

ICMJE DISCLOSURE FORM

Date: [5/1/2022]

Your Name: [Allison Stegner]

Manuscript Title: **The 85/15 Rule of Arthroscopic Surgery: A Simple Way to Council Patients about Surgical Outcomes**

Manuscript Number (if known): [Click or tap here to enter text.]

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 author's relationships/activities/interests should be defined broadly. 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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>				
Time frame: past 36 months						
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> </table>				
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> </table>				

		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)
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		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)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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.

ICMJE DISCLOSURE FORM

Date: 5-1-2022
 Name: Brian Gilmer

The 85/15 Rule of Arthroscopic Surgery: A Simple Way to Council Patients about Surgical Outcomes

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 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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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.

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		
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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months		
Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
Royalties or licenses	<input checked="" type="checkbox"/> None	
Consulting fees	<input type="checkbox"/> None	Payments to me
	Arthrex	
Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	Doximity authors program
	Doximity	
	Arthrex	Speaker fees
Payment for expert testimony	<input checked="" type="checkbox"/> None	
Support for attending meetings and/or travel	<input type="checkbox"/> None	Support to institution for hosting an educational course
	Arthrex, Stryker, Smith and Nephew, Don Joy, Breg, Shoulder FX, Catalys Ortho Science, Mammoth Hospital	
	Arthrex	Travel support for me to attend meetings
Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
Participation on a Data	<input type="checkbox"/> None Smart Medical Devices	Clinical Advisory Board

	Safety Monitoring Board or Advisory Board		
0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
		AANA	Committees
		Arthroscopy Journal	Editorial board membership
	Stock or stock options	___ None	
		ROM 3	Stock held by me
		Doximity	Stock held by me
	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	Research support outside of the presented work
		Arthrex	
3	Other financial or non-financial interests	___ None	Financial support for research and scholarly activities
		Mammoth Orthopedic Institute	
		Reno Regenerative Medicine	Medical education
		Mammoth Sports Course	Medical education

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.