ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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3. Relevant financial activities outside the submitted work.
   
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   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Section 1. Identifying Information

1. Given Name (First Name)          2. Surname (Last Name)          3. Date
ASHEESH          BEDI          18-August-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name
JOHN C. CLOHISY

5. Manuscript Title
Surgical Treatment of Femoroacetabular Impingement: Hip Arthroscopy versus Surgical Hip Dislocation – A Propensity Matched Analysis

6. Manuscript Identifying Number (if you know it)
JBJS-D-20-00265

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

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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. BEDI reports other from AMERICAN ORTHOPAEDIC SOCIETY FOR SPORTS MEDICINE, personal fees and other from ARTHREX INC, personal fees and non-financial support from SLACK INCORPORATED, personal fees and non-financial support from SPRINGER, 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)  ETIENNE
2. Surname (Last Name)  BELZILE
3. Date  18-August-2020
4. Are you the corresponding author?  ☑ No  Corresponding Author’s Name  JOHN C. CLOHISY
5. Manuscript Title  Surgical Treatment of Femoroacetabular Impingement: Hip Arthroscopy versus Surgical Hip Dislocation – A Propensity Matched Analysis
6. Manuscript identifying Number (if you know it)  JBJS-D-20-00265

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
John

2. Surname (Last Name)  
Clohisy

3. Date  
18-August-2020

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

5. Manuscript Title  
Surgical Treatment of Femoroacetabular Impingement: Hip Arthroscopy versus Surgical Hip Dislocation – A Propensity Matched Analysis

6. Manuscript identifying Number (if you know it)  
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- Yes  
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   Jeffrey  

2. Surname (Last Name)  
   Nepple  

3. Date  
   18-August-2020  

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  

   Corresponding Author’s Name  
   John C. Clohisy  

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Are there any relevant conflicts of interest?  
   [x] Yes  
   [ ] No  

If yes, please fill out the appropriate information below.

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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. Neppe reports other from Arthroscopy, other from Pediatric Research in Sports Medicine Society, personal fees from Responsive Arthroscopy, personal fees and non-financial support from Smith & Nephew, non-financial support from Zimmer, outside the submitted work; .
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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)  
   TRAVIS

2. Surname (Last Name)  
   MATHENEY

3. Date  
   18-August-2020

4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author's Name  
   JOHN C. CLOHISY

5. Manuscript Title  
   Surgical Treatment of Femoroacetabular Impingement: Hip Arthroscopy versus Surgical Hip Dislocation – A Propensity Matched Analysis

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-20-00265

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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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Section 6. Disclosure Statement

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Dr. MATHENEY reports other from AAOS, other from ORTHOPEDIATRICS, other from PEDIATRIC ORTHOPAEDIC SOCIETY OF NORTH AMERICAN, personal fees from SMITH & NEPHEW, 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)  
   Christopher
2. Surname (Last Name)  
   Larson
3. Date  
   02-April-2020
4. Are you the corresponding author?  
   □ Yes  ■ No  
   Corresponding Author’s Name  
   John C. Clohisy
5. Manuscript Title  
   Surgical Treatment of Femoroacetabular Impingement: Hip Arthroscopy versus Surgical Hip Dislocation – A Propensity Matched Analysis
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Are there any relevant conflicts of interest?  ■ Yes  □ No

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Section 1. Identifying Information

1. Given Name (First Name) Michael
2. Surname (Last Name) Millis
3. Date 02-April-2020
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name
   John C. Clohisy

5. Manuscript Title
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1. Given Name (First Name)  
   David

2. Surname (Last Name)  
   Podeszwa

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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. Podeszwa reports other from AAOS, personal fees and other from Elsevier, other from Journal of the American Academy of Orthopaedic Surgeons, other from Orthopediatrics, other from Pediatric Orthopaedic Society of North America, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Rafael
2. Surname (Last Name)  
   Sierra
3. Date  
   02-April-2020

4. Are you the corresponding author?  
   ☑ Yes  ☐ No
   Corresponding Author’s Name  
   John C. Clohisy

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Dr. Sierra reports other from American Association of Hip and Knee Surgeons, personal fees from Biomet, other from Cytori, other from DePuy- A Johnson & Johnson Company, other from Journal of Arthroplasty, other from Knee Society, personal fees from Link Orthopaedics, other from Midamerica orthopedic society, personal fees from Orthoalign, personal fees and other from Springer, other from Stryker, Biomet, personal fees from Think, personal fees and other from Zimmer, 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)  Wudbhav
2. Surname (Last Name)  Sankar
3. Date  02-April-2020
4. Are you the corresponding author?  
   Yes  No
   Corresponding Author’s Name  John C. Clohisy
5. Manuscript Title
   Surgical Treatment of Femoroacetabular Impingement: Hip Arthroscopy versus Surgical Hip Dislocation – A Propensity Matched Analysis
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Are there any relevant conflicts of interest?  Yes  No

