

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.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

5. Relationships not covered above.

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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

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) ASHEESH	2. Surname (Last Name) BEDI	3. Date 18-August-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name JOHN C. CLOHISY
5. Manuscript Title Surgical Treatment of Femoroacetabular Impingement: Hip Arthroscopy versus Surgical Hip Dislocation – A Propensity Matched Analysis		
6. Manuscript Identifying Number (if you know it) JBJS-D-20-00265		

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
AMERICAN ORTHOPAEDIC SOCIETY FOR SPORTS MEDICINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BOARD OR COMMITTEE MEMBER
ARTHREX INC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IP ROYALTIES
SLACK INCORPORATED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
SPRINGER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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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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- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):
- ☒ No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

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Dr. BEDI reports other from AMERICAN ORTHOPAEDIC SOCIETY FOR SPORTS MEDICINE, personal fees and other from ARTHREX INC, personal fees and non-financial support from SLACK INCORPORATED, personal fees and non-financial support from SPRINGER, outside the submitted work; .

Evaluation and Feedback

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

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Section 1. Identifying Information

1. Given Name (First Name)

ETIENNE

2. Surname (Last Name)

BELZILE

3. Date

18-August-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

JOHN C. CLOHISY

5. Manuscript Title

Surgical Treatment of Femoroacetabular Impingement: Hip Arthroscopy versus Surgical Hip Dislocation – A Propensity Matched Analysis

6. Manuscript Identifying Number (if you know it)

JBJS-D-20-00265

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Are there any relevant conflicts of interest? ☐ 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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B-THEMIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	RESEARCH SUPPORT
BODYCAD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	RESEARCH SUPPORT
CANADIAN INSTITUTE OF HEALTH RESEARCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	RESEARCH SUPPORT
ERGORESEARCH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ORTHOPAEDICS AND TRAUMATOLOGY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	EDITORIAL OR GOVERNING BOARD
PENDOPHARM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SMITH & NEPHEW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	RESEARCH SUPPORT
STRYKER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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SURGERY AND RESEARCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	EDITORIAL OR GOVERNING BOARD
VICTHOM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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Dr. BELZILE reports other from B-THEMIA, personal fees and other from BODYCAD, other from CANADIAN INSTITUTE OF HEALTH RESEARCH, personal fees from ERGORESEARCH, other from ORTHOPAEDICS AND TRAUMATOLOGY, personal fees from PENDOPHARM, other from SMITH & NEPHEW, personal fees from STRYKER, other from SURGERY AND RESEARCH, personal fees from VICTHOM, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) John	2. Surname (Last Name) Clohisy	3. Date 18-August-2020
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title Surgical Treatment of Femoroacetabular Impingement: Hip Arthroscopy versus Surgical Hip Dislocation – A Propensity Matched Analysis		
6. Manuscript Identifying Number (if you know it) JBJS-D-20-00265		

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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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Zimmer Biomet Inc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Curing Hip Disease Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
ANCHOR Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Department of Defense	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Microport	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	IP royalties, Paid consultant
Wolters Kluwer Health-Lippincott Williams & Wilkins	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Publishing royalties, financial or material support
Zimmer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	paid consultant, research support

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. Clohisy reports grants from Department of Defense, personal fees and non-financial support from Microport, personal fees from Wolters Kluwer Health-Lippincott Williams & Wilkins, personal fees and other from Zimmer, outside the submitted work; .

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1. Given Name (First Name) Jeffrey	2. Surname (Last Name) Nepple	3. Date 18-August-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name John C. Clohisy
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Arthroscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Editorial or governing board
Pediatric Research in Sports Medicine Society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board or committee member
Responsive Arthroscopy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	paid consulting

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Smith & Nephew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Paid consultant, paid presenter or speaker, research support
Zimmer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	research support

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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Dr. Nepple reports other from Arthroscopy, other from Pediatric Research in Sports Medicine Society, personal fees from Responsive Arthroscopy, personal fees and non-financial support from Smith & Nephew, non-financial support from Zimmer, 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.

5. Relationships not covered above.

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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

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)

TRAVIS

2. Surname (Last Name)

MATHENEY

3. Date

18-August-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

JOHN C. CLOHISY

5. Manuscript Title

Surgical Treatment of Femoroacetabular Impingement: Hip Arthroscopy versus Surgical Hip Dislocation – A Propensity Matched Analysis

6. Manuscript Identifying Number (if you know it)

JBJS-D-20-00265

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
AAOS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BOARD OR COMMITTEE MEMBER
ORTHOPEDIATRICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	UNPAID CONSULTANT
PEDIATRIC ORTHOPAEDIC SOCIETY OF NORTH AMERICAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BOARD OR COMMITTEE MEMBER
SMITH & NEPHEW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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

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Dr. MATHENEY reports other from AAOS, other from ORTHOPEDIATRICS, other from PEDIATRIC ORTHOPAEDIC SOCIETY OF NORTH AMERICAN, personal fees from SMITH & NEPHEW, outside the submitted work; .

