

#### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

### Identifying information.

### The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work, Checking "No" means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

### Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

### Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

### Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

#### Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally (but not always) paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

Marris



| Section 1. Identifying Inform   | nation  |  |  |
|---|---|--|--|
| Given Name (First Name)  Joshua   | 2. Surname (Last Name)<br>Harris  |  | 3. Date<br>27-September-2018   |
| Are you the corresponding author?   | Yes ✓ No  | Corresponding Aut<br>Robert Kollmorge  |  |
| <ol> <li>Manuscript Title         Achieving post free distraction in hip a distraction tables.     </li> </ol>  | orthroscopy with a pink pac   | d patient positioning  | device utilizing standard hip  |
| <ol> <li>Manuscript Identifying Number (if you k</li> </ol>   | (now it)  |  |  |
|   |   |  |  |
| Section 2. The Work Under C   | Consideration for Publi   | cation   |  |
| any aspect of the submitted work (includin<br>statistical analysis, etc.)?<br>Are there any relevant conflicts of inte  |   | ata monitoring board,  | study design, manuscript preparation,  |
|   |   |  |  |
| Section 3. Relevant financia  | l activities outside the  | submitted work.  |  |
| Place a check in the appropriate boxes  | in the table to indicate wh   | nether you have fina<br>lse one line for each  | entity; add as many lines as you need by   |
| Place a check in the appropriate boxes of compensation) with entities as desc   | s in the table to indicate wh<br>ribed in the instructions. U<br>eport relationships that we<br>rest?  Yes  No                                  | nether you have fina<br>lse one line for each  | ncial relationships (regardless of amount<br>entity; add as many lines as you need by<br>he 36 months prior to publication.                                |
| Place a check in the appropriate boxes of compensation) with entities as desc clicking the "Add +" box. You should re Are there any relevant conflicts of inte If yes, please fill out the appropriate in   | in the table to indicate wheribed in the instructions. Useport relationships that we rest?  Yes No formation below.  Grant? Personal No         | nether you have fina<br>lse one line for each  | entity; add as many lines as you need by<br>he 36 months prior to publication.   |
| Place a check in the appropriate boxes of compensation) with entities as desc clicking the "Add +" box. You should re Are there any relevant conflicts of inte If yes, please fill out the appropriate in Name of Entity  | in the table to indicate wheribed in the instructions. Useport relationships that we rest?  Yes No formation below.  Grant? Personal No         | nether you have fina<br>ise one line for each<br>are present during t                              | entity; add as many lines as you need by<br>he 36 months prior to publication.   |
| Place a check in the appropriate boxes of compensation) with entities as desc clicking the "Add +" box. You should re Are there any relevant conflicts of inte If yes, please fill out the appropriate in Name of Entity  | in the table to indicate wheribed in the instructions. Useport relationships that we rest?  Yes No formation below.  Grant? Personal No Fees?   | nether you have fina<br>ise one line for each<br>are present during t                              | Paid consultant; Paid presenter or   |
| Place a check in the appropriate boxes of compensation) with entities as desc clicking the "Add +" box. You should re Are there any relevant conflicts of inte If yes, please fill out the appropriate in Name of Entity  Make of Make Week and Nephew  ACK Incorporated        | in the table to indicate wheribed in the instructions. Useport relationships that we rest?  Yes No formation below.  Grant? Personal No Fees?   | nether you have fina<br>ise one line for each<br>are present during to<br>on-Financial<br>Support? | Paid consultant; Paid presenter or speaker; Research support Publishing royalties, financial or  |
| Place a check in the appropriate boxes of compensation) with entities as desc clicking the "Add +" box. You should re Are there any relevant conflicts of inte If yes, please fill out the appropriate in Name of Entity  Make of Entity  ACK Incorporated                      | s in the table to indicate wheribed in the instructions. Useport relationships that we rest?  Yes No formation below.  Grant? Personal No Fees? | nether you have fina<br>ise one line for each<br>are present during to<br>on-Financial<br>Support? | Paid consultant; Paid presenter or speaker; Research support Publishing royalties, financial or material support   |
| Place a check in the appropriate boxes of compensation) with entities as desc clicking the "Add +" box. You should re Are there any relevant conflicts of inte If yes, please fill out the appropriate in Name of Entity  Make of Entity  MACK Incorporated  Issur  IA Magellan | in the table to indicate wheribed in the instructions. Useport relationships that we rest?  Yes No formation below.  Grant? Personal No Fees?   | nether you have fina<br>ise one line for each<br>are present during to<br>on-Financial<br>Support? | Paid consultant; Paid presenter or speaker; Research support Publishing royalties, financial or material support Paid presenter or speaker                 |
| Place a check in the appropriate boxes of compensation) with entities as desc clicking the "Add +" box. You should re Are there any relevant conflicts of inte  | in the table to indicate wheribed in the instructions. Useport relationships that we rest?  Yes No formation below.  Grant? Personal No Fees?   | on-Financial Other   | Paid consultant; Paid presenter or speaker; Research support Publishing royalties, financial or material support Paid presenter or speaker Paid consultant |

