

### Instructions

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| Section 1. Identifying Inform   | mation                              | 是1000000000000000000000000000000000000  |
|---|-------------------------------------|---|
| Given Name (First Name)  Joshua   | 2. Surname (Last Name)<br>Hornstein | 3. Date<br>09-September-2022  |
| 4. Are you the corresponding author?  | ☐ Yes ✓ No                          | Corresponding Author's Name Parker Brush  |
| Manuscript Title     Surgical and Clinical Outcomes in Pati     Stiffness     Manuscript Identifying Number (if you |                                     | opic Rotator Cuff Repair with Concomitant Shoulder  |
| a manageript identifying Number (if you   | know (t)                            |   |
| Section 2. The Work Under   | C                                   |   |
| Did you or your institution at any time re  | ing but not limited to grants, t    | m a third party (government, commercial, private foundation, etc.) for data monitoring board, study design, manuscript preparation,   |
| Section 3. Relevant financi   | al activities outside the           | e submitted work.   |
|   | report relationships that w         | whether you have financial relationships (regardless of amount Use one line for each entity; add as many lines as you need by were present during the 36 months prior to publication. |
| Section 4. Intellectual Prop  | perty – Patents & Copy              | rights  |
| Do you have any patents, whether pl   |                                     |   |



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| Dr. Hornstein has nothing to disclose.  |
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| Section 1. Identifying Inform  | ation   |  |
| Given Name (First Name)  Parker  | 2. Surname (Last Name)<br>Brush   | 3. Date<br>12-September-2022   |
| 4. Are you the corresponding author?   | ✓ Yes No  |  |
| 5. Manuscript Title<br>Surgical and Clinical Outcomes in Patier<br>Stiffness   | nts Undergoing Arthroscopic Rotator Cuff Repa   | air with Concomitant Shoulder  |
| 6. Manuscript Identifying Number (if you kn  | owit)   |  |
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| Section 2. The Work Under C  |   | 1111   |
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| Did you or your institution at any time recei<br>any aspect of the submitted work (including<br>statistical analysis, etc.)? | ive payment or services from a third party (governm<br>but not limited to grants, data monitoring board, st | ent, commercial, private foundation, etc.) for<br>tudy design, manuscript preparation, |
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| Identifying Inform   | nation  |  |   |
| Given Name (First Name)  Gregory   | 2. Surname (Last Name)<br>Toci                              | -  | 1. Date<br>10-September-2022  |
| 4. Are you the corresponding author?   | ☐ Yes 🗸 No  | Corresponding Author's Name<br>Parker Brush  | e   |
| <ol> <li>Manuscript Title     Surgical and Clinical Outcomes in Patie     Repair with Concomitant Shoulder Stiff</li> <li>Manuscript Identifying Number (if you keep)</li> </ol> | fness   | pic Rotator Cuff   |   |
|  | onsideration for Public                                     |  |   |
| Did you or your institution <b>at any time</b> rece<br>any aspect of the submitted work (including<br>statistical analysis, etc.)?<br>Are there any relevant conflicts of inter- | g but not limited to grants, da                             | a third party (government, committee a monitoring board, study designate a monitoring board, study designate a | mercial, private foundation, etc.) for<br>gn, manuscript preparation, |
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| Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re Are there any relevant conflicts of interest.             | ibed in the instructions. Us<br>port relationships that wer | se one line for each entity; add   | as many lines as you need by  |
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| Do you have any patents, whether plan  | ned, pending or issued, br                                  | oadly relevant to the work?  | ☐ Yes 🗸 No  |



