

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Brett	2. Surname (Last Name) Toresdahl	3. Date 26-April-2020
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Christopher Mendias
5. Manuscript Title Musculoskeletal consequences of COVID-19		
6. Manuscript Identifying Number (if you know it) TBD		

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Dr. Toresdahl has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Martin	2. Surname (Last Name) Schonk	3. Date 24-April-2020
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Christopher Mendias
5. Manuscript Title Musculoskeletal consequences of COVID-19		
6. Manuscript Identifying Number (if you know it) TBD		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Alexander

2. Surname (Last Name)
Piacentini

3. Date
24-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Christopher Mendias

5. Manuscript Title
Musculoskeletal consequences of COVID-19

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

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Mr. Piacentini has nothing to disclose.

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1. Given Name (First Name) Maxwell	2. Surname (Last Name) Konnaris	3. Date 24-April-2020
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Section 1. Identifying Information

1. Given Name (First Name)
Daniel

2. Surname (Last Name)
Edon

3. Date
27-April-2020

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

5. Manuscript Title
Musculoskeletal consequences of COVID-19

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

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1. Given Name (First Name) Nathaniel	2. Surname (Last Name) Disser	3. Date 27-April-2020
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Christopher Mendias
5. Manuscript Title Musculoskeletal consequences of COVID-19		
6. Manuscript Identifying Number (if you know it) TBD		

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.

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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 5. Relationships not covered above

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- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):
- ☒ No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Disser has nothing to disclose.

Evaluation and Feedback

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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) Andrea	2. Surname (Last Name) De Micheli	3. Date 24-April-2020
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Christopher Mendias
5. Manuscript Title Musculoskeletal consequences of COVID-19		
6. Manuscript Identifying Number (if you know it) TBD		

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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Dr. De Micheli has nothing to disclose.

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4. Intellectual Property.

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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) Scott	2. Surname (Last Name) Rodeo	3. Date 27-April-2020
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Christopher Mendias
5. Manuscript Title Musculoskeletal consequences of COVID-19		
6. Manuscript Identifying Number (if you know it) TBD		

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.

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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
Advance Medical	☐	☒	☐	☐	Consultant
Ortho RTI	☐	☐	☐	☒	Stock options
NIH	☒	☐	☐	☐	
OREF	☒	☐	☐	☐	
Virginia Toulmin Foundation	☒	☐	☐	☐	
AOSSM	☒	☐	☐	☐	
JRF Ortho	☒	☐	☐	☐	
American Journal of Sports Medicine	☐	☐	☐	☒	Editorial Board

ICMJE Form for Disclosure of Potential Conflicts of Interest

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. Rodeo reports personal fees from Advance Medical, other from Ortho RTI, grants from NIH, grants from OREF, grants from Virginia Toulmin Foundation, grants from AOSSM, grants from JRF Ortho, other from American Journal of Sports Medicine, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Ellen

2. Surname (Last Name)

Casey

3. Date

27-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Christopher Mendias

5. Manuscript Title

Musculoskeletal consequences of COVID-19

6. Manuscript Identifying Number (if you know it)

TBD

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Dr. Casey 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)
Christopher

2. Surname (Last Name)
Mendias

3. Date
27-April-2020

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

5. Manuscript Title
Musculoskeletal consequences of COVID-19

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

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If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	☒	☐	☐	☐	R01-AR063649

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GLG Life Sciences Consulting	☐	☒	☐	☐	
GlaxoSmithKline	☐	☒	☐	☐	
Mark Cuban Foundation	☒	☐	☐	☐	

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Orthopaedic Research and Education Foundation	☒	☐	☐	☐	
Associate Editor, Translational Sports Medicine	☐	☒	☐	☐	
Editorial Board, Journal of Orthopaedic Research and Journal of Applied Physiology	☐	☐	☐	☒	

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Mendias reports grants from NIH, personal fees from GLG Life Sciences Consulting, personal fees from GlaxoSmithKline, grants from Mark Cuban Foundation, grants from Orthopaedic Research and Education Foundation, personal fees from Associate Editor, Translational Sports Medicine, other from Editorial Board, Journal of Orthopaedic Research and Journal of Applied Physiology, outside the submitted work; .

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