

Instructions

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

BEDI 1



Section 1. Identifying Inform	nation							
1. Given Name (First Name) ASHEESH	2. Surname (Last Name) BEDI		3. Date 18-August-2020					
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's	s Name					
5. Manuscript Title Surgical Treatment of Femoroacetabular Impingement: Hip Arthroscopy versus Surgical Hip Dislocation – A Propensity Matched Analysis								
6. Manuscript Identifying Number (if you k JBJS-D-20-00265	now it)							
Section 2. The Week Under C								
The Work Under C	Consideration for Publi	cation						
Did you or your institution at any time rece any aspect of the submitted work (includin statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, d							
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 inter	rest? ✓ Yes No							
If yes, please fill out the appropriate inf	formation below.							
Name of Entity	Grant? Personal No	n-Financial Other?	Comments					
AMERICAN ORTHOPAEDIC SOCIETY FOR SPORTS MEDICINE			OARD OR COMMITTEE MEMBER					
ARTHREX INC		☐ ✓ IF	PROYALTIES					
SLACK INCORPORATED		✓						
5PRINGER								

BEDI 2



Section 4. Intellectual Property - Potents & Consulabta
Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
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. 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

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$

BEDI 3



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Identifying Informa	ation			
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 Auth	or's Name	
5. Manuscript Title Surgical Treatment of Femoroacetabular Matched Analysis	Impingement: Hip Arthr	roscopy versus Surgi	cal Hip Dislocation – A Propensity	
6. Manuscript Identifying Number (if you kno JBJS-D-20-00265	ow it)	_		
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Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interest	but not limited to grants, da			c.) for
Section 3. Relevant financial a	ctivities outside the s	submitted work.		
Place a check in the appropriate boxes in of compensation) with entities as descrik clicking the "Add +" box. You should rep Are there any relevant conflicts of interes	n the table to indicate who bed in the instructions. Us ort relationships that wer	ether you have finan se one line for each e	ntity; add as many lines as you need	
If yes, please fill out the appropriate info				
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Name of Entity	Grant? Personal Nor	n-Financial Other?	Comments	
B-THEMIA			RESEARCH SUPPORT	
BODYCAD			RESEARCH SUPPORT	
CANADIAN INSTITUTE OF HEALTH RESEARCH			RESEARCH SUPPORT	
ERGORESEARCH				
ORTHOPAEDICS AND TRAUMATOLOGY			EDITORIAL OR GOVERNING BOARD	
PENDOPHARM				
SMITH & NEPHEW			RESEARCH SUPPORT	
STRYKER				



Name of Entity	Grant		Other? Comments				
SURGERY AND RESEARCH	Fees •	Support !	✓ EDITORIAL OR GOVERN	ING BOARD			
VICTHOM							
Section 4. Intellectual Proper	ty Patents & Cop	pyrights					
Do you have any patents, whether planr			to the work? Yes] No			
Do you have any paterns, whether plant	rea, perialing or issued	a, broadly relevant	to the work.] 110			
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Yes the following relationships/cond	ditions/circumstances	s are present (expla	in helow):				
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, jo On occasion, journals may ask authors to				closure statements.			
Section 6. Disclosure Statement							
Disclosure Stateme		on anata a diselesco	vo statomont vyhish vyill ann	aay in the bay			
Based on the above disclosures, this forr below.	n will automatically g	enerate a disclosui	re statement, which will appe	ear in the box			
Dr. BELZILE reports other from B-THEMI HEALTH RESEARCH, personal fees from from PENDOPHARM, other from SMITH personal fees from VICTHOM, outside the	ERGORESEARCH, othe & NEPHEW, personal t	er from ORTHOPAE	DICS AND TRAUMATOLOGY,	personal fees			



