 2026

Do you acknowledge that the above information is accurate?

Yes

In lieu of signature, please type first and last name: Louise B Andrew MD JD

Date: 2026-06-10

Canadian Association of Orthopaedic Medicine Conference – 2026
Conflict of Interest Disclosure

Jannice Bowler

Part 1

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Do you have any affiliations (financial or otherwise) with a commercial organization to declare?

I do not have an affiliation (financial or otherwise) with any for-profit or not-for-profit organizations. (Speakers, moderators, facilitators, and/or authors who have nothing to declare should inform the audience that they cannot identify any conflict of interest.)

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Nature of relationship(s)	**Name of for-profit or not-for-profit organization(s)**	**Description of relationship(s)**
Any direct financial payments including receipt of honoraria	Canadian Association of Orthopaedic Medicine (prolotherapy injection workshops)	Recipient
Membership on advisory boards or speakers' bureaus	n/a	n/a
Funded grants or clinical trials	American Association of Orthopaedic Medicine (AAOM): past recipient of a study grant for the use of 5% dextrose for cervical hydrodissection in the treatment of PTSD	Recipient

Patents for a drug or device		
All other investments or relationships that could be seen by a reasonable, well- informed participant as having the potential to influence the content of the educational activity		

Part 2
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You must declare all off-label use to the audience during your presentation.

Yes

I acknowledge that any descriptions of therapeutic options must use generic names.
Failure to do this is a violation of the National Standard and the Mainpro+ Certification Standards.

Yes

Part 3:
All speakers and planning committee members to complete.

Your role in the CPD activity: Speaker;Member of the Planning Committee;

CME/CPD Program Title: Canadian Association of Orthopaedic Medicine Conference – 2026

Do you acknowledge that the above information is accurate?

Yes

In lieu of signature, please type first and last name: Jannice Bowler

Date: 26/05/31

Canadian Association of Orthopaedic Medicine Conference – 2026
Conflict of Interest Disclosure

Jonathan Chow

Part 1

All speakers, moderators, facilitators, authors, and scientific planning committee members must complete this form and submit it to the identified CPD program's provider or organizer. Disclosure must be made to the audience whether you do or do not have a relationship with a for-profit or not-for-profit entity. If you require more space, please attach an addendum to this page.

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Do you have any affiliations (financial or otherwise) with a commercial organization to declare?

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Nature of relationship(s)	**Name of for-profit or not-for-profit organization(s)**	**Description of relationship(s)**
Any direct financial payments including receipt of honoraria	Canadian Association of Orthopaedic Medicine 2025 Hackett Hemwall Patterson Foundation Prolotherapy Conference.	I've received an honoraria to teach workshops organized by the CAOM. I've received an honoraria to teach
Membership on advisory boards or speakers' bureaus	Scientific Advisory Committee Member for the Canadian Association of Orthopaedic Medicine 2026 Cadaver course and 2026 Main conference.	Planning Committee Member
Funded grants or clinical trials	None	

Patents for a drug or device	None	
All other investments or relationships that could be seen by a reasonable, well- informed participant as having the potential to influence the content of the educational activity	None	

Part 2
Only presenters, moderators, facilitators, and authors must complete this section.

Do you intend to make therapeutic recommendations that have not received regulatory approval?
You must declare all off-label use to the audience during your presentation.

No

I acknowledge that any descriptions of therapeutic options must use generic names.
Failure to do this is a violation of the National Standard and the Mainpro+ Certification Standards.

Yes

Part 3:
All speakers and planning committee members to complete.

Your role in the CPD activity: workshop instructor; presenter, planning committee member

CME/CPD Program Title: Canadian Association of Orthopaedic Medicine Conference – 2026

Do you acknowledge that the above information is accurate?

Yes

In lieu of signature, please type first and last name: Jonathan Garfrey Chow

Date: 2026/06/25

Canadian Association of Orthopaedic Medicine Conference – 2026
Conflict of Interest Disclosure

Alexandra Dubé

Part 1

All speakers, moderators, facilitators, authors, and scientific planning committee members must complete this form and submit it to the identified CPD program's provider or organizer. Disclosure must be made to the audience whether you do or do not have a relationship with a for-profit or not-for-profit entity. If you require more space, please attach an addendum to this page.

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Do you have any affiliations (financial or otherwise) with a commercial organization to declare?

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Nature of relationship(s)	**Name of for-profit or not-for-profit organization(s)**	**Description of relationship(s)**
Any direct financial payments including receipt of honoraria		
Membership on advisory boards or speakers' bureaus		
Funded grants or clinical trials		
Patents for a drug or device		

All other investments or relationships that could be seen by a reasonable, well- informed participant as having the potential to influence the content of the educational activity		

Part 2
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I acknowledge that any descriptions of therapeutic options must use generic names.
Failure to do this is a violation of the National Standard and the Mainpro+ Certification Standards.

