	te:12/6/21		
	ur Name:Christophe		
Ma	nuscript Title:The	Rotator Cable does not Str	ress Shield the Crescent Area during Shoulder Abduction
Ma	nuscript number (if known)	:JBJS-D-21-01	142
related to the relate	ated to the content of your raties whose interests may be transparency and does not nationship/activity/interest,	manuscript. "Related" me e affected by the content o ecessarily indicate a bias. it is preferable that you do	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o so.
to t me In i	the epidemiology of hyperte dication, even if that medica	ension, you should declare ation is not mentioned in t oport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other items,
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	Actiex
4	Conculting for-	NI	
4	Consulting fees	None	Arthex

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	Yes
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	Yes
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	∕None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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

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

Date: <u>11/29/21</u>
Your Name: Ryan Blake
Manuscript Title:The Rotator Cable does not Stress Shield the Crescent Area during Shoulder Abduction
Manuscript number (if known):JBJS-D-21-01142

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

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

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	_X_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	_X_None	

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

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

Date: 11/30/2(
Your Name: Sean Delserro	
Manuscript Title: The Rotator Cable does not Stress Shield H	Crescont Area during,
Manuscript number (if known): TBTS - D-21-31142	Shoulder
	A6 ductre

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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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	adas 122	Time frame: Since the initia	l planning of the work
1	All support for the present manuscript (e.g., funding,	None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
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Mest Net		Time frame: past	36 months
2	Grants or contracts from	_ ✓ None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<u>√</u> None	
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4	Consulting fees	None	
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5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	<u>V</u> None	
	meetings and/or travel		
			District County County (County County
8	Patents planned, issued or	None	
	pending		:
9	Participation on a Data	None	
7	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	√None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
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12		J	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

Date: 11/30/2021

Your Name: Dimitrios Papadopoulos

Royalties or licenses

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	nuscript Title: The Rota nuscript number (if known):		hield the Crescent Area during Shoulder Abduction
rela part to ti	ted to the content of your n ies whose interests may be	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
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	em #1 below, report all sup time frame for disclosure is	•	in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	

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

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

Date	e: <u>11/29/2021</u>		
	r Name:James Greenwell		
Mar	nuscript Title: The Rot	ator Cable does not Stress	Shield the Crescent Area during Shoulder Abduction
Mar	nuscript number (if known):	JBJS-D-21-01142	-
relate part to trelate	ted to the content of your n ies whose interests may be ransparency and does not no tionship/activity/interest, it	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. is preferable that you do	
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	em #1 below, report all sup time frame for disclosure is	•	in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	

4	Consulting fees	XNone	
5	Payment or honoraria for	XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
0	Participation on a Data	V None	
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		

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

Date	e:11/30/2021		
You	r Name:Luis F Carrazana-	Suarez	
			Shield the Crescent Area during Shoulder Abduction
Mar	nuscript number (if known):	JBJS-D-21-01142_	
related to the man The to the to the total the	ted to the content of your names whose interests may be ransparency and does not	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. It is preferable that you do so the author's relationship wities/interests should be donsion, you should declare a	s/activities/interests as they relate to the <u>current</u> <u>efined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
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		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as needed)	
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_	All support for the present manuscript (e.g., funding,	XNone	
	provision of study materials,		
	medical writing, article		
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2	Grants or contracts from	X None	30 months
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	in item #1 above).		
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8 Patents planned, issued or _XNone	8		_XNone	
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9 Participation on a DataXNone	9		_XNone	
Safety Monitoring Board or Advisory Board				
Advisory board		Advisory board		
10 Leadership or fiduciary roleXNone	10		XNone	
in other board, society, committee or advocacy				
group, paid or unpaid				
11 Stock or stock optionsXNone	11	Stock or stock options	XNone	
12 Receipt of equipment, _XNone	12		_XNone	
materials, drugs, medical writing, gifts or other				
services				
13 Other financial or nonXNone	13		_XNone	
financial interests		financial interests		

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

Date	:1	.2/9/21		
Your	Name:	Michael Smol	inski	
Man	uscript Tit	le: The Ro	tator Cable does not Stress	Shield the Crescent Area during Shoulder Abduction
Man	uscript nu	mber (if known):	JBJS-D-21-01142	
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to th med In ite	e epidemi ication, ev em #1 belo	ology of hyperte en if that medica ow, report all sup	nsion, you should declare a	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. In this manuscript without time limit. For all other items,
			Name all entities with	Specifications/Comments
			whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)
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			Time frame: Since the initial	planning of the work
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2	Grants or o	contracts from	XNone	
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	in item #1	above).		
3	Royalties o	or licenses	_XNone	

