

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.

2. 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

Anderson 1



Section 1. Identifying Inform	nation		
Given Name (First Name) Christian	2. Surname (Last Name) Anderson		3. Date 01-November-2019
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Peter D. Fabricant	s Name
5. Manuscript Title Which Metrics Are Being Used to Evalua	ate Children and Adolesce	nts After ACL Reconstru	ction? A Systematic Review
6. Manuscript Identifying Number (if you k	now it)	_	
Service 2			
Section 2. The Work Under C	onsideration for Publi	cation	
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da		
Section 3. Relevant financial	activities outside the	submitted work.	
Place a check in the appropriate boxes in of compensation) with entities as describled the "Add +" box. You should rej	ibed in the instructions. Us	se one line for each entit	ty; add as many lines as you need by
Are there any relevant conflicts of intere	est? 🗸 Yes 🗌 No		
If yes, please fill out the appropriate info	ormation below.		
Name of Entity	Grant	n-Financial Other?	Comments
tryker Corporation			
Section 4. Intellectual Proper	ty Patents & Copyrig	jhts	
Do you have any patents, whether plans	ned, pending or issued, br	oadly relevant to the wo	ork? Yes 🗸 No

Anderson 2



1000	Section 5.	Relationships not covered above
		elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
	Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
	✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
		enuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.
E	Section 6.	Disclosure Statement
	Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
	Dr. Anderson rep	ports other from Stryker Corporation, outside the submitted work;

Evaluation and Feedback

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

Anderson 3



Section 1. Identifying Inform	mation	
Given Name (First Name) Christopher	2. Surname (Last Name) Brusalis	3. Date 01-November-2019
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Peter D. Fabricant
5. Manuscript Title Which Metrics Are Being Used to Evalu	ate Children and Adolesce	nts After ACL Reconstruction? A Systematic Review
6. Manuscript Identifying Number (if you k	now it)	
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	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Are there any relevant connects of inten-		
Section 3. Relevant financial	activities outside the s	submitted work.
Place a check in the appropriate boxes of compensation) with entities as descr	in the table to indicate wh ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Are there any relevant connects of interest	ies wino	
Section 4. Intellectual Proper	rty Patents & Copyrig	ghts
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Brusalis 2



Section 5. Relationships not covered above
Are there 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?
Yes, the following relationships/conditions/circumstances are present (explain below):
No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Brusalis has nothing to disclose.

Evaluation and Feedback

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Brusalis 3



Section 1. Identifying Inform	nation	Y - 4 3		heli			
Given Name (First Name) Michael	2. Surna Busch	me (Last Name)		3. Date 01-Novem	ber-2019	
4. Are you the corresponding author?	Yes	√ No	Correspon Peter D. F	ding Author abricant	r's Name		
5. Manuscript Title Which Metrics Are Being Used to Evalua	ate Childre	n and Adoles	cents After AC	L Reconstr	uction? A Systen	natic Review	
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Are there any relevant conflicts of interes	est?	res 🔲 No)				
If yes, please fill out the appropriate info	rmation b	elow.					
Name of Entity	Grant?	Personal N	lon-Financial Support?	Other?	Comments		
United Orthopedics				√ E	ducation		
Arthrex, Inc					ravel, Lodging, Fo aculty or speaker	od, serving as	
Section 4. Intellectual Proper	ty Pate	nts & Copy	rights	1 13			t to the
Do you have any patents, whether plant	ned, pendi	ng or issued,	broadly releva	nt to the w	ork? Yes	√ No	

Busch

2



Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	ving relationships/conditions/circumstances are present (explain below):
✓ No other relat	ionships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. nals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the aborbelow.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Busch reports	other from United Orthopedics, other from Arthrex, Inc, outside the submitted work;

Evaluation and Feedback

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Busch



Section 1. Identifying Inform	nation		
Given Name (First Name) Henry	2. Surname (Last Name) Chambers		3. Date 01-November-2019
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name	е
5. Manuscript Title Which Metrics Are Being Used to Evalua	ate Children and Adolesce	ents After ACL Reconstruction	? A Systematic Review
6. Manuscript Identifying Number (if you kn	now it)		
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Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes in of compensation) with entities as descri- clicking the "Add +" box. You should rep	bed in the instructions. Us port relationships that we	se one line for each entity; add	d as many lines as you need by
Are there any relevant conflicts of intere If yes, please fill out the appropriate info			
Name of Entity	Grant*	n-Financial Other? Comm	nents
Orthopediatrics		✓ Travel, Lo	odging, Food & Consulting
Section 4. Intellectual Proper	ty Patents & Copyrig	yhts	
Do you have any patents, whether plann	ned, pending or issued, br	oadly relevant to the work? [Yes ✓ No

Chambers



Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of 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
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Chambers re	ports other from Orthopediatrics, outside the submitted work; .

