Date:4	1 /25/2023
Your Name	e:Laura Keeling
Manuscript	t Title: Bone Loss in Shoulder Instability: Putting it all Together
Manuscript	t number (if known): AOJ-23-6

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>.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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).	x_None	
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	y None		
0	testimony	x_None		
	testimony			
7	Support for attending	x None		
,	meetings and/or travel	None		
	meetings and/or traver			
_	Detects along of issued as	Nava		
8	Patents planned, issued or	x_None		
	pending			
9	Participation on a Data	x_None		
9	Safety Monitoring Board or	x_None		
	Advisory Board			
10	Leadership or fiduciary role	x None		
10	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	x_None		
	·			
12	Receipt of equipment, materials, drugs, medical	_xNone		
	writing, gifts or other			
	services			
13	Other financial or non-	_xNone		
	financial interests			
Dia-		udlist of interest in the fall	avvina havv	
Plea	ase summarize the above co	onflict of interest in the foll	owing box:	

None.		

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

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Your Name	e:Nyaluma Wagala
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	lectures, presentations,			
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	manuscript writing or			
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0	testimony	x_None		
	testimony			
7	Support for attending	x None		
,	meetings and/or travel	None		
	meetings and/or traver			
_	Detects along of issued as	Nava		
8	Patents planned, issued or	x_None		
	pending			
9	Participation on a Data	x_None		
9	Safety Monitoring Board or	x_None		
	Advisory Board			
10	Leadership or fiduciary role	x None		
10	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	x_None		
	·			
12	Receipt of equipment, materials, drugs, medical	_xNone		
	writing, gifts or other			
	services			
13	Other financial or non-	_xNone		
	financial interests			
Dia-		udlist of interest in the fall	avvina havv	
Plea	ase summarize the above co	onflict of interest in the foll	owing box:	

None.		

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Date:	April 24, 2023
Your Na	me:Patrick M. Ryan, MD
Manusc	ript Title: Bone Loss in Shoulder Instability: Putting it all Together
Manusc	ript number (if known): AOJ-23-6

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3	in item #1 above). Royalties or licenses	None	
	- 1		
4	Consulting fees	None	

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

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

Date:	4/24/2023	
Your Name:	_Ryan Gilbert_	
Manuscript Title	e: Bone Loss in	Shoulder Instability: Putting it all Together
Manuscript nur	nber (if known): AOJ-23-6

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3	Royalties or licenses	None	
4	Consulting fees	None	

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

None		

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Date:4/25/2023					
Your Name:	Jonathan Hughes				
Manuscript Title: Bone Loss in Shoulder Instability: Putting it all Together					
Manuscript number (if known): AOJ-23-6					

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12	Receipt of equipment,	_xNone			
	materials, drugs, medical				
	writing, gifts or other				
42	services	Nana			
13	Other financial or non- financial interests	_xNone			
	imanciai interests				
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