

## ICMJE DISCLOSURE FORM

**Date:** 6/6/2024

**Your Name:** Antonio Arenas-Miquelez

**Manuscript Title:** MANAGEMENT OF BONE LOSS IN ANTERIOR SHOULDER INSTABILITY.  
CURRENT STATE OF THE ART AND FUTURE DIRECTIONS

**Manuscript Number (if known):** BJJ-2024-0501.R1

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.

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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.

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Time frame: past 36 months								
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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:** 6/8/2024

**Your Name:** Raul Barco

**Manuscript Title:** MANAGEMENT OF BONE LOSS IN ANTERIOR SHOULDER INSTABILITY. CURRENT STATE OF THE ART AND FUTURE DIRECTIONS

**Manuscript Number (if known):** BJJ-2024-0501.R1 S&E

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	society, committee or advocacy group, paid or unpaid	Past president, SECHC (Spanish Society for Shoulder and Elbow)	
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**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:** 6/20/2024

**Your Name:** Francisco Javier Cabo Cabo

**Manuscript Title:** MANAGEMENT OF BONE LOSS IN ANTERIOR SHOULDER INSTABILITY.  
CURRENT STATE OF THE ART AND FUTURE DIRECTIONS

**Manuscript Number (if known):** BJJ-2024-0501.R1 S&E

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*J. G. B.*

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**Your Name:** Abdul-ilah Hachem

**Manuscript Title:** MANAGEMENT OF BONE LOSS IN ANTERIOR SHOULDER INSTABILITY. CURRENT STATE OF THE ART AND FUTURE DIRECTIONS

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