Date:	_28 Aug 2023
Your Name	9:
Manuscrip	t Title: Subscapularis Tendon Tear Detection Using Axial Internal Rotation MRI:
Semiquant	iative and Quantitative
Analysis	
Manuscrip	t number (if known):

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>

manuscript only.

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)			
	Ti	me frame: Since the initia	l 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.	X_None				
	Time frame: past 36 months					
2	Grants or contracts from	XNone				

	any entity (if not indicated				
3	in item #1 above). Royalties or licenses	XNone			
J	rioyanics of necrises	XNONC			
4	Consulting fees	X_None			
5	Payment or honoraria for	X None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or educational events				
6	Payment for expert	X_None			
	testimony				
7	0	V Name			
1	Support for attending meetings and/or travel	XNone			
	moonings and or have				
8	Patents planned, issued	X_None			
	or pending				
9	Participation on a Data	X_None			
J	Safety Monitoring Board				
	or Advisory Board				
10	Leadership or fiduciary	X_None			
	role in other board, society, committee or				
	advocacy group, paid or				
	unpaid				
11	Stock or stock options	X_None			
12	Receipt of equipment,	XNone			
	materials, drugs, medical				
	writing, gifts or other services				
13	Other financial or non-	X_None			
	financial interests				
Ple	ease summarize the abo	ve conflict of interest i	n the following box:		
_					

Please summarize the above conflict of interest in the following box:

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.				

	_ Yh	۱ ۲	0 6 8 9							
Date:_	26	' Angust	3023							
Your N	ame:	Wisit	Sak	Pakdee						
Manus	cript Title	e: Subso	capularis	s Tendon Tear D	Detection Usir	ng Axial Inte	ernal Rotati	on MRI: Se	miquantiati	ve and
Quanti	tative An	nalysis								
Manus	cript nun	nber (if kn	own):							

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	<u></u> X_None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_ <u>~</u> None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_★_None	
4	Consulting fees	_X_None	
	_		

5	Payment or honoraria for	<u></u> ➤ None				
	lectures, presentations,					
	speakers bureaus,					
	manuscript writing or					
	educational events					
6	Payment for expert	×_None				
	testimony					
7	Command for attacked in a	× Name				
7	Support for attending meetings and/or travel	<u></u> X_None				
	0.1.1,1.1.1					
8	Patents planned, issued or	None				
	pending					
9	Participation on a Data	X_None				
	Safety Monitoring Board or					
	Advisory Board					
10	Leadership or fiduciary role	X_None				
	in other board, society,					
	committee or advocacy group, paid or unpaid					
11	Stock or stock options	☆ None				
	Stock of Stock options					
12	Receipt of equipment,	X None				
	materials, drugs, medical					
	writing, gifts or other					
	services					
13	Other financial or non-	X_None				
	financial interests					
Ple	Please summarize the above conflict of interest in the following box:					
			l l			

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

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

form.

Date:21 August, 2023
Your Name:Arin Pisanuwongse
Manuscript Title: Subscapularis Tendon Tear Detection Using Axial Internal Rotation MRI: Semiquantitative and Quantitative Analysis
Manuscript number (if known):
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

The following questions apply to the author's relationships/activities/interests as they relate to the $\underline{\text{current}}$

manuscript only.

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.

relationship/activity/interest, it is preferable that you do so.

		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)
	Ti	me frame: Since the initia	l planning of the work
1	All support for the	XNone	

	present manuscript (e.g.,		
	funding, provision of		
	study materials, medical		
	writing, article processing		
	charges, etc.)		
	No time limit for this		
	item.		
		Time frame: past	t 36 months
2	Grants or contracts from	X None	
_	any entity (if not		
	indicated in item #1		
	above).		
2	•	X None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for	XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
_	0 16 11 11	W M	
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued	X_None	
	or pending		
	. •		
9	Participation on a Data	X_None	
	Safety Monitoring Board		
10	or Advisory Board Leadership or fiduciary	XNone	
10	role in other board,	^_None	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	X_None	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		

13	Other financial or non-	XNone	
	financial interests		

Please summarize the above conflict of interest in the following box:

I have no any conflict of interest.		

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.

Date:	_22 Aug 2023
Your Nam	e:Ekavit Keyurapan, MD.
Manuscrip	ot Title: Subscapularis Tendon Tear Detection Using Axial Internal Rotation MRI:
Semiquan	tiative and Quantitative
Analysis_	
Manuscrip	ot number (if known):

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>

manuscript only.

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)
	Ti	me frame: Since the initia	l 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.	None	
	Time frame: past 36 months		

2	Grants or contracts from any entity (if not indicated in item #1 chara)	None	
0	in item #1 above).	Nana	
3	Royalties or licenses	None	
4	Consulting fees	None	
7	Consuming rees	140110	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	Maia a	
6	Payment for expert testimony	None	
	testimony		
7	Support for attending	None	
'	meetings and/or travel		
	S		
8	Patents planned, issued	None	
	or pending		
	Double in a tien on a Date	Nana	
9	Participation on a Data Safety Monitoring Board	None	
	or Advisory Board		
10	Leadership or fiduciary	None	
'0	role in other board,	140110	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	None	
10	Possint of aguinment	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

F	Please summarize the above conflict of interest in the following box:			

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

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

Date:24 /	August 2023
Your Name:	Nittaya Lektrakul
Manuscript Ti	tle: Subscapularis Tendon Tear Detection Using Axial Internal Rotation MRI: Semiquantiative and
Quantitative /	Analysis
Manuscript nu	umber (if known):

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 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 initia	al 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: pas	t 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	X_None	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	X None	
0	testimony	XNone	
	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	V N	
10	Leadership or fiduciary role	X_None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	Cook of Groom options		
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the foll	owing box:

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.