

# ICMJE DISCLOSURE FORM

Date: 21/6/21

Your Name: Callum Betteridge

Manuscript Title: Objectifying clinical gait assessment: Using a single-point wearable sensor to quantify the spatiotemporal gait metrics of people with lumbar spinal stenosis.

Manuscript number (if known):

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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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**Please summarize the above conflict of interest in the following box:**

None

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Your Name: Daniel Ho

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Your Name: Luke Sy

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