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1. Given Name (First Name) John	2. Surname (Last Na Clohisy	me)		3. Date 18-August-2020
4. Are you the corresponding author?	✓ Yes No			
5. Manuscript TitleSurgical Treatment of FemoroacetabulMatched Analysis6. Manuscript Identifying Number (if you known to be a surface of the surface of		Arthroscopy vei	rsus Surgical H	Hip Dislocation – A Propensity
JBJS-D-20-00265				
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Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter	eive payment or service g but not limited to gra	s from a third party nts, data monitorir No	ng board, study	design, manuscript preparation,
If yes, please fill out the appropriate inf Excess rows can be removed by pressin		ou have more tha	n one entity p	press the "ADD" button to add a row.
Name of Institution/Company	Grant? Personal Fees?	Non-Financial	Other? C	omments
Zimmer Biomet Inc	✓			
Curing Hip Disease Fund		✓		
ANCHOR Fund		✓		
Section 3. Relevant financial	activities outside	the submitted	l work.	
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re	ibed in the instructio	ns. Use one line	for each entity	y; add as many lines as you need by
Are there any relevant conflicts of inter		No		
If yes, please fill out the appropriate inf	ormation below.			
Name of Entity	Grant? Personal Fees?	Non-Financial	Other? C	omments
Department of Defense				



Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments		
Microport		V	√		IP royalties, Paid consultant		
Wolters Kluwer Health-Lippincott Williams & Wilkins		✓			Publishing royalties, financial or material support		
Zimmer		✓		✓	paid consultant, research support		
Section 4. Intellectual Propert	:y Pate	ents & Co	pyrights				
Do you have any patents, whether plann Section 5. Relationships not of			ed, broadly releva	nt to the	work? ☐ Yes ✓ No		
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At the time of manuscript acceptance, jo On occasion, journals may ask authors to							
Section 6. Disclosure Stateme	nt						
Based on the above disclosures, this forn below.	n will auto	omatically (generate a disclos	sure state	ement, which will appear in the box		
Dr. Clohisy reports grants from Departm fees from Wolters Kluwer Health-Lipping submitted work; .							



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5. Manuscript Title Surgical Treatment of Femoroacetabul Matched Analysis	ar Impingement: Hip Arth	roscopy versus Surgi	cal Hip Dislocation – A Propensity
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Excess rows can be removed by pressin			
Name of Institution/Company	Grant? Personal Nor	n-Financial Other	Comments
Zimmer Biomet Inc	✓		
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Name of Entity	Grant? Personal Nor	n-Financial Other	Comments
Arthroscopy			Editorial or governing board
Pediatric Research in Sports Medicine Society			Board or committee member
Responsive Arthroscopy			paid consulting



Name of Entity		Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Smith & Nephew			✓	✓		Paid consultant, paid presenter or speaker, research support	
Zimmer				✓		research support	
Section 4.	Intellectual Propert	v Pate	nts & Co	ovriahts			
Do you have any	patents, whether plann	•			nt to the	work? Yes V No	
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	wing relationships/conditions/cir						
	anuscript acceptance, jo rnals may ask authors to					sary, update their disclosure statem elationships.	ents.
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Based on the abo			matically (generate a disclos	sure state	ement, which will appear in the box	
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1

MATHENEY



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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	s Name					
5. Manuscript Title Surgical Treatment of Femoroacetabular Impingement: Hip Arthroscopy versus Surgical Hip Dislocation – A Propensity Matched Analysis								
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AAOS			OARD OR COMMITTEE MEMBER					
ORTHOPEDIATRICS		U	NPAID CONSULTANT					
PEDIATRIC ORTHOPAEDIC SOCIETY OF NORTH AMERICAN		□ ✓ Bo	OARD OR COMMITTEE MEMBER					
SMITH & NEPHEW								

MATHENEY 2



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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