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| Given Name (First Name)  Ruchir  | <ol><li>Surname (Last Name)</li><li>Nanavati</li></ol>  | 3. Date<br>09-September-2022   |       |
|--|---|--|-------|
| 4. Are you the corresponding author?   | ☐ Yes ✓ No  | Corresponding Author's Name Parker Brush   |       |
| 5. Manuscript Title<br>Surgical and Clinical Outcomes in Pati<br>Stiffness   | ients Undergoing Arthroso   | copic Rotator Cuff Repair with Concomitant Shoulder  |       |
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| Given Name (First Name)  Daniel  | Fletcher   | ne (Last Name)  | 3, Date  |
| 4. Are you the corresponding author?   | Yes  | ✓ No  | Corresponding Author's Name<br>Parker Brush  |
| 5. Manuscript Title<br>Surgical and Clinical Outcomes in Pati  | ents Underg  | going Arthrosco   | pic Rotator Cuff Repair with Concomitant Stiffness   |
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| Did you or your institution at any time rec  | eive paymen  | t or services from  | a third party (government, commercial, private foundation, etc.) for   |
| statistical analysis, etc.)?   |  | _   | ta monitoring board, study design, manuscript preparation,   |
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| Are there any relevant conflicts of inter  | est:   | ∕es ✓ No  |  |
|  | est:   | ves [₹] No  |  |
| Section 3. Relevant financia   |  |   | ubmitted work.   |
| Place a check in the appropriate boxes of compensation) with entities as described.                                | activities in the table                              | outside the s   | ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication.               |
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Fletcher



| Section 5. Relationships not covered above   |
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| 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?  |
| Yes, the following relationships/conditions/circumstances are present (explain below):   |
| ✓ No other relationships/conditions/circumstances that present a potential conflict of interest  |
| At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships. |
| Section 6. Disclosure Statement  |
| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.  |
| Dr. Fletcher has nothing to disclose.  |
|  |

### **Evaluation and Feedback**



### 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.

## Identifying information.

### The work under consideration for publication.

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### Relevant financial activities outside the submitted work.

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## 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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### Definitions.

Santana

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Royalties: Funds are coming in to you or your institution due to your patent

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| Section 1. Identifying Inform  | mation   |  |   |  |
|--|--|--|---|--|
| Given Name (First Name)  Adrian  | 2. Surname (Last Name)<br>Santana  |  | 3. Date<br>13-January-2023  |  |
| 4. Are you the corresponding author?   | Yes V No   | Corresponding Author's Nam<br>Parker Brush   | ne  |  |
| 5. Manuscript Title<br>Surgical and Clinical Outcomes in Pati<br>Stiffness   | gical and Clinical Outcomes in Patients Undergoing Arthrosco   |  | opic Rotator Cuff Repair with Concomitant Shoulder                      |  |
| 6. Manuscript Identifying Number (if you   | know it)   |  |   |  |
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| Section 5.               | Relationships not covered above   |
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|                          | r relationships or activities that readers could perceive to have influenced, or that give the appearance of<br>uencing, what you wrote in the submitted work?  |
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| At the time of r         | manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements.<br>Durnals may ask authors to disclose further information about reported relationships. |
| Section 6.               | Disclosure Statement  |
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| Dr. Santana ha           | as nothing to disclose.   |
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| Section 1. Identifying Information   |   |  |
|--|---|--|
| Given Name (First Name)  Tariq   | 2. Surname (Last Name)<br>Issa  | 3. Date<br>09-September-2022   |
| 4. Are you the corresponding author?   | Yes V No  | Corresponding Author's Name<br>Parker Brush  |
| <ol> <li>Manuscript Title</li> <li>Surgical and Clinical Outcomes in Pati<br/>Stiffness</li> </ol>   | ents Undergoing Arthroso  | opic Rotator Cuff Repair with Concomitant Shoulder   |
| 6. Manuscript Identifying Number (if you   | know it)  |  |
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| Section 2. The Work Under  | Consideration for Publ  | ication  |
|  | ng but not limited to grants, o   | m a third party (government, commercial, private foundation, etc.) for data monitoring board, study design, manuscript preparation,  |
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Issa 2



| Section 5.                | Relationships not covered above   |
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| Are there other rela      | ationships or activities that readers could perceive to have influenced, or that give the appearance of cing, what you wrote in the submitted work?   |
|                           | ing relationships/conditions/circumstances are present (explain below): onships/conditions/circumstances that present a potential conflict of interest  |
| At the time of man        | suscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements.<br>It is als may ask authors to disclose further information about reported relationships. |
| Section 6                 | Disclosure Statement  |
| Based on the above below. | e disclosures, this form will automatically generate a disclosure statement, which will appear in the box   |
| Dr. Issa has nothin       | ng to disclose.   |
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