

## 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.

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|                                                           | Name all entities with whom you have this relationship or indicate none (add rows as needed)                                                                                   | Specifications/Comments (e.g., if payments were made to you or to your institution)                                                                                                                                                                                                                                                                           |            |                 |                    |                 |  |  |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------|--------------------|-----------------|--|--|
| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                               |            |                 |                    |                 |  |  |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><input type="checkbox"/><br><table border="1" style="width: 100%; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> <div style="text-align: right; font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</div> |            |                 |                    |                 |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                               |            |                 |                    |                 |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                               |            |                 |                    |                 |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                               |            |                 |                    |                 |  |  |
| <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><br><input type="checkbox"/><br><table border="1" style="width: 100%; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>                                                                                                                    |            |                 |                    |                 |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                               |            |                 |                    |                 |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                               |            |                 |                    |                 |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                               |            |                 |                    |                 |  |  |
| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 60%;">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       |  |  |
| OBERD                                                     | Royalties                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                               |            |                 |                    |                 |  |  |
| Dupuy Synthesis                                           | Royalties                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                               |            |                 |                    |                 |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                               |            |                 |                    |                 |  |  |
| <b>4</b>                                                  | Consulting fees                                                                                                                                                                | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 60%;">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 |  |  |
| DJO Global                                                | Paid Consultant                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                               |            |                 |                    |                 |  |  |
| Ignite Orthopedics                                        | Paid Consultant                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                               |            |                 |                    |                 |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                               |            |                 |                    |                 |  |  |

|                                   |                                                                                                              |                                                 |                                                                                                                                                                 |                                   |                             |  |  |  |  |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------|--|--|--|--|
|                                   |                                                                                                              |                                                 |                                                                                                                                                                 |                                   |                             |  |  |  |  |
|                                   |                                                                                                              |                                                 |                                                                                                                                                                 |                                   |                             |  |  |  |  |
| 5                                 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> <b>None</b>            | <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 |  |  |  |  |
| DJO Global                        | Paid Speaker and Consultant                                                                                  |                                                 |                                                                                                                                                                 |                                   |                             |  |  |  |  |
|                                   |                                                                                                              |                                                 |                                                                                                                                                                 |                                   |                             |  |  |  |  |
|                                   |                                                                                                              |                                                 |                                                                                                                                                                 |                                   |                             |  |  |  |  |
| 6                                 | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b> | <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                        |                                   |                             |  |  |  |  |
|                                   |                                                                                                              |                                                 |                                                                                                                                                                 |                                   |                             |  |  |  |  |
|                                   |                                                                                                              |                                                 |                                                                                                                                                                 |                                   |                             |  |  |  |  |
|                                   |                                                                                                              |                                                 |                                                                                                                                                                 |                                   |                             |  |  |  |  |
| 7                                 | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b> | <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> | <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> | <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                        |                                   |                             |  |  |  |  |
|                                   |                                                                                                              |                                                 |                                                                                                                                                                 |                                   |                             |  |  |  |  |
|                                   |                                                                                                              |                                                 |                                                                                                                                                                 |                                   |                             |  |  |  |  |
|                                   |                                                                                                              |                                                 |                                                                                                                                                                 |                                   |                             |  |  |  |  |
| 10                                | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b> | <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                        |                                   |                             |  |  |  |  |
|                                   |                                                                                                              |                                                 |                                                                                                                                                                 |                                   |                             |  |  |  |  |
|                                   |                                                                                                              |                                                 |                                                                                                                                                                 |                                   |                             |  |  |  |  |
|                                   |                                                                                                              |                                                 |                                                                                                                                                                 |                                   |                             |  |  |  |  |
| 11                                | Stock or stock options                                                                                       | <input type="checkbox"/> <b>None</b>            | <table border="1"> <tr> <td>Boston Outpatient Surgical Suites</td> <td>Equity</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | Boston Outpatient Surgical Suites | Equity                      |  |  |  |  |
| Boston Outpatient Surgical Suites | Equity                                                                                                       |                                                 |                                                                                                                                                                 |                                   |                             |  |  |  |  |
|                                   |                                                                                                              |                                                 |                                                                                                                                                                 |                                   |                             |  |  |  |  |
|                                   |                                                                                                              |                                                 |                                                                                                                                                                 |                                   |                             |  |  |  |  |
| 12                                | Receipt of equipment, materials, drugs, medical writing,                                                     | <input checked="" type="checkbox"/> <b>None</b> | <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                        |                                   |                             |  |  |  |  |
|                                   |                                                                                                              |                                                 |                                                                                                                                                                 |                                   |                             |  |  |  |  |
|                                   |                                                                                                              |                                                 |                                                                                                                                                                 |                                   |                             |  |  |  |  |
|                                   |                                                                                                              |                                                 |                                                                                                                                                                 |                                   |                             |  |  |  |  |

|    |                                            |                                                                             |  |
|----|--------------------------------------------|-----------------------------------------------------------------------------|--|
|    | gifts or other services                    |                                                                             |  |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> <b>None</b><br><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:** Ryan Churchill  
**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.