Evaluation and Feedback

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Chambers 3



Section 1. Identifying Inform	nation		
Given Name (First Name) Melissa	2. Surname (Last Name) Christino		3. Date 01-November-2019
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Nar Peter D. Fabricant	me
5. Manuscript Title Which Metrics Are Being Used to Evalua	ate Children and Adolesc	ents After ACL Reconstruction	n? A Systematic Review
6. Manuscript Identifying Number (if you kn	now it)		
Section 2. The Work Under Co	onsideration for Publ	ication	
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)?			
Are there any relevant conflicts of intere	est? Yes ✓ No		
Section 3. Relevant financial	activities outside the	submitted work.	
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep	bed in the instructions. U	Jse one line for each entity; a	dd as many lines as you need by
Are there any relevant conflicts of intere			
If yes, please fill out the appropriate info			
Name of Entity	Grante	on-Financial Other? Com	nments
Smith & Nephew, Inc		Travel,	Lodging, and Food
Section 4. Intellectual Proper	ty Patents & Copyri	ghts	
Do you have any patents, whether plant	ned, pending or issued, b	roadly relevant to the work?	☐ Yes 🗸 No

Christino

2



Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
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Section 6.	Disclosure Statement
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Dr. Christino rep	orts other from Smith & Nephew, Inc, outside the submitted work; .

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Christino



Section 1. Identifying Inform	nation							
1. Given Name (First Name) Frank	2. Surname (Last Name Cordasco	3. Date 01-November-2019						
4. Are you the corresponding author?	e corresponding author? Yes No Corresponding Author's Peter D. Fabricant							
5. Manuscript Title Which Metrics Are Being Used to Evaluate Children and Adolescents After ACL Reconstruction? A Systematic Review								
6. Manuscript Identifying Number (if you kr	now it)							
Section 2. The Work Under Co	onsideration for Pu	olication						
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No								
Section 3. Relevant financial	activities outside th	e submitted work.						
of compensation) with entities as descri	ibed in the instructions	whether you have financial relationships (regardless of amount . Use one line for each entity; add as many lines as you need by were present during the 36 months prior to publication .						
Are there any relevant conflicts of interes	est? 🗸 Yes 🗌 No							
If yes, please fill out the appropriate info	ormation below.							
Name of Entity	Grant? Personal Fees?	Support? Other? Comments						
Arthrex, Inc		consulting, food, travel, lodging, faculty or speaker						
Section 4. Intellectual Proper	ty Patents & Copy	rights						
Do you have any patents, whether plans If yes, please fill out the appropriate info Excess rows can be removed by pressing	ormation below. If you h	broadly relevant to the work? Yes No Nave more than one entity press the "ADD" button to add a row.						

Cordasco 2



Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments	
Arthrex, Inc				V			
Saunders/Mosby-Elsevier				V			
Wolters Kluwer Health				V		. Name of the last	
Section 5. Relationship	ps not cove	ered abo	ove		E-15040		1000
Are there other relationships or potentially influencing, what you				eive to have i	influenced, or tha	at give the appearance o	f
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✓ No other relationships/cond	itions/circun	nstances t	that present	a potential	conflict of interes	st	
	At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.						
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Based on the above disclosures, below.	this form wi	ll automa	tically gene	rate a disclos	sure statement, v	hich will appear in the b	юх
Dr. Cordasco reports other from Inc with royalties paid, a patent royalties paid.							ex,

