ICMJE DISCLOSURE FORM

Date: 10/26/2025

Your Name: Marianne Larsen van Gastel

Manuscript Title: Dutch multidisciplinary clinical practice guidelines on treatment of traumatic primary anterior shoulder dislocation.

Manuscript Number (if known): Click or tap here to enter text.

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.

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**	
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	

		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	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ None	
6	Payment for expert testimony	☒ None	
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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	

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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**	

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: 10/27/2025

Your Name: Karin Hekman

Manuscript Title: Dutch multidisciplinary clinical practice guidelines on treatment of traumatic primary anterior shoulder dislocation.

Manuscript Number (if known): Click or tap here to enter text.

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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**	

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ICMJE DISCLOSURE FORM

Date: 28-10-2025

Your Name: Femke Boon

Manuscript Title: Dutch multidisciplinary clinical practice guidelines on treatment of traumatic primary anterior shoulder dislocation.

Manuscript Number (if known): Click or tap here to enter text.

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		A payment was received for the contribution to the original guideluine by the Federatie van Medisch Specialisten. No specific further funding for this specific article however.	
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
3	Royalties or licenses	☐ **None**	
4	Consulting fees	☐ **None**	

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6	Payment for expert testimony	☐ **None**	
7	Support for attending meetings and/or travel	☐ **None**	
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, society, committee or advocacy group, paid or unpaid	☐ **None**	
		Leadership in Elleboog Netwerk Nederland.	Does not seem relevant specifically for this manuscript.
11	Stock or stock options	☐ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	☐ **None**	

		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)
	services		
13	Other financial or non-financial interests	☐ **None**	
		Salaried employee at Schoudercentrum IBC Amstelland during the process of this manuscript	

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☐
X 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: Click or tap to enter a date.

Your Name: Stijn Nelen

Manuscript Title: Dutch multidisciplinary clinical practice guidelines on treatment of traumatic primary anterior shoulder dislocation.

Manuscript Number (if known): Dutch Multidisciplinary Clinical Practice Guidelines on Treatment of Primary Traumatic Anterior Shoulder Dislocation -an Initiative to Enhance Car

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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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.

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<tr><th colspan="2"></th><th>Name all entities with whom you have this relationship or indicate none (add rows as needed)</th><th>Specifications/Comments (e.g., if payments were made to you or to your institution)</th></tr>
<tr><td colspan="4">Time frame: Since the initial planning of the work</td></tr>
<tr><td>1</td><td>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.</td><td colspan="2">☐ None
<table><tr><td>Federatie Medisch Specialisten</td><td>Compensation for time spent on guideline creation</td></tr><tr><td></td><td></td></tr><tr><td></td><td>Click the tab key to add additional rows.</td></tr></table></td></tr>
<tr><td colspan="4">Time frame: past 36 months</td></tr>
<tr><td>2</td><td>Grants or contracts from any entity (if not indicated in item #1 above).</td><td colspan="2">☒ None
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3	Royalties or licenses	☒ None	
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6	Payment for expert testimony	☒ None	
7	Support for attending meetings and/or travel	☐ None	
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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**	

Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 10/24/2025

Your Name: Niels WL Schep

Manuscript Title: Dutch multidisciplinary clinical practice guidelines on treatment of traumatic primary anterior shoulder dislocation.

Manuscript Number (if known): Click or tap here to enter text.

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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13	Other financial or non-financial interests	☒ **None**	

Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 10/29/2025

Your Name: Olivier van der Meijden

Manuscript Title: Dutch multidisciplinary clinical practice guidelines on treatment of traumatic primary anterior shoulder dislocation.

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 10/27/2025

Your Name: DN Baden

Manuscript Title: Dutch multidisciplinary clinical practice guidelines on treatment of traumatic primary anterior shoulder dislocation.

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 10/30/2025

Your Name: Thomas Jonkergouw

Manuscript Title: Dutch multidisciplinary clinical practice guidelines on treatment of traumatic primary anterior shoulder dislocation.

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 10/31/2025

Your Name: Louise Elisabeth Huygen

Manuscript Title: Dutch multidisciplinary clinical practice guidelines on treatment of traumatic primary anterior shoulder dislocation.

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 10/27/2025

Your Name: Astrid Balemans

Manuscript Title: Dutch multidisciplinary clinical practice guidelines on treatment of traumatic primary anterior shoulder dislocation.

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 10/29/2025

Your Name: Mitchel Griekspoor

Manuscript Title: Dutch multidisciplinary clinical practice guidelines on treatment of traumatic primary anterior shoulder dislocation.

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 10/25/2025

Your Name: Robert Jan Derksen

Manuscript Title: Dutch multidisciplinary clinical practice guidelines on treatment of traumatic primary anterior shoulder dislocation.

Manuscript Number (if known): Click or tap here to enter text.

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Date: 10/28/2025

Your Name: Michel PJ van den Bekerom

Manuscript Title: Dutch multidisciplinary clinical practice guidelines on treatment of traumatic primary anterior shoulder dislocation.

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