

— **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

This section asks about your financial relationships with entities in the biomedical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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Use this section to report 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.

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Section 1. Identifying Information

1. Given Name _____ DeFroda _____ 2. Surname _____ Steven _____
3. Are you the corresponding author? Yes ___ No ___
4. Effective Date _____
5. Manuscript Title _____

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1. Grant

No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___
Comments† ___

2. Consulting fee or honorarium

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

___ No Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Arthrex, Stryker ___
Comments† ___

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

No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___
Comments† ___

5. Payment for writing or reviewing the manuscript

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

No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___
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7. Other

No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___
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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_AO North America___ 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**

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

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

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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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1. Given Name Stefan 2. Surname Hanish
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Section 1. Identifying Information

1. Given Name Nathan 2. Surname Cherian
3. Are you the corresponding author? Yes ___ No
4. Effective Date 06/27/2022
5. Manuscript Title A Standardized Method for Improving Readability of Patient Education Materials in Sports Medicine Knee Injuries

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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___

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___

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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___

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

