

ICMJE DISCLOSURE FORM

Date: 5/26/2023

Your Name: Shangyu Guo

Manuscript Title: Factors associated with postoperative muscle reconnection in children's congenital muscular torticollis

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

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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.

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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: 5/26/2023

Your Name: Yiming Zheng

Manuscript Title: Factors associated with postoperative muscle reconnection in children's congenital muscular torticollis

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

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Date: 5/26/2023

Your Name: Zhiqiang Zhang

Manuscript Title: Factors associated with postoperative muscle reconnection in children's congenital muscular torticollis

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Date: 5/26/2023

Your Name: Chuang Qian

Manuscript Title: Factors associated with postoperative muscle reconnection in children's congenital muscular torticollis

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Your Name: Dong Fu

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Your Name: Haodong Li

Manuscript Title: Factors associated with postoperative muscle reconnection in children's congenital muscular torticollis

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Date: 5/26/2023

Your Name: Ying Liu

Manuscript Title: Factors associated with postoperative muscle reconnection in children's congenital muscular torticollis

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ICMJE DISCLOSURE FORM

Date: 5/26/2023

Your Name: Huan Wu

Manuscript Title: Factors associated with postoperative muscle reconnection in children's congenital muscular torticollis

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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ICMJE DISCLOSURE FORM

Date: 5/26/2023

Your Name: Haixin Ju

Manuscript Title: Factors associated with postoperative muscle reconnection in children's congenital muscular torticollis

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

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ICMJE DISCLOSURE FORM

Date: 5/26/2023

Your Name: Xueting Yu

Manuscript Title: Factors associated with postoperative muscle reconnection in children's congenital muscular torticollis

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

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ICMJE DISCLOSURE FORM

Date: 5/26/2023

Your Name: Dahui Wang

Manuscript Title: Factors associated with postoperative muscle reconnection in children's congenital muscular torticollis

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

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ICMJE DISCLOSURE FORM

Date: 5/26/2023

Your Name: Jun Song

Manuscript Title: Factors associated with postoperative muscle reconnection in children's congenital muscular torticollis

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

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							

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.