ICMJE DISCLOSURE FORM

Date:	9/18/2023
Your Name:	Fares S. Haddad
Manuscript Title:	Editorial: The Tower of Babel Challenge: Pursuing a Unified Understanding in Patellofemoral Joint Instability
Manuscript Number (if known):	BJJ-2023-1026

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None Stryker. Multiple research study grants. Smith and Nephew research grants. Corin research grants. International Olympic Committee research grants NIHR research grants	

		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)
3	Royalties or licenses	□ None Smith and Nephew to Fares S Haddad Stryker to Fares S Haddad Corin To Fares S Haddad MatOrtho to Fares S Haddad	
4	Consulting fees	Stryker to Fares S Haddad	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Stryker Smith and Nephew Zimmer AO Recon	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	Stryker Smith and Nephew AO Recon Bone and Joint Journal	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None ■	
10	Leadership or fiduciary role in other board,	□ None Bone and Joint Journal Editorial Board	

		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	Trustee British Orthopaedic Association Bostaa Executive Committee	
11	Stock or stock options	None ■	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None Non	
13	Other financial or non-financial interests	None	
Plea	ase place an "X" nex	t to the following statement to indicate your agreeme	ent:
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

3 8/26/2021 ICMJE Disclosure Form

ICMJE DISCLOSURE FORM

Date:	9/20/2023
Your Name:	Samantha Jones
Manuscript Title:	The Tower of Babel Challenge: Pursuing a Unified Understanding in Patellofemoral Joint Instability
Manuscript Number (if known):	BJJ-2023-1026

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		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)
3	Royalties or licenses	None □	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board,	None ■	

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	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None ■	
13	Other financial or non-financial interests	None	
Plea	se place an "X" next	to the following statement to indicate your agreemen	t:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

3 8/26/2021 ICMJE Disclosure Form

ICMJE DISCLOSURE FORM

Date:	9/25/2023
Your Name:	Professor Deiary Kader
Manuscript Title:	The Tower of Babel Challenge: Pursuing a Unified Understanding in Patellofemoral Joint Instability
Manuscript Number (if known):	BJJ-2023-1026

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	paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment,		None	
	materials, drugs, medical writing,			
	gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
Plea	Please place an "X" next to the following statement to indicate your agreement:			
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