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|                                                           | Name all entities with whom you have this relationship or indicate none (add rows as needed)                                                                                   | Specifications/Comments (e.g., if payments were made to you or to your institution)                                                                                                                                                                                                                                                                                                                                                             |               |  |  |  |  |  |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--|--|--|--|--|
| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               |  |  |  |  |  |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><input type="checkbox"/><br><table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table> <p style="text-align: right; font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</p> |               |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               |  |  |  |  |  |
| <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><br><input type="checkbox"/><br><table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>                                                                                                                |               |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               |  |  |  |  |  |
| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b><br><input type="checkbox"/><br><table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>                                                                                                                |               |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               |  |  |  |  |  |
| <b>4</b>                                                  | Consulting fees                                                                                                                                                                | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="height: 20px;">DePuy Synthes</td><td style="width: 20%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>                                                                                                                                                                                               | DePuy Synthes |  |  |  |  |  |
| DePuy Synthes                                             |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               |  |  |  |  |  |

|                                            |                                                                                                              |                                                                      |                                                                                                                                                                    |                                            |  |  |  |  |  |
|--------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--|--|--|--|--|
|                                            |                                                                                                              |                                                                      |                                                                                                                                                                    |                                            |  |  |  |  |  |
|                                            |                                                                                                              |                                                                      |                                                                                                                                                                    |                                            |  |  |  |  |  |
| 5                                          | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None                                        | <table border="1"> <tr> <td>Don Joy Orthopaedics</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                       | Don Joy Orthopaedics                       |  |  |  |  |  |
| Don Joy Orthopaedics                       |                                                                                                              |                                                                      |                                                                                                                                                                    |                                            |  |  |  |  |  |
|                                            |                                                                                                              |                                                                      |                                                                                                                                                                    |                                            |  |  |  |  |  |
|                                            |                                                                                                              |                                                                      |                                                                                                                                                                    |                                            |  |  |  |  |  |
| 6                                          | Payment for expert testimony                                                                                 | <input type="checkbox"/> None                                        | <table border="1"> <tr> <td>Expert witness for single case for MedStar</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | Expert witness for single case for MedStar |  |  |  |  |  |
| Expert witness for single case for MedStar |                                                                                                              |                                                                      |                                                                                                                                                                    |                                            |  |  |  |  |  |
|                                            |                                                                                                              |                                                                      |                                                                                                                                                                    |                                            |  |  |  |  |  |
|                                            |                                                                                                              |                                                                      |                                                                                                                                                                    |                                            |  |  |  |  |  |
| 7                                          | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> None<br><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"/> None<br><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"/> None<br><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>                                           |                                            |  |  |  |  |  |
|                                            |                                                                                                              |                                                                      |                                                                                                                                                                    |                                            |  |  |  |  |  |
|                                            |                                                                                                              |                                                                      |                                                                                                                                                                    |                                            |  |  |  |  |  |
|                                            |                                                                                                              |                                                                      |                                                                                                                                                                    |                                            |  |  |  |  |  |
| 10                                         | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None<br><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>                                           |                                            |  |  |  |  |  |
|                                            |                                                                                                              |                                                                      |                                                                                                                                                                    |                                            |  |  |  |  |  |
|                                            |                                                                                                              |                                                                      |                                                                                                                                                                    |                                            |  |  |  |  |  |
|                                            |                                                                                                              |                                                                      |                                                                                                                                                                    |                                            |  |  |  |  |  |
| 11                                         | Stock or stock options                                                                                       | <input checked="" type="checkbox"/> None<br><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"/> None<br><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><br><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:** 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.

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.