Yes

Part 3:
All speakers and planning committee members to complete.

Your role in the CPD activity: Member of the Planning Committee;

CME/CPD Program Title: Canadian Association of Orthopaedic Medicine Conference – 2026

Do you acknowledge that the above information is accurate?

Yes

In lieu of signature, please type first and last name: Alexandra Dubé

Date: 26/05/16

Canadian Association of Orthopaedic Medicine Conference – 2026
Conflict of Interest Disclosure

Adrian Gretton

Part 1

All speakers, moderators, facilitators, authors, and scientific planning committee members must complete this form and submit it to the identified CPD program's provider or organizer. Disclosure must be made to the audience whether you do or do not have a relationship with a for-profit or not-for-profit entity. If you require more space, please attach an addendum to this page.

Please disclose if you do or do not have an affiliation (financial or otherwise) with any for-profit or not-for-profit organizations.

Do you have any affiliations (financial or otherwise) with a commercial organization to declare?

I do not have an affiliation (financial or otherwise) with any for-profit or not-for-profit organizations. (Speakers, moderators, facilitators, and/or authors who have nothing to declare should inform the audience that they cannot identify any conflict of interest.)

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Nature of relationship(s)	**Name of for-profit or not-for-profit organization(s)**	**Description of relationship(s)**
Any direct financial payments including receipt of honoraria		
Membership on advisory boards or speakers' bureaus		
Funded grants or clinical trials		
Patents for a drug or device		

All other investments or relationships that could be seen by a reasonable, well- informed participant as having the potential to influence the content of the educational activity		

Part 2
Only presenters, moderators, facilitators, and authors must complete this section.

Do you intend to make therapeutic recommendations that have not received regulatory approval?
You must declare all off-label use to the audience during your presentation.

Yes

I acknowledge that any descriptions of therapeutic options must use generic names.
Failure to do this is a violation of the National Standard and the Mainpro+ Certification Standards.

Yes

Part 3:
All speakers and planning committee members to complete.

Your role in the CPD activity: Moderator;Speaker;

CME/CPD Program Title: Canadian Association of Orthopaedic Medicine Conference – 2026

Do you acknowledge that the above information is accurate?

Yes

In lieu of signature, please type first and last name: Adrian Gretton

Date: 2026-05-31

Canadian Association of Orthopaedic Medicine Conference – 2026
Conflict of Interest Disclosure

Aly Lakhani

Part 1

All speakers, moderators, facilitators, authors, and scientific planning committee members must complete this form and submit it to the identified CPD program's provider or organizer. Disclosure must be made to the audience whether you do or do not have a relationship with a for-profit or not-for-profit entity. If you require more space, please attach an addendum to this page.

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Do you have any affiliations (financial or otherwise) with a commercial organization to declare?

I have/had an affiliation (financial or otherwise) with a for-profit or not-for-profit organization

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Nature of relationship(s)	**Name of for-profit or not-for-profit organization(s)**	**Description of relationship(s)**
Any direct financial payments including receipt of honoraria	Canadian Association of Orthopaedic Medicine. Received no honoraria.	President of the board
Membership on advisory boards or speakers' bureaus	None	N/A
Funded grants or clinical trials	N/A	N/A
Patents for a drug or device	N/A	N/A
All other investments or relationships that could be seen by a reasonable, well- informed participant as having the potential to influence the content of the educational activity	N/A	N/A

Part 2
Only presenters, moderators, facilitators, and authors must complete this section.

Do you intend to make therapeutic recommendations that have not received regulatory approval?
You must declare all off-label use to the audience during your presentation.

Yes

I acknowledge that any descriptions of therapeutic options must use generic names.
Failure to do this is a violation of the National Standard and the Mainpro+ Certification Standards.

Yes

Part 3:
All speakers and planning committee members to complete.

Your role in the CPD activity: Member of the Planning Committee;Facilitator;

CME/CPD Program Title: Canadian Association of Orthopaedic Medicine Conference – 2026

Do you acknowledge that the above information is accurate?

Yes

In lieu of signature, please type first and last name: Aly Lakhani

Date: 26/06/09

Canadian Association of Orthopaedic Medicine Conference – 2026
Conflict of Interest Disclosure

W Francois Louw

Part 1

All speakers, moderators, facilitators, authors, and scientific planning committee members must complete this form and submit it to the identified CPD program's provider or organizer. Disclosure must be made to the audience whether you do or do not have a relationship with a for-profit or not-for-profit entity. If you require more space, please attach an addendum to this page.

