

## ICMJE DISCLOSURE FORM

Date: 1/25/22

Your Name: Petros Koutsogiannis

Manuscript Title: Peroneus Longus and Brevis: A Review on Pathology and Updated Treatments

Manuscript number (if known): REVIEWS-D-21-00238

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	___ None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	

4	Consulting fees	___None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___None	
6	Payment for expert testimony	___None	
7	Support for attending meetings and/or travel	___None	
8	Patents planned, issued or pending	___None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___None	
11	Stock or stock options	___None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___None	
13	Other financial or non-financial interests	___None	

**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: 1/25/22

Your Name: Adam Bitterman

Manuscript Title: Peroneus Longus and Brevis: A Review on Pathology and Updated Treatments

Manuscript number (if known): REVIEWS-D-21-00238

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	___ None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	

4	Consulting fees	___None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___None	
6	Payment for expert testimony	___None	
7	Support for attending meetings and/or travel	___None	
8	Patents planned, issued or pending	___None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___Yes	American Orthopaedic Foot and Ankle Society: Board or committee member; American Osteopathic Academy of Orthopedics: Board or committee member; Foot and Ankle International: Editorial or governing board; New York State Society of Orthopedic Surgeons: Board or committee member; The Marfan Foundation: Board or committee member
11	Stock or stock options	___Yes	ROM3 Rehab
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___None	
13	Other financial or non-financial interests	___None	

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: 1/25/22

Your Name: John Tarazi

Manuscript Title: Peroneus Longus and Brevis: A Review on Pathology and Updated Treatments

Manuscript number (if known): REVIEWS-D-21-00238

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	___ None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	

4	Consulting fees	___None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___None	
6	Payment for expert testimony	___None	
7	Support for attending meetings and/or travel	___None	
8	Patents planned, issued or pending	___None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___None	
11	Stock or stock options	___None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___None	
13	Other financial or non-financial interests	___None	

**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: 1/25/22

Your Name: Nicholas Frane

Manuscript Title: Peroneus Longus and Brevis: A Review on Pathology and Updated Treatments

Manuscript number (if known): REVIEWS-D-21-00238

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	___ None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	

4	Consulting fees	___None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___None	
6	Payment for expert testimony	___None	
7	Support for attending meetings and/or travel	___None	
8	Patents planned, issued or pending	___None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___None	
11	Stock or stock options	___None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___None	
13	Other financial or non-financial interests	___None	

**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: 1/25/22

Your Name: Peter Regala

Manuscript Title: Peroneus Longus and Brevis: A Review on Pathology and Updated Treatments

Manuscript number (if known): REVIEWS-D-21-00238

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	___ None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	

4	Consulting fees	___None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___None	
6	Payment for expert testimony	___None	
7	Support for attending meetings and/or travel	___None	
8	Patents planned, issued or pending	___None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___None	
11	Stock or stock options	___None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___None	
13	Other financial or non-financial interests	___None	

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

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: 1/25/22

Your Name: Teymur Aliyev

Manuscript Title: Peroneus Longus and Brevis: A Review on Pathology and Updated Treatments

Manuscript number (if known): REVIEWS-D-21-00238

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	___ None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	

4	Consulting fees	___None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___None	
6	Payment for expert testimony	___None	
7	Support for attending meetings and/or travel	___None	
8	Patents planned, issued or pending	___None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___None	
11	Stock or stock options	___None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___None	
13	Other financial or non-financial interests	___None	

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

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