Evaluation and Feedback

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Section 1. Identifying Inforn	nation		
1. Given Name (First Name) Eric	2. Surname (Last Name) Edmonds		3. Date 01-November-2019
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author Peter D. Fabricant	or's Name
5. Manuscript Title Which Metrics Are Being Used to Evalua	ate Children and Adolesce	nts After ACL Reconst	ruction? A Systematic Review
6. Manuscript Identifying Number (if you kr	now it)		
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Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere If yes, please fill out the appropriate info	bed in the instructions. Us port relationships that wer est?	se one line for each en	tity; add as many lines as you need by
Name of Entity	Grant'	n-Financial Other?	Comments
Arthrex, Inc			food, travel, lodging, faculty or speaker
Section 4. Intellectual Proper	ty Patents & Copyrig	ıhts	
Do you have any patents, whether plant	ned, pending or issued, br	oadly relevant to the v	work? ☐ Yes ✓ No

Edmonds 2



Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Edmonds rep	oorts other from Arthrex, Inc., outside the submitted work; .

Evaluation and Feedback

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Section 1. Identifying Inform	ation	NE 30 万 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1. Given Name (First Name) Peter	2. Surname (Last Name) Fabricant	3. Date 01-November-2019
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Which Metrics Are Being Used to Evalua	te Children and Adolescents After ACL Reconstructi	on? A Systematic Review
6. Manuscript Identifying Number (if you kn	ow it)	
Section 2. The Work Under Co	nsideration for Publication	
	ve payment or services from a third party (government, co but not limited to grants, data monitoring board, study d st? Yes No	
Section 3. Relevant financial a	activities outside the submitted work.	
of compensation) with entities as descril	the table to indicate whether you have financial reped in the instructions. Use one line for each entity; ort relationships that were present during the 36 r	add as many lines as you need by
Section 4. Intellectual Propert	y Patents & Copyrights	
Do you have any patents, whether plann	ed, pending or issued, broadly relevant to the work	? ☐ Yes 🗸 No



Sastian E
Section 5. Relationships not covered above
Are there 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?
Yes, the following relationships/conditions/circumstances are present (explain below):
No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Fabricant has nothing to disclose.

Evaluation and Feedback

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Fabricant 3



Section 1. Identifying Informa	ation		
 Given Name (First Name) Theodore 	2. Surname (Last Name) Ganley	3. Dat 01-No	te ovember-2019
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Peter D. Fabricant	
5. Manuscript Title Which Metrics Are Being Used to Evaluat	e Children and Adolescer	its After ACL Reconstruction? A Sy	ystematic Review
6. Manuscript Identifying Number (if you kno	w it)		
Section 2. The Work Under Co	nsideration for Public	ation	
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Place a check in the appropriate boxes in of compensation) with entities as describ clicking the "Add +" box. You should repo Are there any relevant conflicts of interes If yes, please fill out the appropriate infor	ed in the instructions. Usort relationships that were t? Yes No	e one line for each entity; add as r	nany lines as you need by
Name of Entity	Grant'	-Financial Other? Comment	s
iberty Surgical, Inc		☐ ✓ Education	
Section 4. Intellectual Property Do you have any patents, whether planne	y Patents & Copyrig		es ✓ No

Ganley



Section 5. Polationships not sovered above
Relationships not covered above
Are there 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?
Yes, the following relationships/conditions/circumstances are present (explain below):
No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statement On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Ganley reports other from Liberty Surgical, Inc, outside the submitted work;

Evaluation and Feedback

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Section 1. Identifying Info	mation	
1. Given Name (First Name) Daniel	2. Surname (Last Name Green	3. Date 01-November-2019
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Peter D. Fabricant
5. Manuscript Title Which Metrics Are Being Used to Eval	uate Children and Adoles	cents After ACL Reconstruction? A Systematic Review
6. Manuscript Identifying Number (if you	know it)	
Section 2. The Work Under	Consideration for Pub	lication
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	al activities outside the	e submitted work. whether you have financial relationships (regardless of amount
of compensation) with entities as desc	cribed in the instructions.	Use one line for each entity; add as many lines as you need by were present during the 36 months prior to publication.
Are there any relevant conflicts of inte If yes, please fill out the appropriate in		
Name of Entity	Grant? Personal N	Support? Comments
threx, Inc		travel, lodging, faculty or speaker
nthes GMBH		travel, lodging, faculty or speaker
Section 4. Intellectual Prope	erty Patents & Copyi	rights
Do you have any patents, whether pla	nned, pending or issued,	broadly relevant to the work? 🗸 Yes 🔲 No
If yes, please fill out the appropriate in		ave more than one entity press the "ADD" button to add a row

