

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.

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3. 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.

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Antony

2. Surname (Last Name)

Palmer

3. Date

01-April-2018

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Hip Arthroscopy compared with Physiotherapy and Activity Modification for the Treatment of Symptomatic Femoroacetabular Impingement: A Multi-Centre Randomised Controlled Trial

6. Manuscript Identifying Number (if you know it)

N/A

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? 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. Palmer has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ramy	2. Surname (Last Name) Mansour	3. Date 16-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name A J R Palmer
5. Manuscript Title Hip Arthroscopy compared with Physiotherapy and Activity Modification for the Treatment of Symptomatic Femoroacetabular Impingement: A Multi-Centre Randomised Controlled Trial		
6. Manuscript Identifying Number (if you know it) N/A		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

David

2. Surname (Last Name)

Beard

3. Date

22-December-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

A J R Palmer

5. Manuscript Title

Hip Arthroscopy compared with Physiotherapy and Activity Modification for the Treatment of Symptomatic Femoroacetabular Impingement: A Multi-Centre Randomised Controlled Trial

6. Manuscript Identifying Number (if you know it)

N/A

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Dr. Beard has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Susan	2. Surname (Last Name) Dutton	3. Date 14-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name A J R Palmer
5. Manuscript Title Hip Arthroscopy compared with Physiotherapy and Activity Modification for the Treatment of Symptomatic Femoroacetabular Impingement: A Multi-Centre Randomised Controlled Trial		
6. Manuscript Identifying Number (if you know it) N/A		

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Are there any relevant conflicts of interest? Yes No

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Mrs. Dutton has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Antonio 2. Surname (Last Name) Andrade 3. Date 20-December-2017

4. Are you the corresponding author? Yes No Corresponding Author's Name
A J R Palmer

5. Manuscript Title
Hip Arthroscopy compared with Physiotherapy and Activity Modification for the Treatment of Symptomatic Femoroacetabular Impingement: A Multi-Centre Randomised Controlled Trial

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Smith & Nephew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speakers bureau
Zimmer Biomet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speakers bureau
Stryker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speakers bureau

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Dr. Andrade reports personal fees from Smith & Nephew, personal fees from Zimmer Biomet, personal fees from Stryker, outside the submitted work; .

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Simon	2. Surname (Last Name) Wood	3. Date 12-November-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name A J R Palmer
5. Manuscript Title Hip Arthroscopy compared with Physiotherapy and Activity Modification for the Treatment of Symptomatic Femoroacetabular Impingement: A Multi-Centre Randomised Controlled Trial		
6. Manuscript Identifying Number (if you know it) N/A		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? 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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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.

Mr. Wood has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Tom	2. Surname (Last Name) Pollard	3. Date 18-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name A J R Palmer
5. Manuscript Title Hip Arthroscopy compared with Physiotherapy and Activity Modification for the Treatment of Symptomatic Femoroacetabular Impingement: A Multi-Centre Randomised Controlled Trial		
6. Manuscript Identifying Number (if you know it) N/A		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? 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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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Andrew	2. Surname (Last Name) Carr	3. Date 07-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name A J R Palmer
5. Manuscript Title Hip Arthroscopy compared with Physiotherapy and Activity Modification for the Treatment of Symptomatic Femoroacetabular Impingement: A Multi-Centre Randomised Controlled Trial		
6. Manuscript Identifying Number (if you know it) N/A		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? 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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Carr has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
SCOTT

2. Surname (Last Name)
FERNQUEST

3. Date
12-December-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
A J R Palmer

5. Manuscript Title
Hip Arthroscopy compared with Physiotherapy and Activity Modification for the Treatment of Symptomatic Femoroacetabular Impingement: A Multi-Centre Randomised Controlled Trial

6. Manuscript Identifying Number (if you know it)
N/A

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? 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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. FERNQUEST has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ines	2. Surname (Last Name) Rombach	3. Date 02-January-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name A J R Palmer
5. Manuscript Title Hip Arthroscopy compared with Physiotherapy and Activity Modification for the Treatment of Symptomatic Femoroacetabular Impingement: A Multi-Centre Randomised Controlled Trial		
6. Manuscript Identifying Number (if you know it) N/A		

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Dr. has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Karen	2. Surname (Last Name) Barker	3. Date 20-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name A J R Palmer
5. Manuscript Title Hip Arthroscopy compared with Physiotherapy and Activity Modification for the Treatment of Symptomatic Femoroacetabular Impingement: A Multi-Centre Randomised Controlled Trial		
6. Manuscript Identifying Number (if you know it) N/A		

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Dr. Barker has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

5. Relationships not covered above.

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Definitions.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Vikas	2. Surname (Last Name) Khanduja	3. Date 15-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name A J R Palmer
5. Manuscript Title Hip Arthroscopy compared with Physiotherapy and Activity Modification for the Treatment of Symptomatic Femoroacetabular Impingement: A Multi-Centre Randomised Controlled Trial		
6. Manuscript Identifying Number (if you know it) N/A		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Smith and Nephew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Educational Consultant
Stryker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Educational Consultant

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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

Bone Therapeutics - Research Grant

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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. Khanduja reports other from Smith and Nephew, other from Stryker, outside the submitted work; and Bone Therapeutics - Research Grant

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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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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Sion 2. Surname (Last Name) Glyn-Jones 3. Date 04-January-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name
A J R Palmer

5. Manuscript Title
Hip Arthroscopy compared with Physiotherapy and Activity Modification for the Treatment of Symptomatic Femoroacetabular Impingement: A Multi-Centre Randomised Controlled Trial

6. Manuscript Identifying Number (if you know it)
N/A

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Zimmer-Biomet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payment for Lectures
Corin	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payment for Lectures
ConMed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payment for Lectures
Neurotechnics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Johnson & Johnson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Siemens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

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Dr. Glyn-Jones reports grants and personal fees from Zimmer-Biomet, grants and personal fees from Corin, grants and personal fees from ConMed, grants from Neurotechnics, grants from Johnson & Johnson, grants from Siemens, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Vandana	2. Surname (Last Name) Ayyar Gupta	3. Date 18-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name A J R Palmer
5. Manuscript Title Hip Arthroscopy compared with Physiotherapy and Activity Modification for the Treatment of Symptomatic Femoroacetabular Impingement: A Multi-Centre Randomised Controlled Trial		
6. Manuscript Identifying Number (if you know it) N/A		

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? 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 Ayyar Gupta has nothing to disclose.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Andrew	2. Surname (Last Name) McCaskie	3. Date 15-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name A J R Palmer
5. Manuscript Title Hip Arthroscopy compared with Physiotherapy and Activity Modification for the Treatment of Symptomatic Femoroacetabular Impingement: A Multi-Centre Randomised Controlled Trial		
6. Manuscript Identifying Number (if you know it) N/A		

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. McCaskie has nothing to disclose.

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