4	Consulting fees	XNone	
5	Payment or honoraria for	XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
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8	Patents planned, issued or	XNone	
	pending		
_	Doubleinstien en e Dete	V. None	
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
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12	Receipt of equipment, materials, drugs, medical	_XNone	
	writing, gifts or other services		
13	Other financial or non-	_XNone	
	financial interests		

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

	e:12/10/21					
You	r Name:Mark C.	Miller				
Mar	nuscript Title: The Rotate	or Cable doe	s not Stress Sh	ield the Cresc	ent Area during Sho	ulder Abduction
iviar	nuscript number (if known):	1R12-	·D-21-01142			
In th	ne interest of transparency,	we ask you	to disclose all r	elationshins/	activities/interests	listed helmy that are
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	ne epidemiology of hyperte					ers of antihypertensive
mec	lication, even if that medica	ition is not n	rentioned in th	e manuscript.	Y A	
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		relationship	1	institution)		
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1	All support for the present	None	The artification of the state o			
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	processing charges, etc.) No time limit for this item.					
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	any entity (if not indicated					
	in item #1 above).					
3	Royalties or licenses	None				
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4	Consulting fees	None				
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	manuscript writing or				
	educational events				
6	Payment for expert	> None			
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7	Support for attending	None			
	meetings and/or travel				
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8	Patents planned, issued or	_★ None		······································	
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9	Participation on a Data	<u> </u>			
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10	Leadership or fiduciary role	→ None			
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11	Stock or stock options	None			
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	writing, gifts or other			1	**************************************
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13	Other financial or non-	None			*****
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date	e:12/10/21						
		k J. Smolinski_					_
	nuscript Title: The Ro nuscript number (if know			ield the Cresc	ent Area during Sh	oulder Abduction	
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to th med In ite	author's relationships/a ne epidemiology of hype lication, even if that med em#1 below, report all s time frame for disclosure	rtension, you s lication is not r upport for the	hould declare a nentioned in th work reported	III relationship e manuscript	s with manufactur	ers of antihypertensive	i
		Name all e whom you relationship none (add needed)	have this o or indicate	Specifications (e.g., if payme institution)	/Comments ents were made to y	ou or to your	
		Bertalants (Bigs, Details of America San Condition Manager and American	: Since the initial	planning of th	e work	-14	
1	All support for the present manuscript (e.g., funding, provision of study material medical writing, article processing charges, etc.) No time limit for this item	s,					
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None		,			
3	Royalties or licenses	None					
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5	Payment or honoraria for	<u></u> ✓ None				
	lectures, presentations,					
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	Safety Monitoring Board or					
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	in other board, society,					
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	writing, gifts or other	_				
	services		·			
13	Other financial or non-	_ √ _None				
	financial interests					
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X	l certify that I have answered every qu	estion and have not altered	the wording of any	of the questions on this
	form.		-	_

Date: December 4, 202)	
Your Name: (hristopher Scott Spicer	
Manuscript Title: The Rotator Cable does	not Stress Shield the Crescont Area duri
Manuscript number (if known): TBJS - [)-21-01142 Shoulder
	Abduction

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None		
		Time frame: past	36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		
3	Royalties or licenses	None		
4	Consulting fees	None		

5	Payment or honoraria for	None	
ŀ	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
<u> </u>	educational events		
6	Payment for expert	None	
Ì	testimony		
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7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		1
11	Stock or stock options	✓ None	<u> </u>
	Stock of Stock options		
12	Receipt of equipment,	None	:
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

Yo	te: 2-10-2021						
	ur Name: <u>Плома 5</u>	2 ink	Do				-
	anuscript Title: The	- Rotato		oes not S	bress Shield 1	le Coscent d	•
Ma	nuscript number (if known):	JBJS -	D-21-	31142	le Crescent A	- Ye
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In 1	the interest of transparency	, we ask you	to disclose all	relationships/a	 activities/interests	listed below that an	
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2	Grants or contracts from	XNone	
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10 Leadership or fiduciary roleXNone	
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11 Stock or stock optionsX_None	
12 Receipt of equipment,X_None	
materials, drugs, medical writing, gifts or other	
services	
13 Other financial or nonX_None	
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__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.