

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Cary	2. Surname (Last Name) Poltzer	3. Date 16-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Carolyn A. Hutyra
5. Manuscript Title Assessing the Effectiveness of Evidence-Based Medicine in Practice: A Case Study of First Time Anterior Shoulder Dislocations		
6. Manuscript Identifying Number (if you know it) JBJS-D-17-01588R1		

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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

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Politzer has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Perez	2. Surname (Last Name) Agaba	3. Date 20-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Carolyn A. Hutyra
5. Manuscript Title Assessing the Effectiveness of Evidence-Based Medicine in Practice: A Case Study of First Time Anterior Shoulder Dislocations		
6. Manuscript Identifying Number (if you know it) JBJS-D-17-01588R1		

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Agaba has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Carolyn

2. Surname (Last Name)
Hutyra

3. Date
16-April-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Assessing the Effectiveness of Evidence-Based Medicine in Practice: A Case Study of First Time Anterior Shoulder Dislocations

6. Manuscript Identifying Number (if you know it)
JBJS-D-17-01588R1

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Carolyn Hutyra has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Richard	2. Surname (Last Name) Mather	3. Date 16-April-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Carolyn A. Hutyra
5. Manuscript Title Assessing the Effectiveness of Evidence-Based Medicine in Practice: A Case Study of First Time Anterior Shoulder Dislocations		
6. Manuscript Identifying Number (if you know it) JBJS-D-17-01588R1		

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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Stryker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
KNG Health Consulting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Zimmer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
North Carolina Orthopaedic Association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	President Elect

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Mather reports personal fees from Stryker, personal fees from KNG Health Consulting, grants from Zimmer, other from North Carolina Orthopaedic Association, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Lori	2. Surname (Last Name) Orlando	3. Date 16-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Carolyn A. Hutyra
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Dr. Orlando has nothing to disclose.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

1. Given Name (First Name)

Elka

2. Surname (Last Name)

Rubin

3. Date

16-April-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Carolyn A. Hutyra

5. Manuscript Title

Assessing the Effectiveness of Evidence-Based Medicine in Practice: A Case Study of First Time Anterior Shoulder Dislocations

6. Manuscript Identifying Number (if you know it)

JBJS-D-17-01588R1

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

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 6. Disclosure Statement

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Elka Rubin has nothing to disclose.

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1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

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1. Given Name (First Name)
Ben

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Streufert

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17-April-2018

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Yes No

Corresponding Author's Name
Carolyn A. Hutyra

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Dr. Streufert has nothing to disclose.

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1. Given Name (First Name)
Dean

2. Surname (Last Name)
Taylor

3. Date
16-April-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Carolyn A. Hutyra

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Arthrex, Inc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breg, Inc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DePuy Mitek	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DonJoy Orthopaedics (DJO)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Histogenics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research Support
OREF Fellowship Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Smith & Nephew Orthopaedics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DePuy Mitek	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant

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Dr. Taylor reports grants from Arthrex, Inc., grants from Breg, Inc., grants from DePuy Mitek, grants from DonJoy Orthopaedics (DJO), other from Histogenics, grants from OREF Fellowship Support, grants from Smith & Nephew Orthopaedics, other from DePuy Mitek, outside the submitted work; .

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