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

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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) Larson	3. Date 02-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name John C. Clohisy
5. Manuscript Title Surgical Treatment of Femoroacetabular Impingement: Hip Arthroscopy versus Surgical Hip Dislocation – A Propensity Matched Analysis		
6. Manuscript Identifying Number (if you know it) JBJS-D-20-00265		

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
Smith & Nephew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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. Larson reports personal fees from Smith & Nephew, outside the submitted work; .

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

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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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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) Michael	2. Surname (Last Name) Millis	3. Date 02-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name John C. Clohisy
5. Manuscript Title Surgical Treatment of Femoroacetabular Impingement: Hip Arthroscopy versus Surgical Hip Dislocation – A Propensity Matched Analysis		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 3. Relevant financial activities outside the submitted work.

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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
Saunders/Mosby-Elsevier	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	financial or material support

Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Millis reports personal fees and other from Saunders/Mosby-Elsevier, outside the submitted work; .

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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)
David

2. Surname (Last Name)
Podeszwa

3. Date
02-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
John C. Clohisy

5. Manuscript Title
Surgical Treatment of Femoroacetabular Impingement: Hip Arthroscopy versus Surgical Hip Dislocation – A Propensity Matched Analysis

6. Manuscript Identifying Number (if you know it)
JBJS-D-020-00265

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

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If yes, please fill out the appropriate information below.

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AAOS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	board or committee member
Elsevier	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	financial or material support
Journal of the American Academy of Orthopaedic Surgeons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	editorial or governing board
Orthopediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	unpaid consultant
Pediatric Orthopaedic Society of North America	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	board or committee member

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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Dr. Podeszwa reports other from AAOS, personal fees and other from Elsevier, other from Journal of the American Academy of Orthopaedic Surgeons, other from Orthopediatrics, other from Pediatric Orthopaedic Society of North America, outside the submitted work; .

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)
Rafael

2. Surname (Last Name)
Sierra

3. Date
02-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
John C. Clohisy

5. Manuscript Title
Surgical Treatment of Femoroacetabular Impingement: Hip Arthroscopy versus Surgical Hip Dislocation – A Propensity Matched Analysis

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 3. Relevant financial activities outside the submitted work.

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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
American Association of Hip and Knee Surgeons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	board or committee member
Biomet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cytori	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	research support
DePuy- A Johnson & Johnson Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	research support
Journal of Arthroplasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	editorial or governing board
Knee Society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	board or committee member
Link Orthopaedics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Midamerica orthopedic society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	board or committee member
Orthoalign	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Springer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	financial or material support
Stryker, Biomet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	research support
Think	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Zimmer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	research support

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

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

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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. Sierra reports other from American Association of Hip and Knee Surgeons, personal fees from Biomet, other from Cytori, other from DePuy- A Johnson & Johnson Company, other from Journal of Arthroplasty, other from Knee Society, personal fees from Link Orthopaedics, other from Midamerica orthopedic society, personal fees from Orthoalign, personal fees and other from Springer, other from Stryker, Biomet, personal fees from Think, personal fees and other from Zimmer, outside the submitted work; .

ICMJE Form for Disclosure of Potential Conflicts of Interest

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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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.

5. Relationships not covered above.

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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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

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) Wudbhav	2. Surname (Last Name) Sankar	3. Date 02-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name John C. Clohisy
5. Manuscript Title Surgical Treatment of Femoroacetabular Impingement: Hip Arthroscopy versus Surgical Hip Dislocation – A Propensity Matched Analysis		
6. Manuscript Identifying Number (if you know it) JBJS-D-20-00265		

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
Pediatric Orthopaedic Society of North America	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	board or committee member
Wolters Kluwer Health- Lippincott Williams & Wilkins	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Sankar reports other from Pediatric Orthopaedic Society of North America, personal fees from Wolters Kluwer Health-Lippincott Williams & Wilkins, outside the submitted work; .

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4. Intellectual Property.

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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) Ernest	2. Surname (Last Name) Sink	3. Date 09-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name John C. Clohisy
5. Manuscript Title Surgical Treatment of Femoroacetabular Impingement: Hip Arthroscopy versus Surgical Hip Dislocation – A Propensity Matched Analysis		
6. Manuscript Identifying Number (if you know it) JBJS-D-20-00265		

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
AAOS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	board or committee member

Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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):
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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. Sink reports other from AAOS, outside the submitted work; .