Green

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Patent?	Pending? Issued?	Licensed? Royalt	es? Licensee?	Comments	
Arthrex, Inc					
Pega Medical			A AMBROOM AND A		
Section 5. Relationshi	ips not covered ab	ove			
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Based on the above disclosures, below.		atically generate a d	sclosure statemen	t, which will appear in t	the box
Dr. Green reports other from Ar				d work; In addition, Dr.	Green has
a patent Arthrex, Inc with royal	ties paid, and a paten	t Pega Medical With	royalties paid.		
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Evaluation and Feedback

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Green

3



Given Name (First Name) enton Are you the corresponding author?	2. Surnarr				
Are you the corresponding author?	Heywortl	ne (Last Name) h	n Millianan Markanan		3. Date 01-November-2019
	Yes	✓ No	Correspondi Peter D. Fal	-	Name
Manuscript Title hich Metrics Are Being Used to Eval	luate Childrer	and Adolesc	cents After ACL	Reconstruc	ction? A Systematic Review
Manuscript Identifying Number (if you	know it)				
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ection 3. Relevant financia	al activities	outside the	submitted w	ork.	
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Heyworth 2



Patent?	Pending? Issued?	Licensed? Royalties?	Licensee?	Comments	
Springer					
Section 5. Relationsh	ips not covered abo	ove			
Are there other relationships o potentially influencing, what ye			influenced, or the	at give the appear	ance of
Yes, the following relations	•	•	•		
✓ No other relationships/con	ditions/circumstances	that present a potentia	conflict of intere	st	
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Section 6. Disclosure	Statement			12.00	
Based on the above disclosures below.	;, this form will automa	ntically generate a disclo	osure statement, v	vhich will appear i	n the box
Dr. Heyworth reports other fro Heyworth has a patent Springe		om Kairos Surgical, Inc,	outside the subm	nitted work; In add	dition, Dr.

Evaluation and Feedback

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Heyworth 3



Section 1. Identifying	Information			
Given Name (First Name) Mininder	2. Surname (Las Kocher	st Name)		Date -November-2019
4. Are you the corresponding auth	nor? Yes 🗸	No Correspon	ding Author's Name abricant	
5. Manuscript Title Which Metrics Are Being Used	to Evaluate Children and	Adolescents After AC	CL Reconstruction?	A Systematic Review
6. Manuscript Identifying Number	(if you know it)			
S. dian. 3				
Section 2. The Work U	nder Consideration f	or Publication		经 工程的基础
Did you or your institution at any t any aspect of the submitted work (statistical analysis, etc.)? Are there any relevant conflicts	including but not limited to			
Section 3. Relevant fir	nancial activities outs	ide the submitted	work.	
Place a check in the appropriate of compensation) with entities clicking the "Add +" box. You sh	as described in the instru	ictions. Use one line f	or each entity; add	as many lines as you need by
Are there any relevant conflicts	of interest? Yes	√ No		
Section 4. Intellectual				
Intellectual	Property Patents &	Copyrights		Land Land High Wind Life
Do you have any patents, wheth If yes, please fill out the approp Excess rows can be removed by	riate information below. I	If you have more than	_	
Patent?	Pending? Issued? Lie		Licensee?	Comments
OrthoPediatrics				
)ssur				
aunders/Mosby-Elsevier				

