ICMJE DISCLOSURE FORM

Date: <u>10/26/2021</u>				
Your Name:	Peter T Dorsher MD			
Manuscript Titl	e: Review: The Anatomic, Clinical, and Physiologic Correspondences of Myofascial Trigger Points and			
Classical Acupu	ncture Points			
Manuscript nur	nber (if known): <u>LCM 21-47</u>			

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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	XNone					
	manuscript (e.g., funding,						
	provision of study materials,						
	medical writing, article						
-	processing charges, etc.) No time limit for this item.						
		Time frame: past	36 months				
ar	Grants or contracts from any entity (if not indicated	XNone					
	in item #1 above).						
3	Royalties or licenses	_XNone					
4	Consulting fees	_XNone					

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
Ŭ	testimony		
	,		
7	Support for attending meetings and/or travel	XNone	
meetings and/	incettings and/or traver		
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data Safety Monitoring Board or	_XNone	
10	Advisory Board	V. Neze	
10	Leadership or fiduciary role in other board, society,	_XNone	
	committee or advocacy		
	group, paid or unpaid		
11		_XNone	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		

Please summarize the above conflict of interest in the following box:

none

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

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