

— **Instructions** —

ICMJE Form for Disclosure of Potential Conflicts of Interest

Each author of the manuscript must separately complete and save this form using his or her name in the file name. Each author's completed form must then be uploaded with the manuscript.

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 in four parts:

Section 1. Identifying information

Enter your full name and provide the manuscript title.

Section 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." Then complete the provide the information requested.

Section 3. Relevant financial activities outside the submitted work

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Section 4. Other relationships

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.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name Ryan 2. Surname Paul
3. Are you the corresponding author? Yes ___ No X
4. Effective Date: 4/18/2021
5. Manuscript Title: Multimodal Pain Management in Arthroscopic Clinical Trials: A Systematic Review

Section 2. The Work Under Consideration for Publication

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Complete each item by typing an X in answer yes or not and completing the information requested if an answer is Yes. If you have more than one relationship, add lines.

1. Grant

No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments † ___

2. Consulting fee or honorarium

No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments † ___

3. Support for travel to meetings for the study or other purposes

No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments † ___

4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end-point committees, and the like

No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments † ___

5. Payment for writing or reviewing the manuscript

No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments † ___

6. Provision of writing assistance, medicines, equipment, or administrative support

No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments † ___

7. Other

No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments † ___

* This means money that your institution received for your efforts on this study.

† Use this section to provide any needed explanation.

Section 3. Relevant financial activities outside the submitted work

1. Board membership

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

2. Consultancy

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

3. Employment

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

4. Expert testimony

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

5. Grants/grants pending

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

6. Payment for lectures including service on speakers bureaus

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

7. Payment for manuscript preparation

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

8. Patents (planned, pending or issued)

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

9. Royalties

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

10. Payment for development of educational presentations

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

11. Stock/stock options

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

12. Travel/accommodations/ meeting expenses unrelated to activities listed**

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

13. Other (err on the side of full disclosure)

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name Patrick 2. Surname Szukics
3. Are you the corresponding author? Yes ___ No X
4. Effective Date: 4/18/2021
5. Manuscript Title: Multimodal Pain Management in Arthroscopic Clinical Trials: A Systematic Review

Section 2. The Work Under Consideration for Publication

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5. Payment for writing or reviewing the manuscript

No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments † ___

6. Provision of writing assistance, medicines, equipment, or administrative support

No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments † ___

7. Other

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Section 3. Relevant financial activities outside the submitted work

1. Board membership

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

2. Consultancy

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

3. Employment

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

4. Expert testimony

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

5. Grants/grants pending

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

6. Payment for lectures including service on speakers bureaus

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

7. Payment for manuscript preparation

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

8. Patents (planned, pending or issued)

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

9. Royalties

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

10. Payment for development of educational presentations

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

11. Stock/stock options

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

12. Travel/accommodations/ meeting expenses unrelated to activities listed**

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

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Section 1. Identifying Information

1. Given Name Joseph 2. Surname Brutico
3. Are you the corresponding author? Yes ___ No X
4. Effective Date: 4/18/2021
5. Manuscript Title: Multimodal Pain Management in Arthroscopic Clinical Trials: A Systematic Review

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No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments † ___

7. Other

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No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

2. Consultancy

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

3. Employment

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

4. Expert testimony

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

5. Grants/grants pending

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

6. Payment for lectures including service on speakers bureaus

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7. Payment for manuscript preparation

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

8. Patents (planned, pending or issued)

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

9. Royalties

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

10. Payment for development of educational presentations

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

11. Stock/stock options

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5. Payment for writing or reviewing the manuscript

No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments † ___

6. Provision of writing assistance, medicines, equipment, or administrative support

No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments † ___

7. Other

No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments † ___

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† Use this section to provide any needed explanation.

Section 3. Relevant financial activities outside the submitted work

1. Board membership

No Yes, money paid to you Yes, money paid to institution* Name of entity **AOSSM; AAOS; ABOS** Comments **Board or committee member**

2. Consultancy

No Yes, money paid to you Yes, money paid to institution* Name of entity Comments

3. Employment

No Yes, money paid to you Yes, money paid to institution* Name of entity Comments

4. Expert testimony

No Yes, money paid to you Yes, money paid to institution* Name of entity Comments

5. Grants/grants pending

No Yes, money paid to you Yes, money paid to institution* Name of entity Comments

6. Payment for lectures including service on speakers bureaus

No Yes, money paid to you Yes, money paid to institution* Name of entity Comments

7. Payment for manuscript preparation

No Yes, money paid to you Yes, money paid to institution* Name of entity Comments

8. Patents (planned, pending or issued)

No Yes, money paid to you Yes, money paid to institution* Name of entity Comments

9. Royalties

No Yes, money paid to you Yes, money paid to institution* Name of entity Comments

10. Payment for development of educational presentations

No Yes, money paid to you Yes, money paid to institution* Name of entity Comments

11. Stock/stock options

No Yes, money paid to you Yes, money paid to institution* Name of entity **Franklin/Keystone Biosciences; Trice Medical** Comments

12. Travel/accommodations/ meeting expenses unrelated to activities listed**

No Yes, money paid to you Yes, money paid to institution* Name of entity Comments

13. Other (err on the side of full disclosure)

No Yes, money paid to you Yes, money paid to institution* Name of entity Comments

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6. Provision of writing assistance, medicines, equipment, or administrative support

No Yes, money paid to you Yes, money paid to institution* Name of entity Comments †

7. Other

No Yes, money paid to you Yes, money paid to institution* Name of entity Comments †

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† Use this section to provide any needed explanation.

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1. Board membership

No Yes, money paid to you Yes, money paid to institution* Name of entity **AOSSM**
Comments **Board or committee member**

2. Consultancy

No Yes, money paid to you Yes, money paid to institution* Name of entity **DePuy; Vericel**
Comments **Paid consultant**

3. Employment

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

4. Expert testimony

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

5. Grants/grants pending

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

6. Payment for lectures including service on speakers bureaus

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

7. Payment for manuscript preparation

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

8. Patents (planned, pending or issued)

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

9. Royalties

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

10. Payment for development of educational presentations

No Yes, money paid to you Yes, money paid to institution* Name of entity **Liberty Surgical**
Comments____

11. Stock/stock options

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

12. Travel/accommodations/ meeting expenses unrelated to activities listed**

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

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