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MATHENEY 3



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

Larson 1



Section 1.	Identifying Inform	nation						
1. Given Name (Fi Christopher	rst Name)	2. Surname (Last Nam Larson	e)	3. Date 02-April-2020				
4. Are you the cor	responding author?	☐ Yes ✓ No	or's Name					
Surgical Treatme	5. Manuscript Title Surgical Treatment of Femoroacetabular Impingement: Hip Arthroscopy versus Surgical Hip Dislocation – A Propensity Matched Analysis							
6. Manuscript Ide JBJS-D-20-00265	ntifying Number (if you kr ;	now it)						
	L							
Section 2.	The Work Under Co	onsideration for Pu	blication					
any aspect of the s statistical analysis, Are there any rel	ubmitted work (including	g but not limited to grant	s, data monitoring board, st	ent, commercial, private foundation, etc.) for udy design, manuscript preparation,				
Section 3.	Relevant financial	activities outside tl	ne submitted work.					
of compensation clicking the "Ado Are there any rel	n) with entities as descri	ibed in the instructions port relationships that est? Yes N	s. Use one line for each er were present during the	cial relationships (regardless of amount ntity; add as many lines as you need by a 36 months prior to publication .				
Name of Entity		Grant? Personal Fees?	Non-Financial Support? Other?	Comments				
Smith & Nephew								
Section 4.	Intellectual Proper	rty Patents & Cop	yrights					
Do you have any	patents, whether plan	ned, pending or issued	l, broadly relevant to the	work? Yes V No				

Larson 2



Section 5. Relationships not sovered above
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?
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Royalties: Funds are coming in to you or your institution due to your patent

Millis 1



Section 1. Identifying Inform	nation						
1. Given Name (First Name) Michael	2. Surname (Last Name) Millis	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 kr JBJS-D-20-00265	now it)	_					
Section 2. The Work Under C	onsideration for Public	ration.					
Did you or your institution at any time rece	vive payment or services from g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,					
Section 3. Relevant financial	activities outside the s	ubmitted 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?							
Name of Entity	Grant? Personal Noi	n-Financial Other? Comments					
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Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No					

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Section 5. Relationships not sovered above
Relationships not covered above
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Royalties: Funds are coming in to you or your institution due to your

Podeszwa 1



Section 1. Identifying Inform	••							
Identifying Information								
Given Name (First Name) David	2. Surname (Last Name) Podeszwa		3. Date 02-April-2020					
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Auth John C. Clohisy	nor's Name					
5. Manuscript Title Surgical Treatment of Femoroacetabula Matched Analysis	ır İmpingement: Hip Art	hroscopy versus Surg	ical Hip Dislocation – A Propensity					
6. Manuscript Identifying Number (if you kn JBJS-D-020-00265	now it)							
Section 2. The Work Under Co	onsideration for Pub	l'a'						
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	ive payment or services fro but not limited to grants, a	m a third party (governn	nent, commercial, private foundation, etc.) for study design, manuscript preparation,					
Section 3. Relevant financial	activities outside the	submitted work.						
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Name of Entity	Grant? Personal Fees?	on-Financial Other	Comments					
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ournal of the American Academy of Orthopaedic Surgeons			editorial or governing board					
Orthopediatrics			unpaid consultant					
Pediatric Orthopaedic Society of North America	a \square		board or committee member					

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Section 1.	Identifying Inform	nation						
1. Given Name (Fi Rafael	irst Name)	2. Surnar Sierra	ne (Last Nam	e)		3. Date 02-April-2020		
4. Are you the cor	responding author?	Name						
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 Co	onsidera	tion for Pu	phlication				
	stitution at any time rece	ive paymen	t or services f	from a third party		, commercial, private foundation, etc.) for		
statistical analysis,	etc.)?		_		j board, study	y design, manuscript preparation,		
Are there any rel	levant conflicts of intere	est? []`	Yes ✓ N	10				
Section 3.	Relevant financial		اء مادنده ا	h a a h waissa d	urouls			
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of compensation	n) with entities as descri	ibed in the	instruction	s. Use one line fo	r each entit	relationships (regardless of amount cy; add as many lines as you need by 6 months prior to publication .		
_	levant conflicts of intere		· <u> </u>	10	5			
If yes, please fill	out the appropriate info	ormation b	elow.					
Name of Entity		Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments		
American Association Surgeons	n of Hip and Knee				✓ bo	oard or committee member		
Biomet			\checkmark					
Cytori					✓ re:	search support		
DePuy- A Johnson &	Johnson Company				✓ re	search support		
ournal of Arthroplas	sty				✓ ed	litorial or governing board		
(nee Society					√ bo	pard or committee member		
ink Orthopaedics			✓					



