

ICMJE DISCLOSURE FORM

Date: 3/13/2024

Your Name: Patrick Denard

Manuscript Title: The critical role of posture adjustment for range of motion simulation in reverse total shoulder arthroplasty preoperative planning

Manuscript Number (if known): BJJ-2024-0110.R1

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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11	Stock or stock options	<input type="checkbox"/> None PT Genie 	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None 	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None 	

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: 3/12/2024

Your Name: Brandon J. Erickson

Manuscript Title: Click or tap here to enter text.

Manuscript Number (if known): BJJ-2024-0110.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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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: 3/22/2024

Your Name: Justin Griffin

Manuscript Title: The critical role of posture adjustment for range of motion simulation in reverse total shoulder arthroplasty preoperative planning

Manuscript Number (if known): BJJ-2024-0110.R1 S&E

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Date: 3/22/2024

Your Name: Nick Metcalfe

Manuscript Title: The critical role of posture adjustment for range of motion simulation in reverse total shoulder arthroplasty preoperative planning

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Date: 12/3/2024

Your Name: Philipp Moroder

Manuscript Title: The critical role of posture adjustment for range of motion simulation in reverse total shoulder arthroplasty preoperative planning

Manuscript Number (if known): BJJ-2024-0110.R1

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

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: 3/13/2024

Your Name: Sergii Poltaretskyi

Manuscript Title: The critical role of posture adjustment for range of motion simulation in reverse total shoulder arthroplasty preoperative planning

Manuscript Number (if known): BJJ-2024-0110.R1 S&E

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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ICMJE DISCLOSURE FORM

Date: 3/13/2024

Your Name: Patric Raiss

Manuscript Title: The critical role of posture adjustment for range of motion simulation in reverse total shoulder arthroplasty preoperative planning

Manuscript Number (if known): BJJ-2024-0110.R1

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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: 3/19/2024

Your Name: Paul Siegert

Manuscript Title: The critical role of posture adjustment for range of motion simulation in reverse total shoulder arthroplasty preoperative planning

Manuscript Number (if known): BJJ-2024-0110.R1

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ICMJE DISCLOSURE FORM

Date: 3/11/2024

Your Name: Brian C Werner, MD

Manuscript Title: The critical role of posture adjustment for range of motion simulation in reverse total shoulder arthroplasty preoperative planning

Manuscript Number (if known): BJJ-2024-0110.R1

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> </table>									

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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.