Kocher 2



Patent?	Pending? Issued?	Licensed? Royalties	Licensee?	Comments	
Wolters Kluwer Health					
Section 5. Relationshi	ps not covered abo	ve		罗尔·罗州 加	
Are there other relationships or potentially influencing, what yo			influenced, or tha	nt give the appearar	nce of
Yes, the following relationsh	ips/conditions/circum:	stances are present (e	xplain below):		
✓ No other relationships/cond	itions/circumstances th	hat present a potentia	l conflict of interes	st	
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At the time of manuscript accep On occasion, journals may ask a					e statements.
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Based on the above disclosures, below.	this form will automat	ically generate a discl	osure statement, w	vhich will appear in	the box
Below.					
		- Anna			
Dr. Kocher has a patent OrthoPo Elsevier with royalties paid, and				a patent Saunders/	Mosby-
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Section 1. Identifying Inform	nation		
1. Given Name (First Name) John	2. Surname (Last Name) Lawrence		3. Date 01-November-2019
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Na Peter D. Fabricant	me
5. Manuscript Title Which Metrics Are Being Used to Evalua	ate Children and Adolesce	nts After ACL Reconstructio	on? A Systematic Review
6. Manuscript Identifying Number (if you kr	now it)		
Section 2. The Work Under Co	onsideration for Public	cation	
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)?	but not limited to grants, da	a third party (government, co ita monitoring board, study de	mmercial, private foundation, etc.) for esign, manuscript preparation,
Are there any relevant conflicts of intere	est? Yes ✓ No		
Section 3. Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re	ibed in the instructions. Us	se one line for each entity; a	ndd as many lines as you need by
Are there any relevant conflicts of interest fyes, please fill out the appropriate info			
if yes, please fill out the appropriate line	officiation below.		
Name of Entity	Grant	n-Financial Other? Con	nments
iberty Surgical, Inc		☐ ✓ Educa	ation
Section 4. Intellectual Proper	ty Patents & Copyric	yhts	
Do you have any patents, whether plan			
If yes, please fill out the appropriate info Excess rows can be removed by pressin		e more than one entity pre	SS LIFE ADD DULLON TO ACC a fow.

Lawrence 2



Patent?	Pending? Issued	Licensed? Royalties	? Licensee?	Comments	
Sawbones/Pacific Research Laboratories					
Section 5. Balasian				ALLES TO SERVICE	
Are there other relationships potentially influencing, what		s could perceive to have	e influenced, or the	at give the appeara	ance of
Yes, the following relation				st	
At the time of manuscript acc On occasion, journals may as					ire statements.
Section 6. Disclosure	e Statement				
Based on the above disclosur below.	es, this form will autom	atically generate a discl	osure statement, v	which will appear ir	1 the box
Dr. Lawrence reports other fr Sawbones/Pacific Research L			l work; In additior	n, Dr. Lawrence has	a patent
					7000000

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Given Name (First Name) Matthew	2. Surname (Last Name) Matava			3. Date 01-November-2019
4. Are you the corresponding author?	Yes 🗸 No	Correspond Peter D. Fa	-	or's Name
5. Manuscript Title Which Metrics Are Being Used to Eval	uate Children and Adolesc	ents After ACI	_ Reconst	ruction? A Systematic Review
6. Manuscript Identifying Number (if you	know it)			
Section 2. The Work Under	Consideration for Publ	lication		
Are there any relevant conflicts of inte	rest? Yes 🗸 No			
Section 3. Polovant financia		submitted	work	
Place a check in the appropriate boxes of compensation) with entities as desclicking the "Add +" box. You should rear there any relevant conflicts of intellif yes, please fill out the appropriate in	I activities outside the s in the table to indicate where the instructions. Useport relationships that we rest?	hether you ha Jse one line fo	ve financi or each en	tity; add as many lines as you need
Place a check in the appropriate boxes of compensation) with entities as described the "Add +" box. You should reach there any relevant conflicts of intentions, please fill out the appropriate in	I activities outside the s in the table to indicate where the instructions. Leport relationships that we rest? Yes No formation below.	hether you ha Jse one line fo ere present d o	ve financi or each en	tity; add as many lines as you need
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Place a check in the appropriate boxes of compensation) with entities as described the "Add +" box. You should reflect the appropriate in the appr	I activities outside the s in the table to indicate where the instructions. Leport relationships that we rest? Yes No formation below.	hether you ha Jse one line fo ere present d on-Financial	ve financi or each en uring the Other?	tity; add as many lines as you need 36 months prior to publication. Comments travel, lodging, food, faculty or
Place a check in the appropriate boxes of compensation) with entities as described the "Add +" box. You should refer there any relevant conflicts of interest, please fill out the appropriate in Name of Entity threx, Inc	I activities outside the s in the table to indicate where the instructions. Leport relationships that we rest? Yes No formation below.	hether you ha Jse one line fo ere present d on-Financial	ve financial reach en uring the	tity; add as many lines as you need 36 months prior to publication. Comments travel, lodging, food, faculty or speaker, education
Place a check in the appropriate boxes of compensation) with entities as described the "Add +" box. You should reached there any relevant conflicts of inte	I activities outside the s in the table to indicate where the instructions. Leport relationships that we rest? Yes No formation below.	hether you ha Jse one line fo ere present d on-Financial	ve financial reach en uring the	tity; add as many lines as you need 36 months prior to publication. Comments travel, lodging, food, faculty or speaker, education Consulting fee

Matava 2



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Are there 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?
Yes, the following relationships/conditions/circumstances are present (explain below):
No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Matava reports other from Arthrex, Inc, other from Heron Therapeutics, other from Elite Orthopedics LLC, outside the submitted work; .

