

ICMJE DISCLOSURE FORM

Date: December 20, 2022

Your Name: Ruijiang Wang

Manuscript Title: Risk factors and strategies for recovery quality, postoperative pain, and recurrent fractures between percutaneous kyphoplasty and percutaneous vertebroplasty in elderly patients with thoracolumbar compression fractures: a retrospective comparative cohort study

Manuscript number (if known): \_\_\_\_\_

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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)
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6	Payment for expert testimony	<input type="checkbox"/> <u>X</u> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <u>X</u> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <u>X</u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <u>X</u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <u>X</u> None	
11	Stock or stock options	<input checked="" type="checkbox"/> <u>X</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <u>X</u> None	
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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:

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

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Your Name: Yangyang Xu

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