

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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 designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Adam

2. Surname (Last Name)  
Popchak

3. Date  
29-September-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Rehabilitation and return to sports after anterior shoulder stabilization

6. Manuscript Identifying Number (if you know it)  
AOJ-17-82

### Section 2. The Work Under Consideration for Publication

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

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Dr. Popchak has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Brittany

2. Surname (Last Name)  
Lynch

3. Date  
29-September-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Rehabilitation and return to sports after anterior shoulder stabilization

6. Manuscript Identifying Number (if you know it)  
AOJ-17-82

### Section 2. The Work Under Consideration for Publication

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Dr. Lynch has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Heather

2. Surname (Last Name)  
Christain

3. Date  
29-September-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Rehabilitation and return to sports after anterior shoulder stabilization

6. Manuscript Identifying Number (if you know it)  
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) James	2. Surname (Last Name) Irrgang	3. Date 25-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Adam Popchak
5. Manuscript Title Rehabilitation and return to sports after anterior shoulder stabilization		
6. Manuscript Identifying Number (if you know it) AOJ-17-82		

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