ICMJE DISCLOSURE FORM

Date: 9 June 2023

Your Name: Patricia Skilling

Manuscript Title: Squatting-based exercises cure bedwetting in children and improve pain and bladder

symptoms in premenopausal women.

Manuscript number (if known):

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)
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.	Time frame: Since the initialXNone	planning of the work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Detects planned issued an	V. Nana	
ŏ	Patents planned, issued or	XNone	
	pending		
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9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
	nase summarize the above co	onflict of interest in the fo	ollowing box:
Ple	ase place an "X" next to the	following statement to i	ndicate your agreement:

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

form. (SIGNED) Patricia M SKILLLING

ICMJE DISCLOSURE FORM

Date: 18 July 2023

Your Name: Angel Garcia-Fernandez

Manuscript Title: Squatting-based exercises cure bedwetting in children and improve pain and bladder

symptoms in premenopausal women.

Manuscript number (if known):

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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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
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 testimony	_XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	_XNone	
0	5	l v N	
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	_XNone	
4.5	D		
12	Receipt of equipment, materials, drugs, medical	_XNone	
	writing, gifts or other services		
13	Other financial or non-	_XNone	
	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.

ICMJE DISCLOSURE FORM

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Date:	4.	fully	2023	L	11	Witcza	. lx
Your Name:		0 4	Dr.	Vlago	aleun	MILCO	1-1

Manuscript Title Squatting-based exercises cure bedwetting in children and improve pain and bladder symptoms in premenopausal women.

Manuscript number (if known):

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	100mm(1986年2000年7年1日)	Time frame: Since the initi	al 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	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	re Shrite molleway, wester the coverious as and a distribution of

5	Dayment or beneraria for	None	
5	Payment or honoraria for lectures, presentations,	None	
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	speakers bureaus,	HALLS THE HOUSE	Paralle Committee Committe
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_	educational events	1	
6	Payment for expert	None	
	testimony		The state of the s
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8	Patents planned, issued or	None	on a mark peter morphism in a transfer mill have held enemed
	pending		
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9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy	None	lina maloon hilijoita mok isalamerrenya Jervijana isalamekilija se
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11	Stock or stock options	None	Control of the contro
		1	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other	, and the surface	
4.0	services		
13	Other financial or non-	None	
	financial interests		

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

Or,	witczah veports	no conflict of interest

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