Harris



| Name of Entity   | Grant?                    | Personal<br>Fees?             | Non-Financial Support?                 | Other?                | Comments   |
|--|---------------------------|-------------------------------|--|-----------------------|--|
| Arthroscopy  |                           |                               |  |                       | Editorial or governing board                                 |
| American Orthopaedic Society for Sports<br>Medicine  |                           |                               |  | $\checkmark$          | Board or committee member                                    |
| American Journal of Orthopedics  |                           |                               |  | 1                     | Editorial or governing board                                 |
| AAOS   |                           |                               |  | ✓                     | Board or committee member                                    |
| Section 4. Intellectual Proper Do you have any patents, whether plan   |                           |                               |  | nt to the             | work? Yes V No   |
| Section 5. Relationships not   | covered                   | above                         |  |                       |  |
| Are there other relationships or activitie<br>potentially influencing, what you wrote  | s that rea<br>in the sub  | ders could pomitted wo        | perceive to have<br>rk?                | influence             | ed, or that give the appearance of                           |
| Yes, the following relationships/con   | ditions/ci                | rcumstance                    | s are present (ex                      | plain bel             | ow):   |
| ✓ No other relationships/conditions/c  | ircumstan                 | ces that pre                  | esent a potential                      | conflict o            | of interest  |
| At the time of manuscript acceptance, j<br>On occasion, journals may ask authors t   | ournals w<br>o disclose   | ill ask autho<br>further info | ors to confirm and<br>ormation about r | d, if nece<br>eported | ssary, update their disclosure statements.<br>relationships. |
| Section 6. Disclosure Statem   | ent                       |                               |  |                       |  |
| Based on the above disclosures, this for below.  | m will aut                | omatically                    | generate a disclo                      | sure stat             | ement, which will appear in the box                          |
| Dr. Harris reports personal fees from Sr<br>fees from NIA Magellan, other from Fro<br>Arthroscopy Association of North Ame<br>Medicine, other from American Journa | ntiers In S<br>rica, from | urgery, oth<br>Arthroscop     | er from DePuy, A<br>by, other from An  | Johnson<br>nerican O  | rthopaedic Society for Sports                                |