	1					
Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Midamerica orthopedic society				✓	board or committee member	
Orthoalign		✓				
Springer		✓		✓	financial or material support	
Stryker, Biomet				✓	research support	
Think		✓				
Zimmer		✓		✓	research support	
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Dr. Sierra reports other from American A other from DePuy- A Johnson & Johnson fees from Link Orthopaedics, other from other from Springer, other from Stryker,	n Compar n Midame	ny, other fro rica orthop	om Journal of Artl edic society, pers	hroplasty onal fees	from Orthoalign, personal fees and	
the submitted work; .						



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Sankar 1



Section 1.	Identifying Inform	ation					
1. Given Name (Fii Wudbhav	rst Name)	2. Surnar Sankar	ne (Last Name)			3. Date 02-April-2020	
4. Are you the cor	responding author?	Yes	✓ No	Correspond John C. Cla	ding Author' ohisy	s Name	
5. Manuscript Title Surgical Treatment of Femoroacetabular Impingement: Hip Arthroscopy versus Surgical Hip Dislocation – A Propensity Matched Analysis							
6. Manuscript Ider JBJS-D-20-00265	ntifying Number (if you kn	ow it)					
	1						
Section 2.	The Work Under Co	onsiderat	tion for Publ	ication			
any aspect of the s statistical analysis,	ubmitted work (including etc.)?	but not lim				t, commercial, private foundation, etc.; ly design, manuscript preparation,) for
Are there any rel	evant conflicts of intere	est?	res ✓ No				
Section 3.	Relevant financial	activities	outside the	submitted v	work.		
of compensation) with entities as descri	bed in the	instructions. U	Jse one line fo	or each enti	Il relationships (regardless of amou ity; add as many lines as you need b 36 months prior to publication .	
_	evant conflicts of intere		·	•	•		
If yes, please fill o	out the appropriate info	rmation b	elow.				
Name of Entity		Grant?	Personal No	on-Financial Support	Other?	Comments	
Pediatric Orthopaedi	c Society of North Americ	a 🗌			√ b	oard or committee member	
Wolters Kluwer Healt Wilkins	h- Lippincott Williams &		✓				
Section 4.	Intellectual Proper	ty Pate	ents & Copyr	ights			
Do you have any	patents, whether plan	•		-	nt to the w	ork?	

Sankar 2



Section 5. Polationships not severed above
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Section 6. Disclosure Statement
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Sankar reports other from Pediatric Orthopaedic Society of North America, personal fees from Wolters Kluwer Health-Lippincott Williams & Wilkins, outside the submitted work; .

Evaluation and Feedback

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Sankar 3



Instructions

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4. Intellectual Property.

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

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 **Issued:** The patent has been issued by the agency

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

Sink 1



Section 1.	Identifying Inform	nation					
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Sink		3. Date 09-March-2020			
4. Are you the cor	responding author?	☐ Yes ✓ No	Name				
5. Manuscript Title Surgical Treatment of Femoroacetabular Impingement: Hip Arthroscopy versus Surgical Hip Dislocation – A Propensity Matched Analysis							
6. Manuscript Ider JBJS-D-20-00265	ntifying Number (if you kr ;	now it)					
Section 2							
Section 2.	The Work Under Co	onsideration for Pub	lication				
any aspect of the s statistical analysis, Are there any rel	ubmitted work (including	g but not limited to grants, o		, commercial, private foundation, etc.) for y design, manuscript preparation,			
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?							
Name of Entity		Grant? Personal Ne	on-Financial Support?	Comments			
AAOS			□ ✓ bo	pard or committee member			
Section 4.	Intellectual Propei	rty Patents & Copyr	ights				
Do you have any	patents, whether plan	ned, pending or issued, l	oroadly relevant to the wo	ork? Yes V No			

Sink 2



Section 5. Relationships not covered above
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 statement 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. Sink reports other from AAOS, outside the submitted work; .

