Date: Nov. 4 <sup>th</sup> , 2023				
Your Name: Rui Wang				
Manuscript Title: <u>Short-term change of tibial torsion in children with spastic cerebral palsy after selective dorsal</u>				
rhizotomy				
Manuscript number (if known): TP-23-339				

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.

		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.) <b>No time limit for this item.</b>	Time frame: Since the initialX_None	planning of the work
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past XNone	36 months
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5 Payment or honor	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events	Y N	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
'	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9		XNone	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	2 Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
12	services	V. News	
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date: Nov. 4 <sup>th</sup> , 2023				
Your Name: <u>Wenbin Jiang</u>				
Manuscript Title: <u>Short-term change of tibial torsion in children with spastic cerebral palsy after selective dorsal</u>				
<u>rhizotomy</u>				
Manuscript number (if known): TP-23-339				

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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	

5 Payment or honor	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events	Y N	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
'	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9		XNone	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	2 Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
12	services	V. News	
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date: Nov. 4 <sup>th</sup> , 2023					
Your Name: Min Wei					
Manuscript Title: <u>Short-term change of tibial torsion in children with spastic cerebral palsy after selective dorsal</u>					
rhizotomy					
Manuscript number (if known): TP-23-339					

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	manuscript (e.g., funding,		
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	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	

5 Payment or honor	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events	Y N	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
'	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9		XNone	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	2 Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
12	services	V. News	
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date: <u>Nov. 4<sup>th</sup>, 2023</u>
Your Name: Junlu Wang
Manuscript Title: <u>Short-term change of tibial torsion in children with spastic cerebral palsy after selective dorsal</u>
<u>rhizotomy</u>
Manuscript number (if known): TP-23-339

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	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	

5 Payment or honor	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events	Y N	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
'	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9		XNone	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	2 Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
12	services	V. News	
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date: <u>Nov. 5<sup>th</sup>, 2023</u>			
Your Name: Xidan Yu			
Manuscript Title: <u>Short-term change of tibial torsion in children with spastic cerebral palsy after selective dorsal</u>			
rhizotomy			
Manuscript number (if known): TP-23-339			

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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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events	Y N	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
'	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, 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		
13	services Other financial or non-	X None	
13	financial interests		

None.

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

Date: <u>Nov. 5<sup>th</sup>, 2023</u>
Your Name: <u>Bo Xiao</u>
Manuscript Title: <u>Short-term change of tibial torsion in children with spastic cerebral palsy after selective dorsal</u>
rhizotomy
Manuscript number (if known): TP-23-339

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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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events	Y N	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
'	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, 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		
13	services Other financial or non-	X None	
13	financial interests		

None.

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

Date: <u>Nov. 5<sup>th</sup>, 2023</u>
Your Name: Qijia Zhan
Manuscript Title: <u>Short-term change of tibial torsion in children with spastic cerebral palsy after selective dorsal</u>
<u>rhizotomy</u>
Manuscript number (if known): TP-23-339

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events	Y N	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
'	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, 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		
13	services Other financial or non-	X None	
13	financial interests		

None.

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