Harris 3



#### **Evaluation and Feedback**

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Harris



| Section 1. Id  | entifying Inforn   | nation   |  |  |                    |
|--|--|--|--|--|--------------------|
| 1. Given Name (First N<br>Brian  | ame)   | 2. Surname (Last Name)<br>Lewis  |  | 3. Date<br>27-Septemb                          | er-2018            |
| 4. Are you the correspo  | onding author?   | Yes 		✓ No   | Corresponding Auth<br>Robert Kollmorger  |  |                    |
| <ol> <li>Manuscript Title</li> <li>Achieving post free of distraction tables.</li> </ol>   | distraction in hip a   | rthroscopy with a pink pac   | patient positioning  | device utilizing stan                          | dard hip           |
| 6. Manuscript Identifyi  | ng Number (if you k  | now it)  |  |  |                    |
|  |  |  |  |  |                    |
| Section 2. Th  | e Work Under C   | onsideration for Publi   | cation   |  |                    |
| statistical analysis, etc.)  | ?  | g but not limited to grants, da  |  |  |                    |
| Are there any relevar  | nt conflicts of inter  | rest? Yes ✓ No   |  |  |                    |
|  |  | est? Yes V No  | submitted work.  |  |                    |
| Section 3. Re  | levant financial appropriate boxes th entities as desc   |  | ether you have finan<br>se one line for each e   | entity; add as many li                         | nes as you need by |
| Place a check in the a of compensation) wi clicking the "Add +" Are there any relevan  | levant financial<br>appropriate boxes<br>th entities as desc<br>box. You should re<br>nt conflicts of inter                        | in the table to indicate wheribed in the instructions. Useport relationships that we rest?   | ether you have finan<br>se one line for each e   | entity; add as many li                         | nes as you need by |
| Section 3. Re Place a check in the a of compensation) wi clicking the "Add +"  | levant financial<br>appropriate boxes<br>th entities as desc<br>box. You should re<br>nt conflicts of inter                        | in the table to indicate wheribed in the instructions. Useport relationships that we rest?   | ether you have finan<br>se one line for each e   | entity; add as many li                         | nes as you need by |
| Place a check in the a of compensation) wi clicking the "Add +" Are there any relevan  | levant financial<br>appropriate boxes<br>th entities as desc<br>box. You should re<br>nt conflicts of inter                        | in the table to indicate wherebed in the instructions. Useport relationships that we rest? Yes No formation below.                           | ether you have finan<br>se one line for each e   | entity; add as many II<br>ne 36 months prior t | nes as you need by |
| Place a check in the a of compensation) wi clicking the "Add +" I Are there any relevant to the second to the seco | levant financial<br>appropriate boxes<br>th entities as desc<br>box. You should re<br>nt conflicts of inter                        | in the table to indicate wherebed in the instructions. Useport relationships that we rest? Yes No formation below.                           | nether you have finant<br>se one line for each e<br>re present during th<br>n-Financial Other  | entity; add as many II<br>ne 36 months prior t | nes as you need by |
| Section 3. Re Place a check in the a of compensation) wi clicking the "Add +" I Are there any relevan If yes, please fill out to   | levant financial<br>appropriate boxes<br>th entities as desc<br>box. You should re<br>nt conflicts of inter                        | in the table to indicate wherebed in the instructions. Useport relationships that we rest? Yes No formation below.  Grant? Personal No Fees? | nether you have finant<br>se one line for each e<br>re present during th<br>n-Financial Other  | entity; add as many line 36 months prior       | nes as you need by |
| Section 3. Re Place a check in the a of compensation) wi clicking the "Add +" I Are there any relevan If yes, please fill out to   | levant financial<br>appropriate boxes<br>th entities as desc<br>box. You should re<br>nt conflicts of inter                        | in the table to indicate wherebed in the instructions. Useport relationships that we rest? Yes No formation below.  Grant? Personal No Fees? | nether you have finant<br>se one line for each e<br>re present during th<br>n-Financial Other  | entity; add as many line 36 months prior       | nes as you need by |
| Section 3. Re Place a check in the a of compensation) wi clicking the "Add +" I Are there any relevan If yes, please fill out to Name of Entity om'up  | levant financial<br>appropriate boxes<br>th entities as desc<br>box. You should re<br>nt conflicts of inter<br>the appropriate int | in the table to indicate wherebed in the instructions. Useport relationships that we rest? Yes No formation below.  Grant? Personal No Fees? | nether you have finance one line for each ere present during the network of the n | entity; add as many line 36 months prior       | nes as you need by |

Lewis 2



| Section 5.                           | Relationships not covered above   |
|--------------------------------------|---|
|                                      | relationships or activities that readers could perceive to have influenced, or that give the appearance of<br>encing, what you wrote in the submitted work?   |
| Yes, the follo                       | owing relationships/conditions/circumstances are present (explain below):   |
| ✓ No other rel                       | ationships/conditions/circumstances that present a potential conflict of interest   |
| At the time of m<br>On occasion, jou | nanuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements<br>urnals may ask authors to disclose further information about reported relationships. |
| Section 6.                           | Disclosure Statement  |
| Based on the ab<br>below.            | ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box   |
| Dr. Lewis repor                      | ts personal fees from Biom'up, from null, outside the submitted work; .   |
|                                      |   |

### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.



| Relationships not covered above  |
|--|
| relationships or activities that readers could perceive to have influenced, or that give the appearance of<br>sencing, what you wrote in the submitted work?   |
| owing relationships/conditions/circumstances are present (explain below):  |
| lationships/conditions/circumstances that present a potential conflict of interest   |
| manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements<br>ournals may ask authors to disclose further information about reported relationships. |
| Disclosure Statement   |
| bove disclosures, this form will automatically generate a disclosure statement, which will appear in the box   |
| reports other from Arthroscopy, outside the submitted work; .  |
|  |