Evaluation and Feedback

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Sink 3



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patent

Sucato 1



Section 1.	Identifying Inform	nation					
1. Given Name (Fii Daniel	rst Name)	2. Surname (Last Name) Sucato	3. Date 02-April-2020				
4. Are you the cor	responding 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 Ider JBJS-D-20-00265	ntifying Number (if you kr	now it)					
			-				
Section 2.	The Work Under Co	onsideration for Public	cation				
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 Vo							
Section 3.	Relevant financial	activities outside the s	ubmitted work.				
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Section 4.							
Jedion II	Intellectual Proper	ty Patents & Copyric	ints				
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Tyes V No				

Sucato 2



Section 5. Relationships not covered above
Relationships not covered above
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Yes, the following relationships/conditions/circumstances are present (explain below):
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Sucato has nothing to disclose.

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paten[.]

Kim 1



Section 1. Identifying Inform	nation							
1. Given Name (First Name) Young Jo	2. Surname (Last Name) Kim		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 kr JBJS-D-20-00265	now it)	_						
Section 2. The Work Under C	onsideration for Publi							
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, do							
Section 3. Relevant financial	activities outside the	submitted work.						
Place a check in the appropriate boxes in of compensation) with entities as described the "Add +" box. You should repare there any relevant conflicts of interesting the "Add +" box. You should repare the add +"	ibed in the instructions. Uport relationships that we est? Yes No	se one line for each entity	; add as many lines as you need by					
If yes, please fill out the appropriate info	ormation below.							
Name of Entity	Grant? Personal No	n-Financial Other? Co	omments					
magen								
lournal of Hip Preservation Surgery		✓ edit	torial or governing board					
Orthopediatrics		☐ ✓ unp	paid consultant					
Orthopedic Reviews		✓ edit	torial or governing board					
Osteoarthritis and Cartilage		√ edit	torial or governing board					

Kim 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volumes 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?
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Section 6. Disclosure Statement
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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; .

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Zaltz 1



Section 1. Identifying Info	rmation				
1. Given Name (First Name) Ira	2. Surname (Last Name) Zaltz	3. Date 09-March-2020			
4. Are you the corresponding author?	Yes V No	Corresponding Author's Name John C. Clohisy			
5. Manuscript Title Surgical Treatment of Femoroacetab Matched Analysis	ular Impingement: Hip Arthı	oscopy versus Surgical Hip Dislocation – A Propensity			
6. Manuscript Identifying Number (if you JBJS-D-20-00265	know it)	-			
Section 2. The Work Under	Consideration for Public	ation			
Did you or your institution at any time re	ceive payment or services from ing but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,			
Section 3. Relevant financia	al activities outside the s	ubmitted 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 Nor	Other? Comments			
Orthopaediatrics					
Section 4. Intellectual Prop	erty Patents & Copyric	hts			
Do you have any patents, whether pla	anned, pending or issued, br	oadly relevant to the work? Yes V No			

Zaltz 2



Section 5. Relationships not sovered above
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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Dr. Zaltz reports personal fees from Orthopaediatrics, outside the submitted work; .

Evaluation and Feedback

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Zaltz 3



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Beaule 1



Section 1.	Identifying Infor	mation					
1. Given Name (Fii Paul	rst Name)	2. Surnar Beau l e	ne (Last Name)			3. Date 02-April-2020	
4. Are you the cor	responding author?	Yes ✓ No Corresponding Author's Name John C. Clohisy					
5. Manuscript Title Surgical Treatme Matched Analysi	ent of Femoroacetabu	lar Impinge	ment: Hip Arth	nroscopy vers	sus Surgio	al Hip Dislocation – A Propensity	
6. Manuscript Ider JBJS-D-20-00265	ntifying Number (if you k	(now it)					
	ı						
Section 2.	The Work Under (Considerat	ion for Publ	ication			
any aspect of the s statistical analysis,	ubmitted work (includin	ig but not lim				ent, commercial, private foundation, etc.) udy design, manuscript preparation,	for
Section 3.	Relevant financia	l activities	outside the	submitted	work.		
of compensation) with entities as desc	ribed in the	instructions. L	Jse one line fo	or each ei	cial relationships (regardless of amou ntity; add as many lines as you need b e 36 months prior to publication .	
•	evant conflicts of inte		res No				
ir yes, piease fili c	out the appropriate in	ormation b	eiow. 				
Name of Entity		Grant?	Personal No	on-Financial Support	Other?	Comments	
Corin USA			✓		✓	research support	
DePuy, a Johnson & J	ohnson Company				✓	research support	
nternational Society	for Hip Arthroscopy				✓	board or committee member	
MatORTHO			✓				
Medacta			✓				
MicroPort			✓		✓	research support	
Zimmer			$\overline{\mathbf{A}}$		$\overline{\mathbf{A}}$	research support	

