

— **Instructions** —

**ICMJE Form for Disclosure of Potential Conflicts of Interest**

**Each author of the manuscript must separately complete and save this form using his or her name in the file name. Each author's completed form must then be uploaded with the manuscript.**

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 in four parts:

**Section 1. Identifying information**

Enter your full name and provide the manuscript title.

**Section 2. The work under consideration for publication**

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation, or commercial sponsor, check "Yes." Then complete the provide the information requested.

**Section 3. Relevant financial activities outside the submitted work**

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name Justin 2. Surname Sedgewick  
3. Are you the corresponding author? Yes \_\_\_ No X  
4. Effective Date October 10, 2021  
5. Manuscript Title Ortho Pods: A Look into the Rise and Implications of Orthopaedic Sports Medicine Podcasts

## Section 2. The Work Under Consideration for Publication

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Complete each item by typing an X in answer yes or not and completing the information requested if an answer is Yes. If you have more than one relationship, add lines.

### 1. Grant

X No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity \_\_\_ Comments † \_\_\_

### 2. Consulting fee or honorarium

X No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity \_\_\_ Comments † \_\_\_

### 3. Support for travel to meetings for the study or other purposes

X No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity \_\_\_ Comments † \_\_\_

### 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end-point committees, and the like

X No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity \_\_\_ Comments † \_\_\_

### 5. Payment for writing or reviewing the manuscript

X No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity \_\_\_ Comments † \_\_\_

### 6. Provision of writing assistance, medicines, equipment, or administrative support

X No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity \_\_\_ Comments † \_\_\_

### 7. Other

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† Use this section to provide any needed explanation.

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1. Board membership

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

2. Consultancy

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

3. Employment

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

4. Expert testimony

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

5. Grants/grants pending

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

6. Payment for lectures including service on speakers bureaus

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

7. Payment for manuscript preparation

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

8. Patents (planned, pending or issued)

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

9. Royalties

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

10. Payment for development of educational presentations

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

11. Stock/stock options

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

12. Travel/accommodations/ meeting expenses unrelated to activities listed\*\*

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

13. Other (err on the side of full disclosure)

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

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**Section 4. Other relationships**

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

>>>>>>>>>>>>>>>>>><<<<<<<<<<<<<<<<<<<<<<

**The International Committee of Medical Journal Editors**

The ICMJE Disclosure of Potential Conflicts of Interest Form was adopted by *Arthroscopy: The Journal of Arthroscopic and Related Surgery* along with 17 other leading orthopaedic journals at the 2011 annual meeting of the American Academy of Orthopaedic Surgeons.

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## Section 1. Identifying Information

1. Given Name Evan 2. Surname Arnold  
3. Are you the corresponding author? Yes \_\_\_ No X  
4. Effective Date October 10, 2021  
5. Manuscript Title Ortho Pods: A Look into the Rise and Implications of Orthopaedic Sports Medicine Podcasts

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X No \_\_\_ Yes, money paid to you \_\_\_ Yes, money paid to institution\* Name of entity \_\_\_ Comments † \_\_\_

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3. Employment

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

4. Expert testimony

No  Yes, money paid to you  Yes, money paid to institution\* Name of entity\_\_\_\_ Comments\_\_\_\_

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8. Patents (planned, pending or issued)

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1. Given Name Mary 2. Surname Mulcahey  
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