Date:			8/29/2023		
Your Name:			Grayson M. Talaski		
Manuscript Title:			Socioeconomic Status and Race are Rarely Reported in Randomized Controlled Trials for Achilles Tendon Pathology in the Top Ten Orthopedic Journals: A Systematic Review		
Mar	nuscript Number (if k	nown):	Unknown		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub." The author's relationships/activiti			nuscript. Disclosure represents a commitment tabout whether to list a relationship/activity/ines/interests should be defined broadly. For exact should declare all relationships with manufactures.	-for-profit third parties whose interests may be to transparency and does not necessarily nterest, it is preferable that you do so.	
			rt for the work reported in this manuscript with months.	hout time limit. For all other items, the time	
			Il entities with whom you have this ship 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 o	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.	N	one	Click the tab key to add additional rows.	
			Time frame: past 36 months	5	
2	Grants or contracts from any entity (if not indicated in item #1 above).	 N	lone		
3	Royalties or licenses	× N	one		

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
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	

		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)	
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		
Plea 🖂	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:			8/29/2023		
Υοι	ır Name:		Anthony Baumann		
Manuscript Title:			Socioeconomic Status and Race are Rarely Reported in Randomized Controlled Trials for Achilles Tendon Pathology in the Top Ten Orthopedic Journals: A Systematic Review		
Ma	nuscript Number (if k	nown):	Unknown		
content of your manuscript. "Relaffected by the content of the maindicate a bias. If you are in doub		ipt. "Rela of the ma e in doub s/activiti	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be unuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.		
-	demiology of hyperter t medication is not me	-		cturers of antihypertensive medication, even if	
		all suppo	ort for the work reported in this manuscript wit	chout time limit. For all other items, the time	
			Il entities with whom you have this ship 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,	 N	lone	Click the tab key to add additional rows.	
	medical writing, article processing charges, etc.) No time limit for this item.				
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	\times N	lone		
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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
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	

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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		
Plea 🖂	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:			8/29/2023		
You	ır Name:		Natasha Salmen		
Manuscript Title:			Socioeconomic Status and Race are Rarely Reported in Randomized Controlled Trials for Achilles Tendon Pathology in the Top Ten Orthopedic Journals: A Systematic Review		
Ма	nuscript Number (if k	nown):	Unknown		
content of your manuscript. "Rela affected by the content of the ma		ipt. "Rela of the ma e in doub	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be unuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.		
epi		nsion, yo	ies/interests should be defined broadly. For example, if your manuscript pertains to the bu should declare all relationships with manufacturers of antihypertensive medication, even if I in the manuscript.		
	em #1 below, report and for disclosure is the		ort for the work reported in this manuscript wit i months.	hout time limit. For all other items, the time	
			Il entities with whom you have this ship 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	
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			Time frame: past 36 month	s	
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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
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	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
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Date:			8/29/2023		
You	ır Name:		Deven Curtis		
Manuscript Title:			Socioeconomic Status and Race are Rarely Ro Achilles Tendon Pathology in the Top Ten Or		
Mai	nuscript Number (if k	(nown):	Unknown		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub." The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned.		ript. "Relatof the ma e in double os/activitionsion, you entioned	re ask you to disclose all relationships/activities/interests listed below that are related to the lated" means any relation with for-profit or not-for-profit third parties whose interests may be enuscript. Disclosure represents a commitment to transparency and does not necessarily be about whether to list a relationship/activity/interest, it is preferable that you do so. ies/interests should be defined broadly. For example, if your manuscript pertains to the bushould declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript. ort for the work reported in this manuscript without time limit. For all other items, the time		
frar	ne for disclosure is th	ie past 36	months.		
			Il entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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3	Royalties or licenses	⊠ N	one		

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
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	

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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		
Plea 🖂	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:			8/29/2023		
Your Name:			Kempland C. Walley		
Manuscript Title:			Socioeconomic Status and Race are Rarely Reported in Randomized Controlled Trials for Achilles Tendon Pathology in the Top Ten Orthopedic Journals: A Systematic Review		
Ma	nuscript Number (if kı	nown):	Unknown		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti		pt. "Re f the ma in doub s/activit sion, yo	re ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so. ies/interests should be defined broadly. For example, if your manuscript pertains to the bu should declare all relationships with manufacturers of antihypertensive medication, even if		
In it	t medication is not me tem #1 below, report a me for disclosure is the	all supp	ort for the work reported in this manuscript wit	hout time limit. For all other items, the time	
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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.		None	Click the tab key to add additional rows.	
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2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for				

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
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	

		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)	
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		
Plea 🖂	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.			

Dat	e:		8/29/2023		
Your Name:			Albert Anastasio		
Manuscript Title:			Socioeconomic Status and Race are Rarely Reported in Randomized Controlled Trials for Achilles Tendon Pathology in the Top Ten Orthopedic Journals: A Systematic Review		
Mai	nuscript Number (if k	(nown):	Unknown		
content of your manuscript. "Rela affected by the content of the mar indicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you		ipt. "Reli of the ma e in doub os/activiti nsion, yo	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be unuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so. ies/interests should be defined broadly. For example, if your manuscript pertains to the purpose all relationships with manufacturers of antihypertensive medication, even if		
In item #1 below, report all support frame for disclosure is the past 36			ort for the work reported in this manuscript wit o months.	chout time limit. For all other items, the time	
			Ill entities with whom you have this aship or indicate none (add rows as needed)	Specifications/Comments (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.		lone	Click the tab key to add additional rows.	
	this item.		Time from 20 month 20 month		
2	Grants or contracts from any entity (if not indicated in item #1 above).		Time frame: past 36 month:		
3	Royalties or licenses	× N	lone		

		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)
4	Consulting fees	□ None QPIX	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	⊠ None	
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	

		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)	
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		
Plea 🖂	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:			8/29/2023		
Your Name:			Cesar de Cesar Netto		
Manuscript Title:			Socioeconomic Status and Race are Rarely Reported in Randomized Controlled Trials for Achilles Tendon Pathology in the Top Ten Orthopedic Journals: A Systematic Review		
Ма	nuscript Number (if kr	nown):	unknown		
content of your manuscript. "Rel affected by the content of the ma		pt. "Re f the m	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be inuscript. Disclosure represents a commitment to transparency and does not necessarily it about whether to list a relationship/activity/interest, it is preferable that you do so.		
epi		ision, y	ties/interests should be defined broadly. For ex ou should declare all relationships with manufa d in the manuscript.		
	tem #1 below, report a me for disclosure is the		ort for the work reported in this manuscript wit 6 months.	hout time limit. For all other items, the time	
			all entities with whom you have this nship 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					
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	Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		None Time frame: past 36 month		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for				

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Nextremity: Paid consultant CurveBeam: Paid consultant Paragon 28: Paid consultant	Zimmer: Paid consultant
6	Payment for expert testimony	None □	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	□ None Paragon 28: IP royalties	
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 American Orthopaedic Foot and Ankle Society: Board or committee member Weightbearing CT International Study Group: Board or committee member Foot and Ankle International: Editorial or governing board	

		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)	
11	Stock or stock options	□ None CurveBeam: Stock or stock Options		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None ■		
Plea	Please place an "X" next to the following statement to indicate your agreement: \[\text{\text{\$\subset\$}} \text{ Certify that have answered every question and have not altered the wording of any of the questions on this form.}			