

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Alan	2. Surname (Last Name) Samsonov	3. Date 28-March-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 Clinical Outcomes of Nano Arthroscopy in the Office Setting for the Treatment of Posterior Ankle Impingement		
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):
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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.

#### Generate Disclosure Statement

Dr. Samsonov 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)	2. Surname (Last Name)	3. Date
Arianna	Gianakos	28-March-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
		John G. Kennedy
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#### Generate Disclosure Statement

Dr. Gianakos 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) Gino	2. Surname (Last Name) Kerkhoffs	3. Date 28-March-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 Clinical Outcomes of Nano Arthroscopy in the Office Setting for the Treatment of Posterior Ankle Impingement		
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Are there any relevant conflicts of interest?  Yes  No

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ESSKA: Board or committee member

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### Section 6. Disclosure Statement

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#### Generate Disclosure Statement

Dr. Kerkhoffs reports and ESSKA: Board or committee member.

### 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 28-March-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 Clinical Outcomes of Nano Arthroscopy in the Office Setting for the Treatment of Posterior Ankle Impingement		
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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#### Generate Disclosure Statement

Dr. Dankert has nothing to disclose.

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

4. Are you the corresponding author?  Yes  No

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

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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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Paid Consultant; Research Support	X
Arthrex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Paid Consultant	X

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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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 other from Isto Biologics, other 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)	2. Surname (Last Name)	3. Date
Nathaniel	Mercer	28-March-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	Clinical Outcomes of Nano Arthroscopy in the Office Setting for the Treatment of Posterior Ankle Impingement	
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Are there any relevant conflicts of interest?  Yes  No

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Dr. Mercer 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) Rick	2. Surname (Last Name) Delmonte	3. Date 28-March-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 Clinical Outcomes of Nano Arthroscopy in the Office Setting for the Treatment of Posterior Ankle Impingement		
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Are there any relevant conflicts of interest?  Yes  No

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Dr. Delmonte has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Tobias	2. Surname (Last Name) Stornebrink	3. Date 28-March-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name John G. Kennedy
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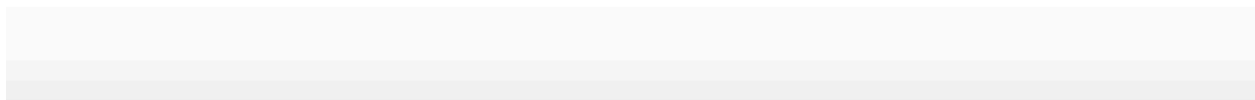
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Dr. Stornebrink has nothing to disclose.

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