

Arthroscopy: The Journal of Arthroscopic and Related Surgery

— 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.

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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.

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Section 1. Identifying Information

1. **Given Name** Liam A. 2. **Surname** Peebles
3. **Are you the corresponding author?** Yes ___ No
4. **Effective Date** October 31, 2022
5. **Manuscript Title** Impact of the COVID-19 Pandemic on Sports Medicine Patient Care

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

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

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5. Payment for writing or reviewing the manuscript

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

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3. Employment

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4. Expert testimony

No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

5. Grants/grants pending

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6. Payment for lectures including service on speakers bureaus

No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

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No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

8. Patents (planned, pending or issued)

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9. Royalties

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11. Stock/stock options

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

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1. **Given Name** Zachary S. 2. **Surname** Aman
3. **Are you the corresponding author?** Yes ___ No
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1. **Given Name** Mary K. 2. **Surname** Mulcahey
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AAOS: Board or committee member; American Journal of Sports Medicine Electronic Media: Editorial or governing board; American Orthopaedic Association: Board or committee member; American Orthopaedic Society for Sports Medicine: Board or committee member; Arthroscopy: Editorial or governing board; Arthroscopy Association of North America: Board or committee member; Ortho Info: Editorial or governing board; Ruth Jackson Orthopaedic Society: Board or committee member; The Forum: Board or committee member

2. Consultancy

No Yes, money paid to you Yes, money paid to institution* Name of entity___ Comments___
Arthrex, Inc: Paid presenter or speaker

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___

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