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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Dean

2. Surname (Last Name)  
Taylor

3. Date  
01-August-2021

4. Are you the corresponding author?  
☑ Yes  ☐ No

Corresponding Author's Name  
Myers, Heather

5. Manuscript Title  
Return to Sport Following Shoulder Instability Procedures: A Criteria Based Testing Continuum to Guide Rehabilitation and Inform Return to Play Decision Making

6. Manuscript Identifying Number (if you know it)

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Dr. Taylor has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Brian

2. Surname (Last Name)  
Lau

3. Date  
01-August-2021

4. Are you the corresponding author?  
☑ No

**Corresponding Author’s Name**  
Myers, Heather

5. Manuscript Title  
Return to Sport Following Shoulder Instability Procedures: A Criteria Based Testing Continuum to Guide Rehabilitation and Inform Return to Play Decision Making

6. Manuscript Identifying Number (if you know it)

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

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**Section 4. Intellectual Property – Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  
☑ No
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Dr. Lau has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)   Heather
2. Surname (Last Name)       Myers
3. Date                       01-August-2021
4. Are you the corresponding author? [ ] Yes [ ] No

5. Manuscript Title
   Return to Sport Following Shoulder Instability Procedures: A Criteria-Based Testing Continuum to Guide Rehabilitation and Inform Return to Sport Decision Making
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<thead>
<tr>
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<th>2. Surname (Last Name)</th>
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<tbody>
<tr>
<td>Thomas</td>
<td>Otley</td>
<td>01-August-2021</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - Yes  
   - No  
   
   Corresponding Author's Name
   Myers, Heather

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Dr. Otley has nothing to disclose.

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