

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name Madeleine 2. Surname Salesky
3. Are you the corresponding author? Yes ___ No X
4. Effective Date: 9/8/2021
5. Manuscript Title: Imaging Utilization Prior to Shoulder Surgery

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

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

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

2. Consulting fee or honorarium

X 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

X 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

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

5. Payment for writing or reviewing the manuscript

X 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

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

7. Other

X 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

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

2. Consultancy

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

3. Employment

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

4. Expert testimony

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

5. Grants/grants pending

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

6. Payment for lectures including service on speakers bureaus

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

7. Payment for manuscript preparation

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

8. Patents (planned, pending or issued)

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

9. Royalties

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

10. Payment for development of educational presentations

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

11. Stock/stock options

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

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

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

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

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

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name Valentina 2. Surname Pedioia
3. Are you the corresponding author? Yes ___ No X
4. Effective Date 8 September 2021
5. Manuscript Title Imaging Utilization Prior to Shoulder Surgery

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)? No

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

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

2. Consulting fee or honorarium

X ___ 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

X 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

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

5. Payment for writing or reviewing the manuscript

X 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

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

7. Other

X 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____

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name Alan 2. Surname Zhang
3. Are you the corresponding author? Yes ___ No X
4. Effective Date: 9/8/2021
5. Manuscript Title: Imaging Utilization Prior to Shoulder Surgery

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

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

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

2. Consulting fee or honorarium

X 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

X 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

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

5. Payment for writing or reviewing the manuscript

X 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

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

7. Other

X 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: Stryker, Depuy Mitek 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____

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name Brian 2. Surname Feeley
3. Are you the corresponding author? Yes ___ No x
4. Effective Date 9/8/2021
5. Manuscript Title Imaging Utilization Prior to Shoulder Surgery

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

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

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

2. Consulting fee or honorarium

x 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

x 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

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

5. Payment for writing or reviewing the manuscript

x 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

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

7. Other

x 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___ NIH, OREF, Orthofix_ 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___ Bioniks, Inc: Kaliber Ai___ 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___

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name ___ C. Benjamin _____ 2. Surname ___ Ma _____
3. Are you the corresponding author? Yes ___ No X___
4. Effective Date: September 8th 2021
5. Manuscript Title: Imaging Utilization Prior to Shoulder Surgery

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

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

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

2. Consulting fee or honorarium

X___ 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

X___ 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

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

5. Payment for writing or reviewing the manuscript

X___ 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

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

7. Other

X___ 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___ Stryker, Conmed, Tornier_ 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___ Aseculap, Samumed, Zimmer, Conmed___ 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___ Conmed___ 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___

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name Drew 2. Surname Lansdown
3. Are you the corresponding author? Yes No
4. Effective Date: 9/8/2021
5. Manuscript Title: Imaging Utilization Prior to Shoulder Surgery

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

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_AANA, AOSSM, Arthritis Foundation__ Comments___AANA – Arthroscopy Research Grant; AOSSM – Young Investigator Award; Arthritis Foundation – research funding

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_Patent pending for suture anchor device__ 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_Arthrex/Evolution Surgical, Stryker__ Comments__Arthrex/Evolution Surgical – educational support; Stryker – educational support_

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