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|                                                           | Name all entities with whom you have this relationship or indicate none (add rows as needed)                                                                                   | Specifications/Comments (e.g., if payments were made to you or to your institution)                                                                                                                                                                                                                                                                                                                       |     |            |         |            |  |  |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------|---------|------------|--|--|
| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |     |            |         |            |  |  |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><input type="checkbox"/><br><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> <p style="text-align: right; font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</p> |     |            |         |            |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |     |            |         |            |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |     |            |         |            |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |     |            |         |            |  |  |
| <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><br><input type="checkbox"/><br><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>                                                                                                                |     |            |         |            |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |     |            |         |            |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |     |            |         |            |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |     |            |         |            |  |  |
| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b><br><input type="checkbox"/><br><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>                                                                                                                |     |            |         |            |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |     |            |         |            |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |     |            |         |            |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |     |            |         |            |  |  |
| <b>4</b>                                                  | Consulting fees                                                                                                                                                                | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 60%;">DJO</td> <td>Consultant</td> </tr> <tr> <td>Arthrex</td> <td>Consultant</td> </tr> </table>                                                                                                                                                                                 | DJO | Consultant | Arthrex | Consultant |  |  |
| DJO                                                       | Consultant                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                           |     |            |         |            |  |  |
| Arthrex                                                   | Consultant                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                           |     |            |         |            |  |  |

|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|----|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><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> |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><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> |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><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><br><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><br><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> |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><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> |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
| 11 | Stock or stock options                                                                                       | <input checked="" type="checkbox"/> <b>None</b><br><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, medical writing,                                                     | <input checked="" type="checkbox"/> <b>None</b><br><input type="checkbox"/> |                                                                                                                 |  |  |  |  |  |  |



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

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:** Paul-Anthony Hart

**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.

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|                                                           | Name all entities with whom you have this relationship or indicate none (add rows as needed)                                                                                   | Specifications/Comments (e.g., if payments were made to you or to your institution)                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><input type="checkbox"/><br><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> <p style="text-align: right; font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</p> |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
| <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><br><input type="checkbox"/><br><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>                                                                                                                |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b><br><input type="checkbox"/><br><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>                                                                                                                |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
| <b>4</b>                                                  | Consulting fees                                                                                                                                                                | <input checked="" type="checkbox"/><br><input type="checkbox"/> <b>None</b><br><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><br><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> |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><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> |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><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><br><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><br><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> |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><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> |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
| 11 | Stock or stock options                                                                                       | <input checked="" type="checkbox"/> <b>None</b><br><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><br><input type="checkbox"/> |                                                                                                                 |  |  |  |  |  |  |

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

**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:** Jacob Kirsch

**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.

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|                                                           | Name all entities with whom you have this relationship or indicate none (add rows as needed)                                                                                   | Specifications/Comments (e.g., if payments were made to you or to your institution)                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><input type="checkbox"/><br><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> <p style="text-align: right; font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</p> |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
| <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><br><input type="checkbox"/><br><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>                                                                                                                |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b><br><input type="checkbox"/><br><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>                                                                                                                |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
| <b>4</b>                                                  | Consulting fees                                                                                                                                                                | <input checked="" type="checkbox"/><br><input type="checkbox"/> <b>None</b><br><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><br><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> |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><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> |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><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><br><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><br><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> |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><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> |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
| 11 | Stock or stock options                                                                                       | <input checked="" type="checkbox"/> <b>None</b><br><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><br><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><br><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.

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|                                                           | Name all entities with whom you have this relationship or indicate none (add rows as needed)                                                                                   | Specifications/Comments (e.g., if payments were made to you or to your institution)                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><input type="checkbox"/><br><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> <p style="text-align: right; font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</p> |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
| <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><br><input type="checkbox"/><br><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>                                                                                                                |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b><br><input type="checkbox"/><br><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>                                                                                                                |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
| <b>4</b>                                                  | Consulting fees                                                                                                                                                                | <input checked="" type="checkbox"/><br><input type="checkbox"/> <b>None</b><br><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><br><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> |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><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> |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><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><br><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><br><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> |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><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> |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
| 11 | Stock or stock options                                                                                       | <input checked="" type="checkbox"/> <b>None</b><br><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><br><input type="checkbox"/> |                                                                                                                 |  |  |  |  |  |  |

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

**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.

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.

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|                                                           | Name all entities with whom you have this relationship or indicate none (add rows as needed)                                                                                   | Specifications/Comments (e.g., if payments were made to you or to your institution)                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><input type="checkbox"/><br><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> <p style="text-align: right; font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</p> |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
| <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><br><input type="checkbox"/><br><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>                                                                                                                |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b><br><input type="checkbox"/><br><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>                                                                                                                |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
| <b>4</b>                                                  | Consulting fees                                                                                                                                                                | <input checked="" type="checkbox"/><br><input type="checkbox"/> <b>None</b><br><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><br><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> |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><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> |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><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><br><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><br><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> |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><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> |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
| 11 | Stock or stock options                                                                                       | <input checked="" type="checkbox"/> <b>None</b><br><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><br><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><br><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:** 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.

