**ICMJE DISCLOSURE FORM**

**Date:\_\_\_\_6/21/2022\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Name:\_\_\_\_\_Erick Marigi, MD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Manuscript Title:\_\_\_\_\_Hamstring Injuries: Critical Analysis Review of Current Nonoperative Treatments\_\_**

**Manuscript number (if known):\_\_REVIEWS-D-22-00095\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 current**

**manuscript only.**

**The author’s relationships/activities/interests should be defined broadly. 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 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:\_\_\_\_6/21/2022\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Name:\_\_\_\_\_** **Paige E. Cummings, BS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Manuscript Title:\_\_\_\_\_Hamstring Injuries: Critical Analysis Review of Current Nonoperative Treatments\_\_**

**Manuscript number (if known):\_\_REVIEWS-D-22-00095\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 current**

**manuscript only.**

**The author’s relationships/activities/interests should be defined broadly. 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 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:\_\_\_\_6/21/2022\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Name:\_\_\_\_\_** **Ian Marigi, BA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Manuscript Title:\_\_\_\_\_Hamstring Injuries: Critical Analysis Review of Current Nonoperative Treatments\_\_**

**Manuscript number (if known):\_\_REVIEWS-D-22-00095\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 current**

**manuscript only.**

**The author’s relationships/activities/interests should be defined broadly. 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 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:\_\_\_\_6/21/2022\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Name:\_\_\_\_\_** **William Burgos, MS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Manuscript Title:\_\_\_\_\_Hamstring Injuries: Critical Analysis Review of Current Nonoperative Treatments\_\_**

**Manuscript number (if known):\_\_REVIEWS-D-22-00095\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 current**

**manuscript only.**

**The author’s relationships/activities/interests should be defined broadly. 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 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:\_\_\_\_6/21/2022\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Name:\_\_\_\_\_** **Javair Gillett MS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Manuscript Title:\_\_\_\_\_Hamstring Injuries: Critical Analysis Review of Current Nonoperative Treatments\_\_**

**Manuscript number (if known):\_\_REVIEWS-D-22-00095\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 current**

**manuscript only.**

**The author’s relationships/activities/interests should be defined broadly. 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 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:\_\_\_\_6/21/2022\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Name:\_\_\_\_\_** **Christopher L. Camp MD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Manuscript Title:\_\_\_\_\_Hamstring Injuries: Critical Analysis Review of Current Nonoperative Treatments\_\_**

**Manuscript number (if known):\_\_REVIEWS-D-22-00095\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 current**

**manuscript only.**

**The author’s relationships/activities/interests should be defined broadly. 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). | Major League Baseball: Research support | Institution  |
|  |  |
| 3 | Royalties or licenses  | Arthrex, Inc: IP royalties | Surgeon and Institution |
| 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:\_\_\_\_6/21/2022\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Name:\_\_\_\_\_** **Aaron J. Krych MD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Manuscript Title:\_\_\_\_\_Hamstring Injuries: Critical Analysis Review of Current Nonoperative Treatments\_\_**

**Manuscript number (if known):\_\_REVIEWS-D-22-00095\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 current**

**manuscript only.**

**The author’s relationships/activities/interests should be defined broadly. 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). | Aesculap/B.Braun: Research support | Institution  |
| Histogenics: Research support | Institution |
| 3 | Royalties or licenses  | Arthrex, Inc: IP royalties; Paid consultant; Research support | Surgeon and Institution |
| Responsive Arthroscopy: IP Royalties | Surgeon and Institution |
| 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 | American Journal of Sports Medicine: Editorial or governing board |
| International Society of Arthroscopy, Knee Surgery, and Orthopaedic Sports Medicine: Board or committee member |
| International Cartilage Repair Society: Board or committee member |
| 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:\_\_\_\_6/21/2022\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Name:\_\_\_\_\_** **Kelechi Okoroha, MD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Manuscript Title:\_\_\_\_\_Hamstring Injuries: Critical Analysis Review of Current Nonoperative Treatments\_\_**

**Manuscript number (if known):\_\_REVIEWS-D-22-00095\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 current**

**manuscript only.**

**The author’s relationships/activities/interests should be defined broadly. 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). |  |  |
|  |  |
| 3 | Royalties or licenses  | Arthrex, Inc: Paid consultant | Surgeon and Institution |
| Smith & Nephew: Paid consultant | Surgeon and Institution |
| 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 | American Journal of Sports Medicine: Editorial or governing board |
| International Society of Arthroscopy, Knee Surgery, and Orthopaedic Sports Medicine: Board or committee member |
| International Cartilage Repair Society: Board or committee member |
| 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  | Stryker, Inc. | Hospitality Payments |
| Zimmer, Inc. | Hospitality Payments |

**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.**