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Do you have any affiliations (financial or otherwise) with a commercial organization to declare?

I have/had an affiliation (financial or otherwise) with a for-profit or not-for-profit organization

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Nature of relationship(s)	**Name of for-profit or not-for-profit organization(s)**	**Description of relationship(s)**
Any direct financial payments including receipt of honoraria	EntheoMed	Senior Medical Adviser
Membership on advisory boards or speakers' bureaus		
Funded grants or clinical trials	Melissa Etheridge Foundation	This foundation is providing an unrestricted research grant for a study on psilocybin for opioid used titration (UBCO study)
Patents for a drug or device		
All other investments or relationships that could be seen by a reasonable, well- informed participant as having the potential to influence the content of the educational activity		

Part 2
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Do you intend to make therapeutic recommendations that have not received regulatory approval?
You must declare all off-label use to the audience during your presentation.

Yes

I acknowledge that any descriptions of therapeutic options must use generic names.
Failure to do this is a violation of the National Standard and the Mainpro+ Certification Standards.

Yes

Part 3:
All speakers and planning committee members to complete.

Your role in the CPD activity: Member of the Planning Committee; presenter of a workshop on nerve hydrodissection;

CME/CPD Program Title: Canadian Association of Orthopaedic Medicine Conference – 2026

Do you acknowledge that the above information is accurate?

Yes

In lieu of signature, please type first and last name: W Francois Louw

Date: 26/05/31

Canadian Association of Orthopaedic Medicine Conference – 2026
Conflict of Interest Disclosure

Erik Ouellette

Part 1

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Do you have any affiliations (financial or otherwise) with a commercial organization to declare?

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Nature of relationship(s)	**Name of for-profit or not-for-profit organization(s)**	**Description of relationship(s)**
Any direct financial payments including receipt of honoraria	Canadian Association of Orthopaedic Medicine	I teach at workshops organized by the CAOM
Membership on advisory boards or speakers' bureaus		
Funded grants or clinical trials		
Patents for a drug or device		

All other investments or relationships that could be seen by a reasonable, well- informed participant as having the potential to influence the content of the educational activity		

Part 2
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No

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Yes

Part 3:
All speakers and planning committee members to complete.

Your role in the CPD activity: workshop instructor;

CME/CPD Program Title: Canadian Association of Orthopaedic Medicine Conference – 2026

Do you acknowledge that the above information is accurate?

Yes

In lieu of signature, please type first and last name: Erik Ouellette

Date: 2026/06/10

Canadian Association of Orthopaedic Medicine Conference – 2026
Conflict of Interest Disclosure

Brian A Shamess

Part 1

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Nature of relationship(s)	**Name of for-profit or not-for-profit organization(s)**	**Description of relationship(s)**
Any direct financial payments including receipt of honoraria	Neg	Neg
Membership on advisory boards or speakers' bureaus	Neg	Neg
Funded grants or clinical trials	Neg	Neg
Patents for a drug or device	Neg	Neg

All other investments or relationships that could be seen by a reasonable, well- informed participant as having the potential to influence the content of the educational activity	Neg	Neg

Part 2
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Yes

Part 3:
All speakers and planning committee members to complete.

Your role in the CPD activity: Member of the Planning Committee;

CME/CPD Program Title: Canadian Association of Orthopaedic Medicine Conference – 2026

Do you acknowledge that the above information is accurate?

Yes

In lieu of signature, please type first and last name: Brian A Shamess

Date: 2026/06/1

Canadian Association of Orthopaedic Medicine Conference – 2026
Conflict of Interest Disclosure

Keith Weber

Part 1

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Nature of relationship(s)	**Name of for-profit or not-for-profit organization(s)**	**Description of relationship(s)**
Any direct financial payments including receipt of honoraria	Canadian Association of Orthopaedic Medicine	I receive an honoraria for teaching. I am also on the Board of Directors
Membership on advisory boards or speakers' bureaus	None	
Funded grants or clinical trials	None	
Patents for a drug or device	None	

All other investments or relationships that could be seen by a reasonable, well- informed participant as having the potential to influence the content of the educational activity	None	

Part 2
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No

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Yes

Part 3:
All speakers and planning committee members to complete.

Your role in the CPD activity: workshop instructor; presenter; member of the planning committee and Board

CME/CPD Program Title: Canadian Association of Orthopaedic Medicine Conference – 2026

Do you acknowledge that the above information is accurate?

Yes

In lieu of signature, please type first and last name: Keith Weber

Date: 2026/05/31