ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. **Identifying information.**

2. **The work under consideration for publication.**

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4. **Intellectual Property.**

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

5. **Relationships not covered above.**

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

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

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

**Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Anthony

2. Surname (Last Name)  
   Romeo

3. Date  
   19-December-2019

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Rachel M. Frank, MD

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)  
   EMID:6583f25515063718

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
   ✔ No

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Are there any relevant conflicts of interest?  
   ✔ Yes  
   ✔ No

If yes, please fill out the appropriate information below.

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Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Romeo reports personal fees and other from Arthrex, Inc, personal fees and other from SLACK Incorporated, other from Wolters Kluwer Health - Lippincott Williams & Wilkins, outside the submitted work; .

Evaluation and Feedback

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Millett
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Peter J.  
2. Surname (Last Name)  Millett  
3. Date  17-December-2019  
4. Are you the corresponding author?  Yes  No  
   Corresponding Author’s Name  Rachel M. Frank, MD  
5. Manuscript Title  
   Arthroscopic Superior Capsule Reconstruction for Treatment of Massive Irreparable Rotator Cuff Tears - An Update of the Techniques for 2020  
6. Manuscript Identifying Number (if you know it)  

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Dr. Millett reports grants, personal fees and other from Arthrex, other from Smith & Nephew, other from Siemens, other from Össur, personal fees from Medibridge, personal fees from Springer Publishing, other from VuMedi, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Rachel

2. Surname (Last Name)  
   Frank

3. Date  
   20-November-2019

4. Are you the corresponding author?  
   ✔ Yes  
   ❌ No

5. Manuscript Title  
   Arthroscopic Superior Capsule Reconstruction for Treatment of Massive Irreparable Rotator Cuff Tears – An Update of the Technique for 2020

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
   ✔ Yes  
   ❌ No

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

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Dr. Frank reports other from Arthrex, during the conduct of the study; other from JRF, AlloSource, other from JSES, outside the submitted work; .

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Hartzler
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Robert
2. Surname (Last Name)  Hartzler
3. Date  19-December-2019
4. Are you the corresponding author?  No
   Corresponding Author's Name  Rachel Frank

5. Manuscript Title
   Arthroscopic Superior Capsular Reconstruction for Treatment of Massive Irreparable Rotator Cuff Tears - An Update of the Technique for 2020
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   EMID:6583f25515063718

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Dr. Hartzler reports personal fees from Arthrex, Inc., personal fees from Wolters-Kluwer, outside the submitted work.

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

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Pending: The patent has been filed but not issued

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

Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Christopher

2. Surname (Last Name)  
   Adams

3. Date  
   16-December-2019

4. Are you the corresponding author?  
   [ ] Yes  [X] No  
   Corresponding Author's Name  
   Rachel M. Frank, M.D.

5. Manuscript Title  
   Arthroscopic Superior Capsule Reconstruction for Treatment of Massive Irreparable Rotator Cuff Tears - An Update on the Technique for 2020

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  
Are there any relevant conflicts of interest?  
[ ] Yes  [X] No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.  
Are there any relevant conflicts of interest?  
[ ] Yes  [X] No  
If yes, please fill out the appropriate information below.

<table>
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<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
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<td>Paid Employment</td>
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
[ ] Yes  [X] No  
If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.
## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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

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

### Section 6. Disclosure Statement

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

Dr. Adams reports other from Arthrex, Inc., outside the submitted work; In addition, Dr. Adams has a patent US 10,172,703 B2 Issued January 8, 2019 Joint Kinematic Reconstruction Techniques issued.

### Evaluation and Feedback

Please visit [http://www.icmje.org/cgi-bin/feedback](http://www.icmje.org/cgi-bin/feedback) to provide feedback on your experience with completing this form.
ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

   This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

3. Relevant financial activities outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Patrick
2. Surname (Last Name)  Denard
3. Date  17-December-2019
4. Are you the corresponding author?  ✔ No
5. Manuscript Title  Arthroscopic SCR for treatment of massive irreparable rotator cuff tears
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  ✔ No

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