ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. Identifying information.

2. The work under consideration for publication.

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent
### Section 1. Identifying Information

1. Given Name (First Name)  
   Daniel

2. Surname (Last Name)  
   Bronsnick

3. Date  
   24-June-2015

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   Neal Shah

5. Manuscript Title  
   Scapular Winging: Evaluation and Treatment

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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   Yes ☑ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   Yes ☑ No
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Dr. Bronsnick has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Benjamin

2. Surname (Last Name)  
Goldberg

3. Date  
24-June-2015

4. Are you the corresponding author?  
Yes ☑ No

5. Manuscript Title  
Scapular Winging: Evaluation and Treatment

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
☑ Yes  ☐ No

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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<th>Non-Financial Support?</th>
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Dr. Goldberg reports personal fees from Acumed, LLC, personal fees from Allen Medical, personal fees from Aston, personal fees from Medwest/Arthrex, personal fees from Stryker, other from Biomimetic, other from Mako, personal fees from Aston Medical, other from AAOS Electronic Skills Pavilion, other from AAOS Exhibits Committee, other from European Journal of Orthopaedic Surgery and Traumatology, outside the submitted work;
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1. Given Name (First Name)  
   Simon

2. Surname (Last Name)  
   Lee

3. Date  
   24-June-2015

4. Are you the corresponding author?  
   Yes  ☐  No  ☑

5. Manuscript Title  
   Scapular Winging: Evaluation and Treatment

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   David

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   Savin

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Corresponding Author’s Name  
Neal Shah

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   Neal

2. Surname (Last Name)  
   Shah

3. Date  
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4. Are you the corresponding author?  
   [ ] Yes  
   [x] No

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   [x] No
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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. Shah has nothing to disclose.

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