ICMJE DISCLOSURE FORM

Date: 10TH MAY 2021
Your Name: MARCO BERNINI
Manuscript Title: "TO USE OR NOT TO USE THE MUSCLE" THAT IS THE QUESTION IN THE CAPSULAR CON-TRACTURE
DILEMMA
Manuscript number (if known): GS-21-237

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
Time frame: Since the initial planning of the work					
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone			
	Time frame: past 36 months				
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone			
3	Royalties or licenses	XNone			
4	Consulting fees	XNone			

5	Payment or honoraria for lectures, presentations,	XNone		
	speakers bureaus, manuscript writing or educational events			
6	Payment for expert	X None		
	testimony			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or Advisory Board			
10	Leadership or fiduciary role	X None		
10	in other board, society,	ANone		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Descipt of agreement	V		
12	Receipt of equipment, materials, drugs, medical	XNone		
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
Please summarize the above conflict of interest in the following box:				
	None			

Please place an "X" next to the following statement to indicate your agreement:

 $_X$ I certify that I have answered every question and have not altered the wording of any of the questions on this form.