

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Seoyon	2. Surname (Last Name) Yang	3. Date 25-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Min Cheol Chang
5. Manuscript Title Understanding the Physical Examination of the Shoulder: A Narrative Review		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Yang has nothing to disclose.

Evaluation and Feedback

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Tae UK

2. Surname (Last Name)

Kim

3. Date

25-November-2020

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Yes No

Corresponding Author's Name

Min Cheol Chang

5. Manuscript Title

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Du Hwan

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Kim

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