ICMJE DISCLOSURE FORM

Date:___May 3, 2021_____
Your Name:___Bertram Zarins, MD_____
Manuscript Title:____Tibia External Rotation Test for Patellar Instability_____
Manuscript number (if known):___ JBJS-D-21-00449

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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