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Matava 3



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Lyle	2. Surname (Last Name) Micheli	3. Date 01-November-2019
4. Are you the corresponding author?	☐ Yes 📝 No	Corresponding Author's Name Peter D. Fabricant
5. Manuscript Title Which Metrics Are Being Used to Evalua	ate Children and Adolesce	nts After ACL Reconstruction? A Systematic Review
6. Manuscript Identifying Number (if you kn	now it)	
Section 2. The Work Under Co	onsideration for Public	cation 11 Control of the Control of
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	submitted work.
of compensation) with entities as descri	bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4. Intellectual Proper	ty Patents & Copyric	ghts
Do you have any patents, whether plant	ned, pending or issued, br	oadly relevant to the work? Yes V No

2



Section 5. Relationships not covered above
Are there 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?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Micheli has nothing to disclose.

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Micheli



Section 1. Identifying Inform	nation	
Given Name (First Name) Matthew	2. Surname (Last Name) Milewski	3. Date 01-November-2019
4. Are you the corresponding author?	Yes 📝 No	Corresponding Author's Name Peter D. Fabricant
5. Manuscript Title Which Metrics Are Being Used to Evalu	ate Children and Adolesce	nts After ACL Reconstruction? A Systematic Review
6. Manuscript Identifying Number (if you k	now it)	
Section 2. The Work Under C	onsideration for Publi	cation
		a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of inter-	est? Yes No	
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of compensation) with entities as descr	ibed in the instructions. U	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Are there any relevant conflicts of intere		
If yes, please fill out the appropriate info	ormation below.	
Name of Entity	Grant*	n-Financial Other? Comments
Kairos Surgical, Inc		✓ education
Section 4. Intellectual Proper	rty Patents & Copyric	ghts
Do you have any patents, whether plan		
If yes, please fill out the appropriate info Excess rows can be removed by pressin		e more than one entity press the "ADD" button to add a row.

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Patent?	Pending? Issued? L	icensed?Royalties?	Licensee?	Comments	
Saunders/Mosby-Elsevier					
Section 5. Relationshi	ps not covered abov	re			- 576
Are there other relationships or potentially influencing, what yo			influenced, or the	at give the appearance	of
Yes, the following relationsh	nips/conditions/circums	tances are present (ex	plain below):		
✓ No other relationships/cond	itions/circumstances th	at present a potential	conflict of interes	st	
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Section 6. Disclosure S	itatement				411-113
Based on the above disclosures, below.	this form will automatic	cally generate a disclo	sure statement, v	which will appear in the	box
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Dr. Milewski reports other from Saunders/Mosby-Elsevier with r		tside the submitted w	ork; In addition, [Dr. Milewski has a pater	nt
				<u>.</u>	

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Milewski 3



Section 1. Identifying Infor	mation		1 1 2 10		
Given Name (First Name) Jeffrey	2. Surna Nepple	me (Last Name)			3. Date 01-November-2019
4. Are you the corresponding author?	Yes	√ No	Correspon Peter D. F	-	or's Name
5. Manuscript Title Which Metrics Are Being Used to Evalu	uate Childre	n and Adolesce	ents After AC	L Reconst	truction? A Systematic Review
6. Manuscript Identifying Number (if you l	(now it)				
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Are there any relevant conflicts of inte		outside the	submitted	work.	
Place a check in the appropriate boxes of compensation) with entities as desc clicking the "Add +" box. You should re	ribed in the	instructions. U	se one line fo	or each er	ntity; add as many lines as you need
Are there any relevant conflicts of inte					
If yes, please fill out the appropriate in	iormation b	elow.			
Name of Entity	Grant?		n-Financial Support?	Other?	Comments
sponsive Arthroscopy LLC				√	Consulting fee, education, travel and lodging, food
nith & Nephew, Inc				✓	Consulting fee, education, travel and lodging, food
te Orthopedics, LLC				V	Education

Nepple 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
Section 5. Relationships not covered above
Are there 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?
Yes, the following relationships/conditions/circumstances are present (explain below):
No other relationships/conditions/circumstances that present a potential conflict of interest
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Dr. Nepple reports other from Responsive Arthroscopy LLC, other from Smith & Nephew, Inc, other from Elite Orthopedics, LLC, outside the submitted work; .

