ICMJE DISCLOSURE FORM

Date	e: <u>Feb. 23th, 2022</u>		
You	Name: Jun Young Kin	1	
	uscript Title:Ultras drome in Muscles of the L	-	ger Point Injection for Treating Myofascial Pain Case Report
<u> </u>	uscript number (if known):		
relat part to tr	ed to the content of your nies whose interests may be	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply to uscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
to th	_	nsion, you should declare a	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive me manuscript.
	em #1 below, report all sup time frame for disclosure is	•	in this manuscript without time limit. For all other items,
		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)
		Time frame: Since the initia	planning of the work
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.	manuscript (e.g., funding, provision of study materials,	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	

Royalties or licenses

_X__None

4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone	
	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	
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	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	
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

Date:	Feb. 23 th , 2022
Your N	ne: Yoo Jin Choo
Manu	ipt Title:Ultrasound-guided 3-in-1 Trigger Point Injection for Treating Myofascial Pain
Syndr	ne in Muscles of the Lateral Scapular Area: A Case Report
<u></u>	int number (if known).
Ivialiu	ipt number (if known):
related parties to tran relatio	terest of transparency, we ask you to disclose all relationships/activities/interests listed below that are to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third whose interests may be affected by the content of the manuscript. Disclosure represents a commitment parency and does not necessarily indicate a bias. If you are in doubt about whether to list a hip/activity/interest, it is preferable that you do so. wing questions apply to the author's relationships/activities/interests as they relate to the current
	ipt only.
to the	or's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript pertains idemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive on, even if that medication is not mentioned in the manuscript.
	1 below, report all support for the work reported in this manuscript without time limit. For all other items frame for disclosure is the past 36 months.
	Name all entities with Specifications/Comments
	whom you have this (e.g., if payments were made to you or to your
	relationship or indicate institution) none (add rows as

		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)
		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.	XNone	
		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, speakers bureaus,	XNone	
	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	
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	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	
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Date	: <u>Feb. 23th, 2022</u>			
	Name: Min Cheol Cl			
	· · · · · · · · · · · · · · · · · · ·		ger Point Injection for Treating Myofascial Pain	
Sync	drome in Muscles of the	Lateral Scapular Area: A	Case Report	
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	following questions apply uscript only.	to the author's relationship	os/activities/interests as they relate to the <u>current</u>	
to th	e epidemiology of hypert		defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.	
	em #1 below, report all su ime frame for disclosure i		d in this manuscript without time limit. For all other items,	
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed)		
		Time frame: Since the initia	ii 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: pas	t 36 months	
2	Grants or contracts from	XNone		
	any entity (if not indicated			

in item #1 above).
Royalties or licenses

_X__None

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