

## 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.

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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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#### 4. Intellectual Property.

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

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

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

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

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Mary      2. Surname (Last Name) Mulcahey      3. Date 23-August-2020

4. Are you the corresponding author?     Yes     No

5. Manuscript Title  
Pectoralis Major Injuries: Presentation, Diagnosis, and Management. A Current Concepts Review.

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     No

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?     Yes     No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Arthrex, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid Presenter or Speaker

### Section 4. Intellectual Property -- Patents & Copyrights

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

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### Section 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

AAOS: Board or committee member; American Journal of Sports Medicine Electronic Media: Editorial or governing board; American Orthopaedic Society for Sports Medicine: Board or committee member; Arthroscopy: Editorial or governing board; Arthroscopy Association of North America: Board or committee member; Ortho Info: Editorial or governing board; Ruth Jackson Orthopaedic Society: Board or committee member; The Forum: Board or committee member

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. Mulcahey reports personal fees from Arthrex, Inc, outside the submitted work; and AAOS: Board or committee member; American Journal of Sports Medicine Electronic Media: Editorial or governing board; American Orthopaedic Society for Sports Medicine: Board or committee member; Arthroscopy: Editorial or governing board; Arthroscopy Association of North America: Board or committee member; Ortho Info: Editorial or governing board; Ruth Jackson Orthopaedic Society: Board or committee member; The Forum: Board or committee member.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Matthew      2. Surname (Last Name) Provencher      3. Date 23-August-2020

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Mary K. Mulcahey

5. Manuscript Title  
Pectoralis Major Injuries: Presentation, Diagnosis, and Management. A Current Concepts Review.

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     No

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?     Yes     No

If yes, please fill out the appropriate information below.

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Arthrex, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IP Royalties; Paid Consultant; Paid Presenter or Speaker
Joint Restoration Foundation (Allosource)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid Consultant
SLACK Incorporated	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Editorial or governing board; Publishing Royalties, financial or material support

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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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Dr. Provencher reports personal fees from Arthrex, Inc, personal fees from Joint Restoration Foundation (Allosource), personal fees from SLACK Incorporated, outside the submitted work; and AAOS: Board or Committee member; American Orthopaedic Society for Sports Medicine: Board or committee member; American Shoulder and Elbow Surgeons: Board or committee member; Arthroscopy: Editorial or governing board; Arthroscopy Association of North America: Board or committee member; International Society of Arthroscopy, Knee Surgery, and Orthopaedic Sports Medicine: Board or committee member; Knee: Editorial or governing board; Orthopedics: editorial or governing board; San Diego Shoulder Institute: board or committee member; Society of Military Orthopaedic Surgeons: Board or committee member

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### Section 1. Identifying Information

1. Given Name (First Name) Symone	2. Surname (Last Name) Brown	3. Date 23-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mary K. Mulcahey
5. Manuscript Title Pectoralis Major Injuries: Presentation, Diagnosis, and Management. A Current Concepts Review.		
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Symone Brown has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Wendell	2. Surname (Last Name) Cole	3. Date 23-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mary K. Mulcahey
5. Manuscript Title Pectoralis Major Injuries: Presentation, Diagnosis, and Management. A Current Concepts Review.		
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Dr. Cole has nothing to disclose.

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