

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Nathaniel	2. Surname (Last Name) Mercer	3. Date 21-July-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name John G. Kennedy
5. Manuscript Title In-Office Needle Tendoscopy of the Posterior Tibialis Tendon with Concomitant Intervention		
6. Manuscript Identifying Number (if you know it)		

### Section 2. The Work Under Consideration for Publication

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

ADD

### 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 interest?  Yes  No

ADD

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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### 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

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#### Generate Disclosure Statement

Dr. Mercer has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) John	2. Surname (Last Name) Dankert	3. Date 21-July-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name John G. Kennedy	
5. Manuscript Title In-Office Needle Tendoscopy of the Posterior Tibialis Tendon with Concomitant Intervention		
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Are there any relevant conflicts of interest?  Yes  No

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#### Generate Disclosure Statement

Dr. Dankert has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Christopher	2. Surname (Last Name) Colasanti	3. Date 21-July-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name John G. Kennedy
5. Manuscript Title In-Office Needle Tendoscopy of the Posterior Tibialis Tendon with Concomitant Intervention		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

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Generate Disclosure Statement

Dr. Colasanti has nothing to disclose.

### Evaluation and Feedback

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## ICMJJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Jeffrey  
2. Surname (Last Name) Chen  
3. Date 21-July-2021

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
John G. Kennedy

5. Manuscript Title  
In-Office Needle Tendoscopy of the Posterior Tibialis Tendon with Concomitant Intervention

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Chen has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)	2. Surname (Last Name)	3. Date
Daniel	Kaplan	21-July-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
		John G. Kennedy
5. Manuscript Title	In-Office Needle Tendoscopy of the Posterior Tibialis Tendon with Concomitant Intervention	
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Are there any relevant conflicts of interest?  Yes  No

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Dr. Kaplan has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Ajay	2. Surname (Last Name) Kanakamedala	3. Date 21-July-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name John G. Kennedy
5. Manuscript Title In-Office Needle Tendoscopy of the Posterior Tibialis Tendon with Concomitant Intervention		
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Are there any relevant conflicts of interest?  Yes  No

ADD

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Kanakamedala has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)	2. Surname (Last Name)	3. Date
Eoghan	Hurley	21-July-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
		John G. Kennedy
5. Manuscript Title	In-Office Needle Tendoscopy of the Posterior Tibialis Tendon with Concomitant Intervention	
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Are there any relevant conflicts of interest?  Yes  No

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Dr. Hurley has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) James	2. Surname (Last Name) Stone	3. Date 21-July-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name John G. Kennedy
5. Manuscript Title In-Office Needle Tendoscopy of the Posterior Tibialis Tendon with Concomitant Intervention		
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Are there any relevant conflicts of interest?  Yes  No

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Arthroscopy Association of North America: Board or committee member

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Dr. Stone reports and Arthroscopy Association of North America: Board or committee member.

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name)  2. Surname (Last Name)  3. Date

4. Are you the corresponding author?  Yes  No

5. Manuscript Title

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Are there any relevant conflicts of interest?  Yes  No

ADD

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Isto Biologics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid Consultant; Research Support
Arthrex	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

ADD

### Section 4. Intellectual Property -- Patents & Copyrights

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American Orthopaedic Foot and Ankle Society: Board or committee member  
Arthroscopy Association of North America: Board or committee member  
European Society for Sports Traumatology, Knee Surgery and Arthroscopy (ESSKA) Ankle and Foot Associates (AFAS): Board or committee member  
International Society for Cartilage Repair of the Ankle: Board or committee member

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Dr. Kennedy reports grants from Isto Biologics, grants from Arthrex, outside the submitted work; and American Orthopaedic Foot and Ankle Society: Board or committee member  
Arthroscopy Association of North America: Board or committee member  
European Society for Sports Traumatology, Knee Surgery and Arthroscopy (ESSKA) Ankle and Foot Associates (AFAS): Board or committee member  
International Society for Cartilage Repair of the Ankle: Board or committee member.

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