Evaluation and Feedback

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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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Other: Anything not covered under the previous three boxes

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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)
Daniel

2. Surname (Last Name)
Sucato

3. Date
02-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
John C. Clohisy

5. Manuscript Title
Surgical Treatment of Femoroacetabular Impingement: Hip Arthroscopy versus Surgical Hip Dislocation – A Propensity Matched Analysis

6. Manuscript Identifying Number (if you know it)
JBJS-D-20-00265

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.

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Sucato has nothing to disclose.

Evaluation and Feedback

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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) Young Jo	2. Surname (Last Name) Kim	3. Date 02-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name John C. Clohisy
5. Manuscript Title Surgical Treatment of Femoroacetabular Impingement: Hip Arthroscopy versus Surgical Hip Dislocation – A Propensity Matched Analysis		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 3. Relevant financial activities outside the submitted work.

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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
Imagen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Journal of Hip Preservation Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	editorial or governing board
Orthopediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	unpaid consultant
Orthopedic Reviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	editorial or governing board
Osteoarthritis and Cartilage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	editorial or governing board

ICMJE Form for Disclosure of Potential Conflicts of Interest

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. Kim reports personal fees from Imagen, other from Journal of Hip Preservation Surgery, other from Orthopediatrics, other from Orthopedic Reviews, other from Osteoarthritis and Cartilage, outside the submitted work; .

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) Ira	2. Surname (Last Name) Zaltz	3. Date 09-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name John C. Clohisy
5. Manuscript Title Surgical Treatment of Femoroacetabular Impingement: Hip Arthroscopy versus Surgical Hip Dislocation – A Propensity Matched Analysis		
6. Manuscript Identifying Number (if you know it) JBJS-D-20-00265		

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
Orthopaedics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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. Zaltz reports personal fees from Orthopaedics, outside the submitted work; .

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

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Instructions

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3. Relevant financial activities outside the submitted work.

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For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

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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Definitions.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

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) Paul	2. Surname (Last Name) Beaule	3. Date 02-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name John C. Clohisy
5. Manuscript Title Surgical Treatment of Femoroacetabular Impingement: Hip Arthroscopy versus Surgical Hip Dislocation – A Propensity Matched Analysis		
6. Manuscript Identifying Number (if you know it) JBJS-D-20-00265		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 3. Relevant financial activities outside the submitted work.

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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
Corin USA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	research support
DePuy, a Johnson & Johnson Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	research support
International Society for Hip Arthroscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	board or committee member
MatORTHO	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medacta	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MicroPort	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	research support
Zimmer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	research support

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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Dr. Beaulé reports personal fees and other from Corin USA, other from DePuy, a Johnson & Johnson Company, other from International Society for Hip Arthroscopy, personal fees from MatORTHO, personal fees from Medacta, personal fees and other from MicroPort, personal fees and other from Zimmer, 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)
Eduardo

2. Surname (Last Name)
Novais

3. Date
18-August-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
John C. Clohisy

5. Manuscript Title
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Novais has nothing to disclose.

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1. Given Name (First Name)
PERRY

2. Surname (Last Name)
SCHOENECKER

3. Date
18-August-2020

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☐ Yes ☒ No

Corresponding Author's Name
John C. Clohisy

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
CLINICAL ORTHOPAEDIC AND RELATED RESEARCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	EDITORIAL OR GOVERNING BOARD
JOURNAL OF BONE AND JOINT SURGERY-AMERICAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	EDITORIAL OR GOVERNING BOARD
JOURNAL OF CHILDREN'S ORTHOPAEDICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	EDITORIAL OR GOVERNING BOARD
JOURNAL OF PEDIATRIC ORTHOPAEDICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	EDITORIAL OR GOVERNING BOARD
ORTHOPEDIATRICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	STOCK/STOCK OPTIONS
PEDIATRIC ORTHOPAEDIC SOCIETY OF NORTH AMERICAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BOARD OR COMMITTEE MEMBER

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Dr. SCHOENECKER reports other from CLINICAL ORTHOPAEDIC AND RELATED RESEARCH, other from JOURNAL OF BONE AND JOINT SURGERY-AMERICAN, other from JOURNAL OF CHILDREN'S ORTHOPAEDICS, other from JOURNAL OF PEDIATRIC ORTHOPAEDICS, other from ORTHOPEDIATRICS, other from PEDIATRIC ORTHOPAEDIC SOCIETY OF NORTH AMERICAN, outside the submitted work; .

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