

INDIVIDUAL CONFLICT OF INTEREST STATEMENT

American Association of Hip and Knee Surgeons

(Adopted from the American Academy of Orthopaedic Surgeons disclosure statement)

The following form **must be filled out completely and submitted by each author (example, 6 authors, 6 forms).**
All items require a response. If there is no relevant disclosure for a given item, enter "None."

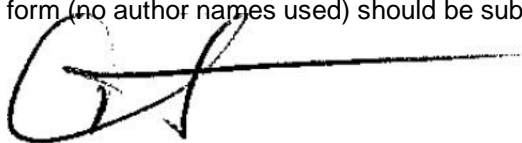
Manuscript Title: Making Sense of Hip Preservation Procedural Coding – Getting Paid for Your Work!

1. Royalties from a company or supplier (The following conflicts were disclosed): None
2. Speakers bureau/paid presentations for a company or supplier (The following conflicts were disclosed): None
- 3A. Paid employee for a company or supplier (The following conflicts were disclosed): None
- 3B. Paid consultant for a company or supplier (The following conflicts were disclosed):
 - Flexion Therapeutics
- 3C. Unpaid consultants for a company or supplier (The following conflicts were disclosed): None
4. Stock or stock options in a company or supplier (The following conflicts were disclosed): None
5. Research support from a company or supplier as a Principal Investigator (The following conflicts were disclosed):
 - Bonesupport
 - Flexion Therapeutics
 - Medtronic
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 - Zimmer Biomet
6. Other financial or material support from a company or supplier (The following conflicts were disclosed): None
7. Royalties, financial or material support from publishers (The following conflicts were disclosed): None
8. Medical/Orthopaedic publications editorial/governing board (The following conflicts were disclosed):
 - Journal of Sport Rehabilitation
9. Board member/committee appointments for a society (The following conflicts were disclosed): None

Each author must sign AND print or type his/her name, date and submit a separate form

In addition, one BLINDED Conflict of Interest form (no author names used) should be submitted per manuscript with all author disclosures.

Cale A. Jacobs



9/27/20

Author Name (Print or Type)

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Date