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

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Kraeutler
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Matthew
2. Surname (Last Name)  Kraeutler
3. Date  24-September-2019
4. Are you the corresponding author?  No
Corresponding Author’s Name  Mary K. Mulcahey

5. Manuscript Title
Psychological Readiness to Return to Sport Following Anterior Cruciate Ligament Reconstruction: A Current Concepts Review
6. Manuscript Identifying Number (if you know it)
REVIEWS-D-19-00110

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Are there any relevant conflicts of interest?  No

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Are there any relevant conflicts of interest?  No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  No
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Dr. Kraeutler has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Mary

2. Surname (Last Name)  
   Mulcahey

3. Date  
   24-September-2019

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Psychological Readiness to Return to Sport Following Anterior Cruciate Ligament Reconstruction: A Current Concepts Review

6. Manuscript Identifying Number (if you know it)  
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   ✔ Yes  
   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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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
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<td>Arthrex, Inc: Paid Presenter or Speaker</td>
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Dr. Mulcahey reports other from AAOS: Board or committee member, other from American Orthopaedic Society for Sports Medicine: Board or committee member, other from Arthroscopy Association of North America: Board or committee member, other from Ruth Jackson Orthopaedic Society: Board or committee member, personal fees from Arthrex, Inc: Paid Presenter or Speaker, outside the submitted work; .

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<tbody>
<tr>
<td>Matthew</td>
<td>Ashton</td>
<td>24-September-2019</td>
</tr>
</tbody>
</table>

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   - [ ] Yes  
   - [x] No

   Corresponding Author’s Name  
   Mary K. Mulcahey

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Matthew Ashton has nothing to disclose.

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1. Given Name (First Name) Symone
2. Surname (Last Name) Brown
3. Date 24-September-2019
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