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Section 1. Identifying Inform	ation				
1. Given Name (First Name) Shital	2. Surnai Parikh	ne (Last Nan	ne)	1.1	3. Date 01-November-2019
4. Are you the corresponding author?	Yes	√ No	Correspon Peter D. F	_	or's Name
5. Manuscript Title Which Metrics Are Being Used to Evalua	te Childre	n and Adol	escents After AC	L Reconst	ruction? A Systematic Review
6. Manuscript Identifying Number (if you kn	ow it)				
Section 2. The Work Under Co	nsidera	tion for P	ublication		
Did you or your institution at any time receivany aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not lim		ts, data monitoring		
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Place a check in the appropriate boxes ir of compensation) with entities as described clicking the "Add +" box. You should rep	oed in the ort relatio	instruction nships that	s. Use one line fo were present d	or each er	itity; add as many lines as you need by
Are there any relevant conflicts of interes			No		
If yes, please fill out the appropriate info	rmation b	elow.			
Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
CDC Medical LLC		12		V	Education
Synthes GMBH					food, travel, lodging, faculty or speaker
Section 4. Intellectual Property	u. Dodo	nte C. Con	vuia lata	T-4 (2011)	
Section 4. Intellectual Propert	y Pate	nts & Cop	yrights		
Do you have any patents, whether plann	ed, pendi	ng or issue	d, broadly releva	nt to the	work? Yes 🗸 No

Parikh 2



Section 5. Relationships not covered above
Are there 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?
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Dr. Parikh reports other from CDC Medical LLC, other from Synthes GMBH, outside the submitted work; .

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Section 1. Identifying Inforn	nation		从民族性们是然为这 位
1. Given Name (First Name) Andrew	2. Surname (Last Name Pennock		3. Date 01-November-2019
4. Are you the corresponding author?	Yes No	Corresponding Author's Nan Peter D. Fabricant	ne
5. Manuscript Title Which Metrics Are Being Used to Evalua	ate Children and Adoles	cents After ACL Reconstruction	n? A Systematic Review
6. Manuscript Identifying Number (if you kr	now it)		
Section 2. The Work Under Co	onsideration for Pub	olication	
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)?			
Are there any relevant conflicts of intere	est? ☐ Yes 🕡 No		
Section 3. Relevant financial	activities outside th	e submitted work.	
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication .			
Are there any relevant conflicts of interes			
If yes, please fill out the appropriate info	ormation below.		
Name of Entity	Grant? Personal Fees?	lon-Financial Other? Com	ments
portstek Medical, Inc		☐ ✓ educat	
Orthopediatrics		consult	ting fee
Section 4. Intellectual Proper	rty Patents & Copy	rights	
Do you have any patents, whether plant	ned, pending or issued,	broadly relevant to the work?	☐ Yes ✓ No



Section 5. Relationships not covered above
Are there 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?
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Dr. Pennock reports other from Sportstek Medical, Inc, other from Orthopediatrics, outside the submitted work; .

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Section 1. Identifying Inform	nation		
1. Given Name (First Name) Paul	2. Surname (Last Name) Saluan		3. Date 01-November-2019
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Nar Peter D. Fabricant	me
5. Manuscript Title Which Metrics Are Being Used to Evalua	ate Children and Adolesce	ents After ACL Reconstruction	n? A Systematic Review
6. Manuscript Identifying Number (if you kn	now it)		
	p. 40		
Section 2. The Work Under Co	onsideration for Publi	cation	
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)?			
Are there any relevant conflicts of intere	est?		
Section 2			
Section 3. Relevant financial	activities outside the	submitted work.	
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication .			
Are there any relevant conflicts of intere			
If yes, please fill out the appropriate info	ormation below.		
Name of Entity	Grant.	n-Financial Other? Com	nments
Arthrex, Inc			ravel, lodging, faculty or er, consulting fee
Section 4. Intellectual Proper	ty Patents & Copyri	ghts	
Do you have any patents, whether plant	ned, pending or issued, b	roadly relevant to the work?	☐ Yes 📝 No

