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

5. Relationships not covered above.

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# 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

## 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 6. Disclosure Statement

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Dr. Toresdahl 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)  
   Martin

2. Surname (Last Name)  
   Schonk

3. Date  
   24-April-2020

4. Are you the corresponding author?  
   Yes

5. Manuscript Title  
   Musculoskeletal consequences of COVID-19

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

Corresponding Author’s Name  
Christopher Mendias

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Dr. Schonk has nothing to disclose.

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Placentini
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Alexander</td>
<td>Placentini</td>
<td>24-April-2020</td>
</tr>
</tbody>
</table>

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Maxwell
2. Surname (Last Name) Konnaris
3. Date 24-April-2020
4. Are you the corresponding author? ☑ 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. Konnaris has nothing to disclose.

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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)  
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Dr. Edon 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)  
   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.)?

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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?  
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Dr. Disser 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) 
Andrea

2. Surname (Last Name) 
De Micheli

3. Date 
24-April-2020

4. Are you the corresponding author? ☑ 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)  
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

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☑ Yes  
☐ No

If yes, please fill out the appropriate information below.

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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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<tr>
<td>Ellen</td>
<td>Casey</td>
<td>27-April-2020</td>
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<th>4. Are you the corresponding author?</th>
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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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- [ ] Yes  
- [✓] No

### Relationships not covered above

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