### **Evaluation and Feedback**

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$ 

Kollmorgen 3



| Section 1.  | Identifying Inform             | nation   |                          |  |
|---|--------------------------------|--|--------------------------|--|
| Given Name (Fi<br>Robert                                  | rst Name)                      | 2. Surname (Last Name)<br>Kollmorgen                                     |                          | 3. Date<br>27-September-2018   |
| 4. Are you the cor  | responding author?             | ✓ Yes No   |                          |  |
| distraction table   | ree distraction in hip a<br>s. | arthroscopy with a pink pad  | patient positioning dev  | vice utilizing standard hip  |
| 6. Manuscript Iden  | ntifying Number (if you l      | (now it)   |                          |  |
|   |                                |  |                          |  |
| Section 2.  | The Work Under C               | Consideration for Public   | ation                    |  |
| any aspect of the s<br>statistical analysis,              | ubmitted work (includin        | g but not limited to grants, dat   | a monitoring board, stud | t, commercial, private foundation, etc.) for<br>ly design, manuscript preparation,                               |
| Section 3.  | Relevant financia              | l activities outside the s   | ubmitted work.           |  |
| of compensation<br>clicking the "Add<br>Are there any rel | ) with entities as desc        | ribed in the instructions. Use<br>eport relationships that were<br>rest? | one line for each entit  | l relationships (regardless of amount<br>ty; add as many lines as you need by<br>36 months prior to publication. |
| Name of Entity  |                                | Grant  | Financial Other?         | Comments   |
| Arthroscopy   |                                |  | ☐ ✓ E                    | ditorial or governing board  |
| Section 4.  | Intellectual Prope             | erty Patents & Copyrig   | hts                      |  |
| Do you have any   | patents, whether pla           | nned, pending or issued, bro   | padly relevant to the w  | ork? Yes V No  |

Kollmorgen 2



| Given Name (First Name)     Tom   | 2. Surname (Last Name<br>Ellis  | e) 3. Date<br>27-September-2018  |
|---|---|--|
| 4. Are you the corresponding a  | uthor? Yes V No   | Corresponding Author's Name<br>Robert Kollmorgen   |
| Manuscript Title     Achieving post free distracti     distraction tables.     Manuscript Identifying Num   |   | pad patient positioning device utilizing standard hip  |
| Section 2. The Work   | k Under Consideration for Pu  | blication  |
| Did you or your institution at ar<br>any aspect of the submitted wo<br>statistical analysis, etc.)?<br>Are there any relevant confli  | ork (including but not limited to grant   | rom a third party (government, commercial, private foundation, etc.) for<br>s, data monitoring board, study design, manuscript preparation,<br>lo  |
|   |   |  |
| Section 3. Relevant   | financial activities outside t  | he submitted work.   |
| Place a check in the appropr<br>of compensation) with entit   | riate boxes in the table to indicate<br>ies as described in the instructions<br>u should report relationships that<br>icts of interest?   | he submitted work.  whether you have financial relationships (regardless of amount s. Use one line for each entity; add as many lines as you need by were present during the 36 months prior to publication.                                 |
| Place a check in the appropr<br>of compensation) with entiti<br>clicking the "Add +" box. You<br>Are there any relevant confli<br>If yes, please fill out the appr  | riate boxes in the table to indicate ies as described in the instructions u should report relationships that icts of interest?   Yes  Noropriate information below.                       | whether you have financial relationships (regardless of amount s. Use one line for each entity; add as many lines as you need by were present during the 36 months prior to publication.   |
| Place a check in the appropr<br>of compensation) with entiti<br>clicking the "Add +" box. You<br>Are there any relevant confli<br>If yes, please fill out the appr  | riate boxes in the table to indicate ies as described in the instructions u should report relationships that icts of interest?   Yes No ropriate information below.  Grant? Personal      | whether you have financial relationships (regardless of amount s. Use one line for each entity; add as many lines as you need by were present during the 36 months prior to publication.   |
| Place a check in the appropr of compensation) with entiticlicking the "Add +" box. You Are there any relevant conflictions, please fill out the appropriate of the entity | riate boxes in the table to indicate ies as described in the instructions u should report relationships that icts of interest?   Yes Noropriate information below.  Grant? Personal Fees? | whether you have financial relationships (regardless of amount s. Use one line for each entity; add as many lines as you need by were present during the 36 months prior to publication.   |
| Place a check in the appropr<br>of compensation) with entit<br>clicking the "Add +" box. You<br>Are there any relevant confli<br>If yes, please fill out the appr   | riate boxes in the table to indicate ies as described in the instructions u should report relationships that icts of interest?  | whether you have financial relationships (regardless of amount s. Use one line for each entity; add as many lines as you need by were present during the 36 months prior to publication.  Non-Financial Other? Comments  Support?  Royalties |

2

Ellis



| Section 5.                           | Relationships not covered above  |
|--------------------------------------|--|
|                                      | relationships or activities that readers could perceive to have influenced, or that give the appearance of<br>encing, what you wrote in the submitted work?  |
| Yes, the follo                       | wing relationships/conditions/circumstances are present (explain below):   |
| ✓ No other rela                      | ationships/conditions/circumstances that present a potential conflict of interest  |
| At the time of m<br>On occasion, jou | anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements<br>Irnals may ask authors to disclose further information about reported relationships. |
| Section 6.                           | Disclosure Statement   |
| Based on the ab<br>below.            | ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box  |
| Dr. Ellis reports<br>submitted work  | personal fees from Acute Innovations, personal fees from Medacta, personal fees from Stryker, outside the  |
|                                      |  |

### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.