Saluan



Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of 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
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Saluan repor	ts other from Arthrex, Inc, outside the submitted work; .
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Section 1. Identifying Inform	nation		
Given Name (First Name) Jonathan	2. Surname (Last Name) Schachne	3. Date 01-November-2019	
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name Peter D. Fabricant	
5. Manuscript Title Which Metrics Are Being Used to Evalua	ate Children and Adolesce	nts After ACL Reconstruction? A Systematic Review	
6. Manuscript Identifying Number (if you kr	now it)		
	/A		
Section 2. The Work Under Co	onsideration for Public	cation	
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes You			
Section 3. Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo			
Section 4. Intellectual Proper	ty – Patents & Copyric	ghts	
Do you have any patents, whether plant	ned, pending or issued, br	oadly relevant to the work? Yes Vo	

Schachne 2



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Schachne 3



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Kevin	2. Surname (Last Name) Shea	3. Date 01-November-2019
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name Peter D. Fabricant
5. Manuscript Title Which Metrics Are Being Used to Evalua	ate Children and Adolesce	ents After ACL Reconstruction? A Systematic Review
6. Manuscript Identifying Number (if you kr	now it)	
Section 2. The Work Under Co	onsideration for Publi	cation
	but not limited to grants, d	n a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the	submitted work.
of compensation) with entities as descri clicking the "Add +" box. You should rep	bed in the instructions. Uport relationships that we	nether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Are there any relevant conflicts of intered If yes, please fill out the appropriate info		
Name of Entity	Grant*	n-Financial Other? Comments
Evolution Surgical, Inc		Education
Section 4. Intellectual Proper	ty Patents & Copyri	travel, lodging, food
Do you have any patents, whether plant		

Shea 2



Section 5. Relationships not covered above
Are there 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?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.
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Dr. Shea reports other from Evolution Surgical, Inc, other from Arthrex, Inc, outside the submitted work;

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Section 1. Identifying Inform	nation		
Given Name (First Name) Eric	2. Surname (Last Name) Wall	3. Date 01-November-2019	
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Peter D. Fabricant	
5. Manuscript Title Which Metrics Are Being Used to Evalua	ate Children and Adolesce	nts After ACL Reconstruction? A Systematic Review	
6. Manuscript Identifying Number (if you kn	now it)		
Section 2. The Work Under Co	onsideration for Public	ation	
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?			
Are there any relevant conflicts of intere	est? Yes V No		
Section 3. Polymore Ground in		the state of the state of	
Relevant financial a	activities outside the s		
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication .			
Are there any relevant conflicts of intere	est? Yes No		
Section 4. Intellectual Proper	ty Patents & Copyrig	hts	
Do you have any patents, whether planr	ned, pending or issued, br	oadly relevant to the work? Yes V No	

Wall 2



Section 5. Relationships not covered above
Are there 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?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
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Section 6. Disclosure Statement
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Dr. Wall has nothing to disclose.

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Wall 3



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Samuel	2. Surname (Last Name) Willimon		3. Date 01-November-2019
4. Are you the corresponding author?	Yes Vo	Corresponding Author' Peter D. Fabricant	's Name
5. Manuscript Title Which Metrics Are Being Used to Evalua	ate Children and Adolesce	nts After ACL Reconstru	uction? A Systematic Review
6. Manuscript Identifying Number (if you kr	now it)		
Section 2. The Work Under Co	onsideration for Publi	cation	
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere		ata monitoring board, stud	ly design, manuscript preparation,
Section 3. Relevant financial	activities outside the :	submitted work.	
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere	bed in the instructions. Us port relationships that we	se one line for each enti	ty; add as many lines as you need by
If yes, please fill out the appropriate information below.			
Name of Entity	Grant•	n-Financial Other?	Comments
Smith & Nephew, Inc			onsulting fee, food, lodging, travel, culty or speaker
Arthrex, Inc		☐ ✓ fa	iculty or speaker
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