

## ICMJE DISCLOSURE FORM

**Date:** 10/11/2021  
**Your Name:** Andrew Jawa  
**Manuscript Title:** Outcomes after Anatomic and Reverse Shoulder Arthroplasty for the Treatment of Glenohumeral Osteoarthritis: A Propensity Score Matched Analysis  
**Manuscript Number (if known):** JBJS-D-21-00982R1 Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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<b>3</b>	Royalties or licenses	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td>OBERD</td><td>Royalties</td></tr> <tr><td>Dupuy Synthesis</td><td>Royalties</td></tr> <tr><td> </td><td> </td></tr> </table>	OBERD	Royalties	Dupuy Synthesis	Royalties			
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Dupuy Synthesis	Royalties								
<b>4</b>	Consulting fees	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td>DJO Global</td><td>Paid Consultant</td></tr> <tr><td>Ignite Orthopedics</td><td>Paid Consultant</td></tr> <tr><td> </td><td> </td></tr> </table>	DJO Global	Paid Consultant	Ignite Orthopedics	Paid Consultant			
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Ignite Orthopedics	Paid Consultant								

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	<table border="1"> <tr> <td>DJO Global</td> <td>Paid Speaker and Consultant</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	DJO Global	Paid Speaker and Consultant				
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12	Receipt of equipment, materials, drugs, medical writing,	<input checked="" type="checkbox"/> None <input type="checkbox"/>							

	gifts or other services		
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/>	

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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**Date:** 10/11/2021

**Your Name:** Ryan Churchill

**Manuscript Title:** Outcomes after Anatomic and Reverse Shoulder Arthroplasty for the Treatment of Glenohumeral Osteoarthritis: A Propensity Score Matched Analysis

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	medical writing, gifts or other services		
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**Date:** 10/11/2021

**Your Name:** Bassem Elhassan

**Manuscript Title:** Outcomes after Anatomic and Reverse Shoulder Arthroplasty for the Treatment of Glenohumeral Osteoarthritis: A Propensity Score Matched Analysis

**Manuscript Number (if known):** JBJS-D-21-00982R1 Click or tap here to enter text.

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**Date:** 10/11/2021

**Your Name:** Paul-Anthony Hart

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**Date:** 10/11/2021

**Your Name:** Jacob Kirsch

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11	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
12	Receipt of equipment, materials, drugs,	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/>							

	medical writing, gifts or other services		
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/>	

**Please place an "X" next to the following statement to indicate your agreement:**

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 10/11/2021

**Your Name:** Kiet Le

**Manuscript Title:** Outcomes after Anatomic and Reverse Shoulder Arthroplasty for the Treatment of Glenohumeral Osteoarthritis: A Propensity Score Matched Analysis

**Manuscript Number (if known):** JBJS-D-21-00982R1 Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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<b>Time frame: past 36 months</b>								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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11	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
12	Receipt of equipment, materials, drugs,	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/>							

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**Please place an "X" next to the following statement to indicate your agreement:**

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 10/11/2021

**Your Name:** Richard Puzzitiello

**Manuscript Title:** Outcomes after Anatomic and Reverse Shoulder Arthroplasty for the Treatment of Glenohumeral Osteoarthritis: A Propensity Score Matched Analysis

**Manuscript Number (if known):** JBJS-D-21-00982R1 Click or tap here to enter text.

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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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**Please place an "X" next to the following statement to indicate your agreement:**

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 10/11/2021

**Your Name:** Daniel Swanson

**Manuscript Title:** Outcomes after Anatomic and Reverse Shoulder Arthroplasty for the Treatment of Glenohumeral Osteoarthritis: A Propensity Score Matched Analysis

**Manuscript Number (if known):** JBJS-D-21-00982R1 Click or tap here to enter text.

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<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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## ICMJE DISCLOSURE FORM

**Date:** 10/11/2021

**Your Name:** Jon J.P. Warner

**Manuscript Title:** Outcomes after Anatomic and Reverse Shoulder Arthroplasty for the Treatment of Glenohumeral Osteoarthritis: A Propensity Score Matched Analysis

**Manuscript Number (if known):** JBJS-D-21-00982R1 Click or tap here to enter text.

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Smith and Nephew	Fellowship Support								
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b>	
		Chair for Quality and Safety in Orthopedics at MGH	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b>	
		Sand Diego Shoulder Institute (NFP)	BOD
11	Stock or stock options	<input type="checkbox"/> <b>None</b>	
		Vumedi	Stock
		MyHealthTrack	Stock
		Magdent	Stock
12	Receipt of equipment, materials, drugs, medical writing,	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/>	

	gifts or other services		
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/>	

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