Beaule 2



Section 4. Intellectual Drangety, Detants & Consuinhts
Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume No
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Dr. Beaule 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; .

Evaluation and Feedback

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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.

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

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Section 1. Identifying Inform	nation				
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 Surgical Treatment of Femoroacetabul Matched Analysis	ar Impingement: Hip Arthı	roscopy versus Surgical Hip Dislocation – A Propensity			
6. Manuscript Identifying Number (if you k JBJS-D-20-00265	now it)				
Section 2. The Work Under C	onsideration for Public	cation			
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 Vo					
Section 3. Relevant financial	activities outside the s	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 Vo					
Section 4. Intellectual Prope	rty Patents & Copyric	jhts			
Do you have any patents, whether plan	nned, pending or issued, br	oadly relevant to the work? Yes V No			

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Section 5. Relationships not covered above
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 statement 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. Novais has nothing to disclose.

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

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.

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.

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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

SCHOENECKER 1



Section 1.	Identifying Inform	ation					
1. Given Name (Fi	rst Name)		. Surname (Last Name) CHOENECKER			3. Date 18-August-2020	
4. Are you the cor	responding author?	Yes	Yes No Corresponding Author's Nam John C. Clohisy			's Name	
5. Manuscript Title Surgical Treatment of Femoroacetabular Impingement: Hip Arthroscopy versus Surgical Hip Dislocation – A Propensity Matched Analysis							
6. Manuscript Ider JBJS-D-20-00265	ntifying Number (if you kn	ow it)					
Section 2.	The Work Under Co	vacidovatic	n for Dubl	ication			
Did you or your inc					(aoyaramar	t commercial private foundation etc) for
	ubmitted work (including					it, commercial, private foundation, etc. dy design, manuscript preparation,) 101
Are there any rel	evant conflicts of intere	st? Ye	s 🕢 No				
Section 2							
Section 3.	Relevant financial	activities o	utside the	submitted	work.		
of compensation) with entities as descril	bed in the in	structions. \	Jse one line fo	r each ent	al relationships (regardless of amou ity; add as many lines as you need l 36 months prior to publication .	
Are there any rel	evant conflicts of intere	st? ✓ Ye	s No				
If yes, please fill o	out the appropriate info	rmation bel	ow.				
Name of Entity		Grant•	- 7	on-Financial Support	Other?	Comments	
CLINICAL ORTHOPAE RESEARCH	DIC AND RELATED				√	DITORIAL OR GOVERNING BOARD	
OURNAL OF BONE A AMERICAN	ND JOINT SURGERY-				√	DITORIAL OR GOVERNING BOARD	
OURNAL OF CH I LDR	EN'S ORTHOPAEDICS				√ E	DITORIAL OR GOVERNING BOARD	
OURNAL OF PEDIAT	RIC ORTHOPAEDICS				√ E	DITORIAL OR GOVERNING BOARD	
ORTHOPEDIATRICS					√	TOCK/STOCK OPTIONS	
PEDIATRIC ORTHOPA AMERICAN	EDIC SOCIETY OF NORTH				✓ E	OARD OR COMMITTEE MEMBER	

SCHOENECKER 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume No
Section 5. Relationships not covered above
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Yes, the following relationships/conditions/circumstances are present (explain below):
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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. 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; .

Evaluation and Feedback

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