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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

Sankar
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) 
   Ernest

2. Surname (Last Name) 
   Sink

3. Date 
   09-March-2020

4. Are you the corresponding author? 
   Yes [ ] No [ ]
   Corresponding Author’s Name 
   John C. Clohisy

5. Manuscript Title 
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Dr. Sink reports other from AAOS, outside the submitted work.

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**Section 1. Identifying Information**

1. **Given Name (First Name)**
   - Daniel

2. **Surname (Last Name)**
   - Sucato

3. **Date**
   - 02-April-2020

4. Are you the corresponding author? ☑ Yes ☐ No
---
Corresponding Author’s Name
- John C. Clohisy

5. **Manuscript Title**
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Dr. Sucato has nothing to disclose.

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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.

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

5. Relationships not covered above.

   Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

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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)  
   Young Jo  

2. Surname (Last Name)  
   Kim  

3. Date  
   02-April-2020  

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
   Corresponding Author’s Name  
   John C. Clohisy  

5. Manuscript Title  
   Surgical Treatment of Femoroacetabular Impingement: Hip Arthroscopy versus Surgical Hip Dislocation – A Propensity Matched Analysis  

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-20-00265

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Are there any relevant conflicts of interest?  
   [ ] Yes  
   [x] No

Section 3. Relevant financial activities outside the submitted work.

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   [x] Yes  
   [ ] No

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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<td>editorial or governing board</td>
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<td>Osteoarthritis and Cartilage</td>
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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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Section 6. Disclosure Statement

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Dr. Kim reports personal fees from Imagen, other from Journal of Hip Preservation Surgery, other from Orthopediatrics, other from Orthopedic Reviews, other from Osteoarthritis and Cartilage, outside the submitted work; .

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
   Ira

2. Surname (Last Name)  
   Zaltz

3. Date  
   09-March-2020

4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author’s Name  
   John C. Clohisy

5. Manuscript Title  
   Surgical Treatment of Femoroacetabular Impingement: Hip Arthroscopy versus Surgical Hip Dislocation – A Propensity Matched Analysis

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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. Zaltz reports personal fees from Orthopaedics, outside the submitted work;

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Section 1. Identifying Information

1. Given Name (First Name)  
   Paul

2. Surname (Last Name)  
   Beaule

3. Date  
   02-April-2020

4. Are you the corresponding author?  
   ☑ No
   Corresponding Author’s Name
   John C. Clohisy

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Beaule reports personal fees and other from Corin USA, other from DePuy, a Johnson & Johnson Company, other from International Society for Hip Arthroscopy, personal fees from MatORTHO, personal fees from Medacta, personal fees and other from MicroPort, personal fees and other from Zimmer, outside the submitted work.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Eduardo
2. Surname (Last Name)  
   Novais
3. Date  
   18-August-2020
4. Are you the corresponding author?  
   ☑ Yes  ☐ No  
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Dr. Novais has nothing to disclose.

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Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally (but not always) paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**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)  
   PERRY

2. Surname (Last Name)  
   SCHOENECKER

3. Date  
   18-August-2020

4. Are you the corresponding author?  
   ☑ Yes  ☐ No  
   Corresponding Author’s Name  
   John C. Clohisy

5. Manuscript Title  
   Surgical Treatment of Femoroacetabular Impingement: Hip Arthroscopy versus Surgical Hip Dislocation – A Propensity Matched Analysis

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-20-00265

### 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>
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<th>Name of Entity</th>
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<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>BOARD OR COMMITTEE MEMBER</td>
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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

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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☑ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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. SCHOENECKER reports other from CLINICAL ORTHOPAEDIC AND RELATED RESEARCH, other from JOURNAL OF BONE AND JOINT SURGERY-AMERICAN, other from JOURNAL OF CHILDREN'S ORTHOPAEDICS, other from JOURNAL OF PEDIATRIC ORTHOPAEDICS, other from ORTHOPEDIATRICS, other from PEDIATRIC ORTHOPAEDIC SOCIETY OF NORTH AMERICAN, outside the submitted work.

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