ICMJE DISCLOSURE FORM

Date: 5/6/2022
Your Name: Kathleen M. Poploski
Manuscript Title: Presentation and Management of Multiple Ligament Knee Injuries: A Multicenter Study from the Surgical Timing and Rehabilitation (STaR) Trial for MLKIs Network
Manuscript number (if known): JBJS-D-20-02051

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)**
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.**	____None	
		Clinical Trial Development Award from the US Department of Defense Congressionally Directed Medical Research Programs – Peer Reviewed Orthopaedic Research Program (Contract Number: W81XWH-15-1-0655.)	
		National Center for Advancing Translational Sciences of the NIH, Grant/Award Number:TL1TR001858	Training grant which supported my time

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

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

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

ICMJE DISCLOSURE FORM

Date: **2022.05.24**
Your Name: **Andrew D. Lynch, PT, PhD**
Manuscript Title: Presentation and Management of Multiple Ligament Knee Injuries: A Multicenter Study from the Surgical Timing and Rehabilitation (STaR) Trial for MLKIs Network
Manuscript number (if known): JBJS-D-20-02051

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		Clinical Trial Development Award from the US Department of Defense Congressionally Directed Medical Research Programs – Peer Reviewed Orthopaedic Research Program (Contract Number: W81XWH-15-1-0655.)	

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

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

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

ICMJE DISCLOSURE FORM

Date: May 23, 2022
Your Name: Travis Burns
Manuscript Title: Presentation and Management of Multiple Ligament Knee Injuries: A Multicenter Study from the Surgical Timing and Rehabilitation (STaR) Trial for MLKIs Network
Manuscript number (if known): JBJS-D-20-02051

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		Clinical Trial Development Award from the US Department of Defense Congressionally Directed Medical Research Programs – Peer Reviewed Orthopaedic Research Program (Contract Number: W81XWH-15-1-0655.)	

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

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ICMJE DISCLOSURE FORM

Date: May 19, 2022
Your Name: Christopher D Harner
Manuscript Title: Presentation and Management of Multiple Ligament Knee Injuries: A Multicenter Study from the Surgical Timing and Rehabilitation (STaR) Trial for MLKIs Network
Manuscript number (if known): JBJS-D-20-02051

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		Clinical Trial Development Award from the US Department of Defense Congressionally Directed Medical Research Programs – Peer Reviewed Orthopaedic Research Program (Contract Number: W81XWH-15-1-0655.)	

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

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ICMJE DISCLOSURE FORM

Date: May 23, 2022
Your Name: Bruce A. Levy, MD
Manuscript Title: Presentation and Management of Multiple Ligament Knee Injuries: A Multicenter Study from the Surgical Timing and Rehabilitation (STaR) Trial for MLKIs Network
Manuscript number (if known): JBJS-D-20-02051

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		Clinical Trial Development Award from the US Department of Defense Congressionally Directed Medical Research Programs – Peer Reviewed Orthopaedic Research Program (Contract Number: W81XWH-15-1-0655.)	

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

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ICMJE DISCLOSURE FORM

Date: 18MAY22
Your Name: Brett Owens
Manuscript Title: Presentation and Management of Multiple Ligament Knee Injuries: A Multicenter Study from the Surgical Timing and Rehabilitation (STaR) Trial for MLKIs Network
Manuscript number (if known): JBJS-D-20-02051

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	____None	
		NIAMS, DoD	
3	Royalties or licenses	____None	
		Conmed	
4	Consulting fees	____None	
		Conmed, Mitek, Miach, Vericel	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__x__None	
6	Payment for expert testimony	__x__None	
7	Support for attending meetings and/or travel	__x__None	
8	Patents planned, issued or pending	__x__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__x__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_x___None	
11	Stock or stock options	____None	
		Vivorte	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_x___None	
13	Other financial or non-financial interests	__x__None	

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ICMJE DISCLOSURE FORM

Date: 11/16/22
Your Name: Dustin L. Richter
Manuscript Title: Presentation and Management of Multiple Ligament Knee Injuries: A Multicenter Study from the Surgical Timing and Rehabilitation (STaR) Trial for MLKIs Network
Manuscript number (if known): JBJS-D-20-02051

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		Clinical Trial Development Award from the US Department of Defense Congressionally Directed Medical Research Programs – Peer Reviewed Orthopaedic Research Program (Contract Number: W81XWH-15-1-0655.)	

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 lectures, presentations, speakers bureaus, manuscript writing or educational events	__X__None	
6	Payment for expert testimony	__X__None	
7	Support for attending meetings and/or travel	_X___None	
8	Patents planned, issued or pending	__X__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_X___None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	____AOSSM Education Committee	
11	Stock or stock options	_X___None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X___None	
13	Other financial or non-financial interests	___Arthrex, Stryker, Smith & Nephew	Fellowship funding support

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

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

ICMJE DISCLOSURE FORM

Date: 5/17/2022
Your Name: Robert C. Schenck, Jr. MD
Manuscript Title: Presentation and Management of Multiple Ligament Knee Injuries: A Multicenter Study from the Surgical Timing and Rehabilitation (STaR) Trial for MLKIs Network
Manuscript number (if known): JBJS-D-20-02051

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

ICMJE DISCLOSURE FORM

Date: May 18, 2022
Your Name: Volker Musahl
Manuscript Title: Presentation and Management of Multiple Ligament Knee Injuries: A Multicenter Study from the Surgical Timing and Rehabilitation (STaR) Trial for MLKIs Network
Manuscript number (if known): JBJS-D-20-02051

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

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ICMJE DISCLOSURE FORM

Date: May 17, 2022
Your Name: James Irrgang PT PhD FAPTA
Manuscript Title: Presentation and Management of Multiple Ligament Knee Injuries: A Multicenter Study from the Surgical Timing and Rehabilitation (STaR) Trial for MLKIs Network
Manuscript number (if known): JBJS-D-20-02051

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

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