Date: 03/03/2021

Your Name: Zachary Meyer

Manuscript Title: Narrative Review of Ring Fixator Management of Recurrent Club Foot Deformity

Manuscript number (if known): ATM-2020-CF-07(ATM-20-7621)

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	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.	None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events	Nene			
6	Payment for expert testimony	None		_	
	testimony			_	
7	Support for attending	None		_	
′	meetings and/or travel	None			
	incettings und/or traver				
8	Patents planned, issued or	None		_	
	pending			_	
9	Participation on a Data	None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	None			
	in other board, society,			_	
	committee or advocacy group, paid or unpaid				
11	Stock or stock options	None		Т	
				T	
				П	
12	Receipt of equipment,	None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	None			
	financial interests				
Dia	Please summarize the above conflict of interest in the following box:				
riea	ase summarize the above co	minut of interest in the fo	nowing nox:		
	None				
	None				

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

Date: 3-3-2021	
Your Name: JAZON 12. 2705	
Manuscript Title: NARRATIVE RENTEW OF KING- FIXATOR MANAGEMENT OF	RECURRENT
Manuscript number (if known): ATM-2020-CF-07(AM-20-764) CLUB FOOT D	EFORMIN

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	ACADEMIC GRANT TO FOOT AND ANKLE FELLONSHIP FROM ONDICKLY
3	Royalties or licenses	√ None	
4	Consulting fees	None	MIHOFIX, 2 \$ 7600

Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	
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Advisory Board Deadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	
Description of fiduciary role	
in other board, society, committee or advocacy group, paid or unpaid	
group, paid or unpaid /	
group, paid or unpaid /	
1 Stock or stock options V None	
2 Receipt of equipment,None	
materials, drugs, medical	
writing, gifts or other	
services	
3 Other financial or non- V None	

form.

Date:	03/03/2021
Your I	Name: Alexander Cherkashin
Manu	script Title: Narrative Review of Ring Fixator Management of Recurrent Club Foot Deformity
Manu	script number (if known): ATM-2020-CF-07(ATM-20-7621)

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1	All support for the present manuscript (e.g., funding, provision of study materials,	XNone	
	medical writing, article processing charges, etc.) No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	
	ase summarize the above co	nflict of interest in the follo	owing box:

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

Date: 03/03/2021

Your Name: Mikhail Samchukov

Manuscript Title: Narrative Review of Ring Fixator Management of Recurrent Club Foot Deformity

Manuscript number (if known): ATM-2020-CF-07(ATM-20-7621)

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3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: pastXNoneXOrthofix	36 months
4	Consulting fees	_XOrthofix	

5 Payment or honoraria for lectures, presentations,		XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board	V. Alexa	
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	•		
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_XNone	
	financial interests		
Ple	ase summarize the above co	nflict of interest in the following box:	
	None		

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

Date: 03/02/2021

Your Name: Daniel D. Bohl

Manuscript Title: Narrative Review of Ring Fixator Management of Recurrent Club Foot Deformity

Manuscript number (if known): ATM-2020-CF-07(ATM-20-7621)

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4	All average of facilities are	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
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	_XNone	
_		V N	
5		XNone	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone			
7	Support for attending meetings and/or travel	_XNone			
8	Patents planned, issued or pending	XNone			
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone			
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone			
13	Other financial or non- financial interests	_XNone			
	Please summarize the above conflict of interest in the following box: None				

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Date: 03/02/2021

Your Name: Anthony I. Riccio

Manuscript Title: Narrative Review of Ring Fixator Management of Recurrent Club Foot Deformity

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4	Consulting fees	_XNone	

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

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