ICMJE DISCLOSURE FORM

Date:_	02/16/2	23
Your N	Name:	Travis H. Turner
Manus	script Titl	Fully-immersive virtual reality instrumental activities of daily living training for mild dementia accelerates cognitive decline: a safety warning?
Manus	script nur	nber (if known):

Travis H Turner, PhD

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: Since the initial	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	
		Time frame: past	36 months
2 3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None Kyowa-Kirin None	Funding for investigator-initiated trial of istradefylline to treat apathy in Parkinson's disease. No VR, no rehab elements, but does look at functional outcomes (Physical Activity Scale for Elderly and Engagmentin Meaningful Activities Scale)
4	Consulting fees	None WCG Clinical Endpoints Solutions	Previously VeriSci, developers of the Virtual Reality Functional Capacity Assessment tool (VRFCAT). This is an efficacy outcome not a rehab tool, not a competitor product, but also uses a VR plat
		SCION NeuroStim	Scientific steering committee for clinical trial of caloric vestibular modulation therapy in Parkinson's disease dementia.

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

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

The author reports that he received financial support for clinical trial consulting from WCG Clinical Endpoint Solutions and SCION Neurostim, and funding from Kyowa-Kirin for an investigator-initiated clinical trial.

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.