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.

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|                                                           | Name all entities with whom you have this relationship or indicate none (add rows as needed)                                                                                   | Specifications/Comments (e.g., if payments were made to you or to your institution)                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><input type="checkbox"/><br><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> <p style="text-align: right; font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</p> |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
| <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><br><input type="checkbox"/><br><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>                                                                                                                |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b><br><input type="checkbox"/><br><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>                                                                                                                |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
| <b>4</b>                                                  | Consulting fees                                                                                                                                                                | <input checked="" type="checkbox"/><br><input type="checkbox"/> <b>None</b><br><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><br><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> |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><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> |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><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><br><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><br><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> |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><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> |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
|    |                                                                                                              |                                                                             |                                                                                                                 |  |  |  |  |  |  |
| 11 | Stock or stock options                                                                                       | <input checked="" type="checkbox"/> <b>None</b><br><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><br><input type="checkbox"/> |                                                                                                                 |  |  |  |  |  |  |

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

**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:** 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.

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.

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|                                                           | Name all entities with whom you have this relationship or indicate none (add rows as needed)                                                                                   | Specifications/Comments (e.g., if payments were made to you or to your institution)                                                                                                                                                                                                                                                                                                                                                                             |                  |                                                 |         |                    |  |  |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------|---------|--------------------|--|--|
| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                 |         |                    |  |  |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><input type="checkbox"/><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 15px;"> </td><td style="width: 20px;"> </td></tr> <tr><td style="height: 15px;"> </td><td style="width: 20px;"> </td></tr> <tr><td style="height: 15px;"> </td><td style="width: 20px;"> </td></tr> </table> <small>Click the tab key to add additional rows.</small> |                  |                                                 |         |                    |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                 |         |                    |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                 |         |                    |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                 |         |                    |  |  |
| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                 |         |                    |  |  |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">Smith and Nephew</td> <td style="width: 40%;">Fellowship Support</td> </tr> <tr> <td>Arthrex</td> <td>Fellowship Support</td> </tr> <tr> <td style="height: 15px;"> </td> <td> </td> </tr> </table>                                                                                                    | Smith and Nephew | Fellowship Support                              | Arthrex | Fellowship Support |  |  |
| Smith and Nephew                                          | Fellowship Support                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                 |         |                    |  |  |
| Arthrex                                                   | Fellowship Support                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                 |         |                    |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                 |         |                    |  |  |
| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">Stryker</td> <td style="width: 40%;">Consulting and Royalty</td> </tr> <tr> <td style="height: 15px;"> </td> <td> </td> </tr> <tr> <td style="height: 15px;"> </td> <td> </td> </tr> </table>                                                                                                          | Stryker          | Consulting and Royalty                          |         |                    |  |  |
| Stryker                                                   | Consulting and Royalty                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                 |         |                    |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                 |         |                    |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                 |         |                    |  |  |
| <b>4</b>                                                  | Consulting fees                                                                                                                                                                | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">Stryker</td> <td style="width: 40%;">Consulting for product development and teaching</td> </tr> <tr> <td style="height: 15px;"> </td> <td> </td> </tr> <tr> <td style="height: 15px;"> </td> <td> </td> </tr> </table>                                                                                 | Stryker          | Consulting for product development and teaching |         |                    |  |  |
| Stryker                                                   | Consulting for product development and teaching                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                 |         |                    |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                 |         |                    |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                 |         |                    |  |  |

|    |                                                                                                              |                                                                             |       |
|----|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------|
|    |                                                                                                              |                                                                             |       |
|    |                                                                                                              |                                                                             |       |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><input type="checkbox"/> |       |
|    |                                                                                                              |                                                                             |       |
|    |                                                                                                              |                                                                             |       |
| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><input type="checkbox"/> |       |
|    |                                                                                                              |                                                                             |       |
|    |                                                                                                              |                                                                             |       |
| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><input type="checkbox"/> |       |
|    |                                                                                                              |                                                                             |       |
|    |                                                                                                              |                                                                             |       |
| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b><br><input type="checkbox"/> |       |
|    |                                                                                                              |                                                                             |       |
|    |                                                                                                              |                                                                             |       |
| 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><br><input type="checkbox"/> |       |

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

**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.